

Escrow No.  
AND WHEN RECORDED MAIL TO:

Amy K. Hebel-Brenner  
14475 Shadow Hills Dr.  
Reno, NV 89521

SPA  
USE

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-1108 PG- 717 RPIT: 0.00



1319-22-000-003 ptm

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA  
COUNTY OF Washoe

} SS:

Amy K. Hebel-Brenner, of legal age, being duly sworn, deposes and says

That David A. Brenner the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as David A. Brenner and Amy K. Hebel-Brenner, Husband and Wife named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated November 24<sup>th</sup>, 1999 executed by Robert W. Dunbar, Chief Financial Executive to David A. Brenner and Amy K. Hebel-Brenner, Husband and Wife as joint tenants, recorded as Instrument No. 0482056, on December 7, 1999 in Book 1299 Page 1009 of Official Records of Douglas County, Nevada, covering the following described property.

See Legal Description attached as Exhibit "A"

Dated: October 9, 2008


*Amy K. Hebel-Brenner*  
Amy K. Hebel-Brenner

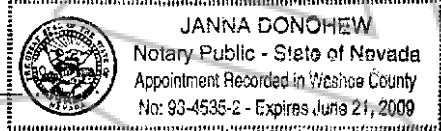
STATE OF NEVADA  
COUNTY OF Washoe

} SS:

This instrument was acknowledged before me on  
October 9, 2008

by Amy K. Hebel-Brenner

  
NOTARY PUBLIC



COPIES



TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issues and profits thereof;

SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases, if any, rights of way, agreements and the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded on September 23, 1998, in Book 998 at Page 4404 as Document Number 449993, Official Records of Douglas County, Nevada, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein;

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said Grantee and Grantee's successors and assigns forever.

(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 1/1071st 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 PREMIUM UNIT each year in accordance with said Declaration.

# 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 118 IMAGE 123

1283

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. David Allan BRENNER			DATE OF DEATH (Month, Day, Year) 2. March 2, 2005		COUNTY OF DEATH 3a. Washoe
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. St Marys Regional Medical Center		If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Emer. Rm.
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X		AGE—Last Birthday (Years) 7. 39	DATE OF BIRTH (Mo., Day, Yr.) 8. October 10, 1945
	STATE OF BIRTH (If not U.S.A., name country) 9a. Massachusetts		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 20	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify M) 11. Married
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. ██████████-5103		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Self Employed		KIND OF BUSINESS OR INDUSTRY 14b. Financier	
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Washoe	CITY, TOWN, OR LOCATION 15c. Reno		STREET AND NUMBER 15d. Shadow Hills Dr. 14475	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
PARENTS	FATHER—NAME First Middle Last 16. Gilbert Brenner			MOTHER—MAIDEN NAME First Middle Last 17. Belle Cohen		
	INFORMANT—NAME (Type or Print) 18a. Amy K. Hebel-Brenner			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 14475 Shadow Hills Drive Reno, Nevada 89521-7210		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Subst) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 617	NAME AND ADDRESS OF FACILITY 20c. Ross Burke & Knobel Mortuary 2155 Kietzke Lane, Reno, Nevada 89502		
CERTIFIER	21a. 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>			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>		
	DATE SIGNED (Mo., Day, Yr.) 21b.		HOUR OF DEATH 21c.		DATE SIGNED (Mo., Day, Yr.) 22b. April 28, 2005	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22c. 1814		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520			LICENSE NUMBER 23b. WCC S. 35		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 28, 2005		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
CAUSE OF DEATH	PART I (a) Overdose of combined olanzapine, venlafaxine, and zolpidem DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and de
	(b) _____ DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and de
	(c) _____ DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and de
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No) 26. Yes	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC. SUICIDE, HON. UNDET., OR PENDING INVEST. (Specify) 28a. Suicide	DATE OF INJURY (Mo., Day, Yr.) 28b. Mar. 2, 2005	HOUR OF INJURY 28c. 1655 M	DESCRIBE HOW INJURY OCCURRED 28d. Ingested prescription medication			
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. Home	LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 28g. 14475 Shadow Hills Drive, Reno, Nevada					

STATE REGISTRAR

No. 282504

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

Deputy Registrar: *[Signature]*

Date: MAY 5 2005

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

BK-1108  
PG-720  
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11/06/2008  
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