

OFFICIAL RECORD

Requested By:

HOLIDAY TRANSFER SERVICES

APN: 1319-22-000-003 ptn

Recording requested by and when recorded  
mail to:

Daniel Webster  
Holiday Transfer Services  
3605 Airport Way South,  
Seattle, Washington 98134

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-1008 PG-1312 RPTT: 0.00



AFFIDAVIT - DEATH OF JOINT  
Tenant

State of: Genoa

County of: Douglas

Paul D Eckert, of legal age, being first duly sworn, deposes and says:

That Gayle L Eckert, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Gayle L Eckert, named as one of the parties in that certain David Walley's Resort Grant Bargain, Sale Deed. Dated 9/22/2004 executed by Walley's Partners Limited Partnership  
To: Paul D Eckert and Gayle L Eckert  
as joint tenants, recorded as Instrument No. 0629826 on Nov.19,2004 in  
Book 1104, Page 09366, of Official Records of Douglas County,  
Nevada, covering the following described property situated in the County of Douglas,  
State of Neveda:

[Attached legal description exhibit "A"]

Dated: Oct 1, 2008 Paul D Eckert  
Paul D. Eckert

Subscribed and sworn to before me, the undersigned,  
a Notary Public in and for said State,  
this 1 day of October, 2008.  
Witness my hand and official seal.

Signature: C. Lapp

(Name: typed or printed) See attached jurat

State of California  
County of Placer

Subscribed and sworn to (or affirmed) before me on this 1  
day of October, 2008, by Paul Eckert

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

(Seal)

Signature

C. Laffen



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF PLACER**  
**Auburn, California 95603**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		3200631002702	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
GAYLE		ECKERT	
2. MIDDLE		LYNN	
AKA. ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy	
		05/10/1954	
9. BIRTH STATE/FOREIGN COUNTRY		5. AGE Yrs.	
CA		52	
10. SOCIAL SECURITY NUMBER		6. UNDER ONE YEAR	
[REDACTED] 9418		Months Days Hours Minutes	
11. EVER IN U.S. ARMED FORCES?		7. DATE OF DEATH mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12/13/2006	
12. MARITAL STATUS (at Time of Death)		8. HOUR (24 Hours)	
MARRIED		0720	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		18. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)	
BACHELOR'S <input type="checkbox"/> YES <input type="checkbox"/> NO		CAUCASIAN	
14.15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ACCOUNTING OFFICER	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
STATE GOVERNMENT		27	
20. DECEDENT'S RESIDENCE (Street and number or location)			
2697 WESTVIEW DR			
21. CITY			
LINCOLN			
22. COUNTY/PROVINCE		23. ZIP CODE	
PLACER		95648	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
3		CA	
26. INFORMANT'S NAME, RELATIONSHIP			
PAUL ECKERT - HUSBAND			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
2697 WESTVIEW DR LINCOLN CA 95648			
28. NAME OF SURVIVING SPOUSE - FIRST		30. LAST ( Maiden Name)	
PAUL		ECKERT	
29. MIDDLE		31. NAME OF FATHER - FIRST	
DAVID		JOSEPH	
32. LAST		33. MIDDLE	
ECKERT		T.	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST	
PA		JOYCE	
36. MIDDLE		37. LAST ( Maiden)	
E.		BLAMEY	
38. BIRTH STATE		39. BIRTH STATE	
PA		PA	
40. DISPOSITION DATE mm/dd/yyyy			
12/22/2006			
41. TYPE OF DISPOSITION(S)			
CR/RES			
42. SIGNATURE OF EMBALMER			
NOT EMBALMED			
43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT			
NAUTILUS SOCIETY			
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 1459		RICHARD J. BURTON, M.D.	
47. DATE mm/dd/yyyy		48. PLACE OF FINAL DISPOSITION	
12/15/2006 AM		RES: PAUL ECKERT 2697 WESTVIEW DR LINCOLN CA 95648	
101. PLACE OF DEATH			
OWN RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
PLACER		2697 WESTVIEW DR	
106. CITY		107. CAUSE OF DEATH	
LINCOLN		Enter the chain of events --- diseases, injuries, or complications --- 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.	
108. DEATH REPORTED TO CORONER? (at time of death)		109. BOPSY PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. DEATH REPORTED TO CORONER? (at 1 MTH)		111. AUTOPSY PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. USED IN DETERMINING CAUSE?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
Decedent Attended Since Decedent's Last Seen Alive			
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
[Signature] M.D.		A79965	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
12/15/2006		LI FANG HU MD 1600 EUREKA RD ROSEVILLE CA 95661	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <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			
120. INJURED AT WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy			
122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
[Signature]			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		FAX AUTH. #	
		17425	
STATE REGISTRAR		CENSUS TRACT	
A B C D E			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
 COUNTY OF PLACER } SS

DATE ISSUED  
**12/20/2006**

\* 000221310 \*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

[Signature]  
 Richard J. Burton, M.D.  
 HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EK- 1008  
 PG- 1314  
 Page: 3 Of 4 10/09/2008  
 0731246



Inventory No.: 17-006-28-82

**EXHIBIT "A"**  
(Walley's)

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 1/2142<sup>nd</sup> 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 (W1/2 NE1/4) 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 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 Nos. 0466255, 0485265, 0489957, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT every other in EVEN -numbered years in accordance with said Declaration.

Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Abandonment Deed recorded September 20, 2002 in Book 0902, at Page 06242, as Document No. 0552534, Official Records, Douglas County, Nevada.

A Portion of APN: 1319-22-000-003

