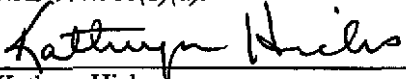


*This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).*

  
Kathryn Hicks

DOC # 727780  
07/31/2008 12:03PM Deputy: DW  
**OFFICIAL RECORD**  
Requested By:  
ANDERSON & DORN LTD  
Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 4 Fee: 17.00  
BK-708 PG-6830 RPTT: 0.00



APN: a portion of 17-212-050

**RECORDING REQUESTED BY:**

Bradley B Anderson, Esq.  
Anderson & Dorn, Ltd.  
500 Damonte Ranch Parkway #860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

JAMES R. JOHNSON  
1475 Teal  
Carson City, Nevada 89701

**MAIL TAX STATEMENTS TO:**

JAMES R. JOHNSON  
1475 Teal  
Carson City, Nevada 89701

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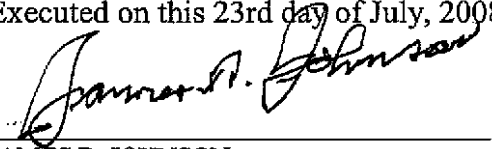
**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, JAMES R. JOHNSON, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the husband and sole surviving joint tenant of O. JANE JOHNSON also known as JANE JOHNSON and OLGA JANE JOHNSON.
- (2) That a Joint Tenancy Deed dated October 3, 1967 was made by JAMES R. JOHNSON and JANE JOHNSON as joint tenants, Document No. 38478, recorded in the County of Douglas, State of Nevada, on October 6, 1967.
- (3) And that a Grant, Bargain, Sale Deed, dated December 22, 1999, was made by JAMES R. JOHNSON and O. JANE JOHNSON as joint tenants with right of survivorship, Document No. 0483555, recorded in the County of Douglas, State of Nevada on December 30, 1999.
- (4) That the properties subject to joint tenancy are described in Exhibit A attached.

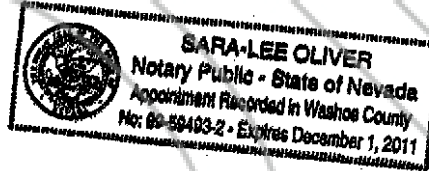
4  
(7) That O. JANE JOHNSON died on June 29, 2008 in Carson City, County of Carson, Nevada. The death certificate is attached hereto as Exhibit B.

Executed on this 23rd day of July, 2008, at Reno, Nevada.

  
\_\_\_\_\_  
JAMES R. JOHNSON

SUBSCRIBED AND SWORN TO before me this 23rd day of July, 2008 by JAMES R. JOHNSON.

  
\_\_\_\_\_  
Notary Public



BK-708  
PG-6831

# EXHIBIT "A"

## Legal Description:

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 1/1071st interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W 1/2 NE 1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57° 32' 32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80° 00' 00" East, 93.93 feet; thence North 35° 00' 00" East, 22.55 feet; thence North 10° 00' 00" West, 92.59 feet; thence North 80° 00' 00" East, 72.46 feet; thence South 10° 00' 00" East, 181.00 feet; thence South 80° 00' 00" West, 182.33 feet; thence North 10° 00' 00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)

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 Document No. 0466255, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year in accordance with said Declaration.

A Portion of APN 17-212-05

Property Address: David Walley's Resort, 2001 Foothill Road, Genoa, NV 89411



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2008010165  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

