

17-

DOC # 0662702
12/09/2005 09:46 AM Deputy: KLJ

OFFICIAL RECORD

Requested By:
KURT D HUYSENTRUYT

Assessor's Parcel Number: 1319-15-000-015 PTN

Recording Requested By:

✓ Name: Kurt D Huysentruyt

Address: 3650 Lawton St

City/State/Zip San Francisco CA 84122

Real Property Transfer Tax: \$ _____

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1205 PG- 3469 RPTT: 0.00



Affidavit Death of Joint Tenant

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

APN: 1319-15-000-015 (PTN)

ASSESSOR'S IDENTIFICATION NUMBER: Map Book: _____ Page: _____ Parcel: _____

RECORDING REQUESTED BY

SPACE BELOW FOR USE OF RECORDER ONLY

AND WHEN RECORDED MAIL TO:

Name: KURT D. HUYSENTRUYT
Address: 3650 LAWTON STREET
City & State: SAN FRANCISCO CA 84122

MAIL TAX STATEMENT TO:

Name: MARGARET L. MORRISSEY
Address: 1359 - 48TH AVENUE
City & State: SAN FRANCISCO CA 94122

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA,)

County of SAN FRANCISCO)

) SS.

MARGARET L. MORRISSEY

, being of legal age and duly sworn deposes and states that:

the decedent, JAMES C. MORRISSEY

mentioned in the attached certified copy of the Certificate of

Death is the same JAMES C. MORRISSEY

named as one of the parties in the DEED

dated 5/30/02

, executed by WALLEY'S PARTNERS LIMITED PARTNERSHIP

to JAMES C. MORRISSEY & CATHERINE L. MORRISSEY

as joint tenants, recorded as Instrument No. 544601, on 6/14/02 in book 0602 page 4183

of Official Records of DOUGLAS

County, ^{NEVADA} ~~California~~ covering the following described real

property in the _____ County of DOUGLAS

, State of ^{NEVADA} ~~California~~:

PER EXHIBIT A ATTACHED

APN: PART OF 1319-15-000-015

Dated: 12/2/04

Subscribed and sworn to before me

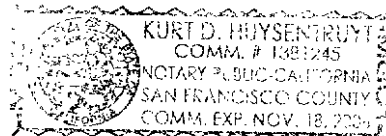
this 2nd day of DECEMBER, 2004

Signature [Signature]

KURT D. HUYSENTRUYT

Name (Typed or Printed)

Margaret L. Morrissey
MARGARET L. MORRISSEY



Title Order No.: _____

Escrow, Loan, or Attorney file No.: _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE



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BK- 1205
PG- 3470



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

CERTIFICATE OF DEATH

3200438000322

STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASERS, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/93)

STATE FILE NUMBER		MIDDLE		LAST (Family)	
1. NAME OF DECEDENT - FIRST (Given) JAMES		C.		MORRISSEY	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
		07/07/1947		56	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		5970		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		01/20/2004		2000	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT SPANISH-HISPANIC/LATINO? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION			
TRUCK DRIVER		20			
20. DECEDENT'S RESIDENCE (Street and number or location)					
1359 48TH AVENUE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SAN FRANCISCO		SAN FRANCISCO		94122	
24. YEARS IN COUNTRY		25. STATE/FOREIGN COUNTRY			
56		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or real route number, city or town, state, ZIP)		
MARGARET MORRISSEY - WIFE			1359 48TH AVENUE, SAN FRANCISCO, CA 94122		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
MARGARET		LEIGH		PIERCE	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
WILLIAM		SLOAN		MORRISSEY	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
CA		ANNE		JUNE	
37. LAST (Maiden)		38. BIRTH STATE		39. BIRTH STATE	
LARSEN		CA		CA	
30. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
01/26/2004		RES: MARGARET MORRISSEY, 1359 48TH AVENUE, SAN FRANCISCO, CA 94122			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EXAMINER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
NEPTUNE SOCIETY OF NORTHERN CA		FD 1306		<i>Mitchell Katz</i>	
47. DATE mm/dd/yyyy					
01/23/2004					
101. PLACE OF DEATH					
KAISER FOUNDATION HOSPITAL					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
SAN FRANCISCO		2425 GEARY BOULEVARD		SAN FRANCISCO	
107. CAUSE OF DEATH					
Enter the chemical entity - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(A) METASTATIC SQUAMOUS CELL CANCER		108. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(B)		109. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(C)		(C)		110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(D)		(D)		111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, see type of operation and date)					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		<i>Jane M. ...</i>		A-70326	
Decedent Last Seen Alive		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
01/16/2004		01/20/2004		01/21/2004	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. MARRIED AT WORK?		120. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		01/20/2004	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
123. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
124. SIGNATURE OF CORONER / DEPUTY CORONER		125. DATE mm/dd/yyyy		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A					

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BK- 1205
PG- 3471
12/09/2005

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued **JAN 26 2004**
DATE ISSUED

002096077

Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1989th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL E-1 of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at page 3464, as Document No. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of Parcel E-1, as set forth in Quitclaim Deed recorded September 17, 1998 in Book 998, Page 3250 as Document No. 449574, Official Records, Douglas County, Nevada.

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998 as Document No. 0449993, and as amended by Documents Nos. 0466255, 0485265, 0489959, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a STANDARD UNIT each year in accordance with said Declaration.

A Portion of APN 1391-15-000-015

