

REQUESTED BY
Paul Harley
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 DEC -1 AM 9:31

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID KJ DEPUTY

1 Recorded at the Request of:

2 Paul David Harley

3 When Recorded Return to:

4 ✓ Paul David Harley
5 Post Office Box 460
6 Nevada City, CA 95959

7 DECLARATION UNDER PENALTY OF PERJURY

8 DEATH OF JOINT TENANT

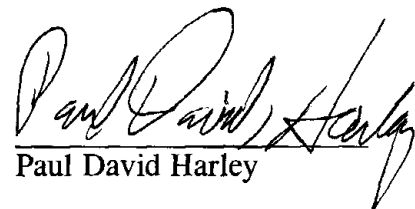
9
10 I, Paul D. Harley, of legal age, state the following:

11 That Sarah D. Harley, the decedent mentioned in the attached certified copy of
12 Certificate of Death, is the same person as Sarah D. Harley named as one of the parties in
13 that certain Deed dated September 11, 1992, executed by Capri Resorts, Inc., a Nevada
14 Corporation, to Paul David Harley and Sarah D. Harley, Husband and Wife, as joint
15 tenants, recorded as Instrument No. 288828 on September 22, 1992 in Book 992, Page
16 3626, of Official Records of the Recorder, County of Douglas, State of Nevada, covering
17 the following described property situated in Douglas County, Nevada

18
19 SEE ATTACHMENT "A"

20
21 I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE
22 OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

23
24
25 Dated:

26 
Paul David Harley

27
28 0630706

BK 1204 PG 00033

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ACKNOWLEDGMENT

STATE OF CALIFORNIA)
) ss
COUNTY OF NEVADA)

On Nov. 19, 2004, before me, Rebecca Burns, a Notary Public of the State of California, personally appeared Paul David Harley personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) (is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Date:
WITNESS MY HAND AND SEAL.



RB
Notary Public

0630706

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An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property.)

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, M.D.B. & M., described as follows:

PARCEL 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records at Page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" as amended.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341, as Document No. 76233 of Official Records of the County of Douglas, State of Nevada, and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No. 78917, second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 84425, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Document No. 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 at page 3987, Official Records of Douglas County, Nevada, Document No. 161309 ("Declaration"), during a "Use Period", within the ~~High/Low~~ Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record. A portion of APN 07-130-19.

This deed is made and accepted upon all the covenants, conditions, restrictions, assessments, liens, easements and other matters set forth in said Declaration of Timeshare Use and amendments thereto all of which are incorporated herein by reference.

Exhibit "A"

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BK 1204 PG 00035

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 108 IMAGE 264 2224 LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT	1. DECEASED—NAME First Middle Last Sarah Derstine HARLEY		2. DATE OF DEATH (Month, Day, Year) 2 September 5, 2002		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 1304 Coachman Dr.		3e. SEX Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 60	
	8. STATE OF BIRTH (if not U.S.A., name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. SOCIAL SECURITY NUMBER ██████████ 9446		13a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Self-Employed		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	13. RESIDENCE—STATE Nevada		13b. COUNTY Washoe		14. KIND OF BUSINESS OR INDUSTRY Massage Therapy	
PARENTS	15a. FATHER—NAME First Middle Last Allen Derstine		15b. MOTHER—MAIDEN NAME First Middle Last Minnie Kratz		12. SURVIVING SPOUSE (if wife, give maiden name) Paul David Harley	
	16. INFORMANT—NAME (Type or Print) Paul David Harley		17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1304 Coachman Dr., Sparks, Nevada 89434			
DISPOSITION	18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno, Nevada	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane, Sparks, Nevada 89431	
CERTIFIER	21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) 9/5/02		21c. HOUR OF DEATH 0350	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jeffrey D. Millman		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 1321 N. McCarran Blvd #103 Sparks, NV 89431		23b. LICENSE NUMBER NV 4242		22c. PRONOUNCED DEAD (Mo., Day, Yr.)	
	24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 6, 2002		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Respiratory Failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 10 days	
	(b) Metastasis to Lung		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 10 months	
CAUSE OF DEATH	(c) Breast Cancer		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 12 years	
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
CAUSE OF DEATH	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
	28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 223300

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar **0630706**

Barbara Lee Hunt

Date: **OCT 14 2004**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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