|                                                                                                                                                                                                       |  |                                                                                                                                                                                                                |                                                                                                                                                                     |                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Olga Jane JOHNSON</b>                                                                                                                              |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>June 29, 2008</b>                                                                                                                                                         |                                                                                                                                                                     | 3a. COUNTY OF DEATH<br><b>Carson City</b>                                                                             |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Carson City</b>                                                                                                                                            |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number)<br><b>1475 Teal Drive</b>                                                                                                       |                                                                                                                                                                     | 3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)<br><b>Female</b>                                  |  |
| 5. RACE White (Specify)                                                                                                                                                                               |  | 6. Hispanic Origin? Specify No - Non-Hispanic                                                                                                                                                                  |                                                                                                                                                                     | 7a. AGE-Last birthday (Years)<br><b>91</b>                                                                            |  |
| 9a. STATE OF BIRTH (If not U.S.A., name country)<br><b>California</b>                                                                                                                                 |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>                                                                                                                                                            |                                                                                                                                                                     | 10. EDUCATION<br><b>14</b>                                                                                            |  |
| 13. SOCIAL SECURITY NUMBER<br><b>8576</b>                                                                                                                                                             |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Auditor</b>                                                                                                  |                                                                                                                                                                     | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>State Of California</b>                                                       |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>                                                                                                                                                               |  | 15b. COUNTY<br><b>Carson City</b>                                                                                                                                                                              |                                                                                                                                                                     | 15c. CITY, TOWN OR LOCATION<br><b>Carson City</b>                                                                     |  |
| 15d. STREET AND NUMBER<br><b>1475 Teal Drive</b>                                                                                                                                                      |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                                                                                                                      |                                                                                                                                                                     | 12. SURVIVING SPOUSE (If wife, give maiden name)<br><b>James R JOHNSON</b>                                            |  |
| 16. FATHER - NAME (First Middle Last Suffix)<br><b>Charles WEIDERMAN</b>                                                                                                                              |  | 17. MOTHER - NAME (First Middle Last Suffix)<br><b>Josephine</b>                                                                                                                                               |                                                                                                                                                                     |                                                                                                                       |  |
| 18a. INFORMANT- NAME (Type or Print)<br><b>James R JOHNSON</b>                                                                                                                                        |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1475 Teal Drive Carson City, Nevada 89701</b>                                                                                       |                                                                                                                                                                     |                                                                                                                       |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>                                                                                                                                  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>                                                                                                                                          |                                                                                                                                                                     | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89706</b>                                                   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>RICK NOEL</b><br>SIGNATURE AUTHENTICATED                                                                                           |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>620</b>                                                                                                                                                                    |                                                                                                                                                                     | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Chapel of the Valley</b><br><b>1281 N Rogg Carson City, NV 89706</b> |  |
| TRADE CALL - NAME AND ADDRESS                                                                                                                                                                         |  |                                                                                                                                                                                                                |                                                                                                                                                                     |                                                                                                                       |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>JORGE HERNAN PEREZ-CARDONA M.D.</b><br>SIGNATURE AUTHENTICATED |  |                                                                                                                                                                                                                | 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) stated. (Signature & Title) |                                                                                                                       |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>April 02, 2008</b>                                                                                                                                                 |  | 21c. HOUR OF DEATH<br><b>02:27</b>                                                                                                                                                                             |                                                                                                                                                                     | 22b. DATE SIGNED (Mo/Day/Yr)                                                                                          |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)                                                                                                                              |  | 22c. HOUR OF DEATH                                                                                                                                                                                             |                                                                                                                                                                     | 22d. PRONOUNCED DEAD (Mo/Day/Yr)                                                                                      |  |
| 22e. PRONOUNCED DEAD AT (Hour)                                                                                                                                                                        |  | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Jorge Hernan Perez-Cardona M.D. 1000 N. Division Street #104 Carson City, NV 89703</b> |                                                                                                                                                                     |                                                                                                                       |  |
| 23b. LICENSE NUMBER<br><b>10108</b>                                                                                                                                                                   |  | 24a. REGISTRAR (Signature)<br><b>CHRISTINA GRIFFITH</b><br>SIGNATURE AUTHENTICATED                                                                                                                             |                                                                                                                                                                     | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>July 02 2008</b>                                                    |  |
| 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                         |  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))                                                                                                                                      |                                                                                                                                                                     |                                                                                                                       |  |
| PART I                                                                                                                                                                                                |  | (a) <b>Breast Cancer</b>                                                                                                                                                                                       |                                                                                                                                                                     | Interval between onset and death                                                                                      |  |
|                                                                                                                                                                                                       |  | DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                                                |                                                                                                                                                                     | Interval between onset and death                                                                                      |  |
|                                                                                                                                                                                                       |  | (b) DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                                            |                                                                                                                                                                     | Interval between onset and death                                                                                      |  |
|                                                                                                                                                                                                       |  | (c) DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                                            |                                                                                                                                                                     | Interval between onset and death                                                                                      |  |
|                                                                                                                                                                                                       |  | (d) DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                                            |                                                                                                                                                                     | Interval between onset and death                                                                                      |  |
| PART II                                                                                                                                                                                               |  |                                                                                                                                                                                                                |                                                                                                                                                                     | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>                                                                          |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>                                                                                                                                     |  | 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. INJURY AT WORK (Specify Yes or No)                                                                                                                                                               |  | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)                                                                                                                          |                                                                                                                                                                     | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE                                                                 |  |

STATE REGISTRAR

727780 Page: 4 of 4 07/31/2008  
BK-708  
PG-6833

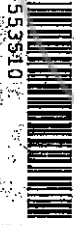
220853 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUL 08 2008**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

*R. D. White*  
STATE REGISTRAR



VRS-Rev-2008T