

17

Assessor's Parcel Number: 1319-15-000-020 ptn

Recording Requested By:

Name: Debra Scafira

Address: 1176 Glendora Lane

City/State/Zip Sparks, NV 89436

Real Property Transfer Tax:

n/a

DOC # **0733517**
11/24/2008 03:10 PM Deputy: SG
OFFICIAL RECORD
Requested By:
DEBRA SCAFIRE

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-1108 PG- 4418 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.

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2007012394

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Dianna			1b. MIDDLE Mary Lee		1c. LAST YIELDING		2. DATE OF DEATH (Mo/Day/Year) December 17, 2007		3a. COUNTY OF DEATH Washoe				
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center				3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female				
	5. RACE (e.g. White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 59		7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) June 22, 1948					
	9a. STATE OF BIRTH (if not U.S.A. name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.(Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)						
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]-1074			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Paralegal			14b. KIND OF BUSINESS OR INDUSTRY Communications							
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks		15d. STREET AND NUMBER 1176 Glendora Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No					
	16. FATHER - NAME (First Middle Last Suffix) Franklin Gaither YIELDING					17. MOTHER - NAME (First Middle Last Suffix) Alice CHAMBERS								
	18a. INFORMANT- NAME (Type or Print) Debby SCAFIRE				18b. MAILING ADDRESS: (Street or R.F.D. No. City or Town, State, Zip) 1176 Glendora Lane Sparks, Nevada 89436									
PARENTS	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Sierra Crematory			19c. LOCATION City or Town State Reno Nevada 89501							
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503								
DISPOSITION	TRADE CALL - NAME AND ADDRESS													
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED STEVE KHODADAD MASHOUR M.D.											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) December 20, 2007			21c. HOUR OF DEATH 13:50								22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)											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) Steve Khodadad Mashour M.D. 236 West Sixth St., Ste. 100 Reno, NV 89503									23b. LICENSE NUMBER 10761				
REGISTRAR	24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 03, 2008			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			Interval between onset and death									
		(b) Sarcoidosis			Interval between onset and death									
		(c)			Interval between onset and death									
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) No											
	28a. ACC., SUICIDE, HOMICIDE, 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



BK- 1108
PG- 4420
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VRS-Rev.

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.

Mary St. Anderson

DEPUTY REGISTRAR

JAN 4 2008

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

534352



LEGAL DESCRIPTION OF PROPERTY

WALLEY'S PARTNERS LIMITED PARTNERSHIP more particularly described
as follows:

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 1/1224th interest in and to all that real property
situate in the County of Douglas, State of Nevada, described as
follows:

ADJUSTED PARCEL G as shown on that Record of Survey To
Support a Boundary Line Adjustment recorded on September 20,
2002 in the Office of the Douglas County Recorder as Document
No. 0552536, adjusting that Record of Survey recorded April 29,
2002 as Document No. 0540898, pursuant to that 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. 0501638, and by Certificate of Amendment
recorded November 3, 2000, in Book 1100, Page 467, as Document
No. 0502689, Official Records of 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 Document Nos. 0466255, 0485265, 0489957,
0509920 and 0521436, and that Declaration of Annexation of
David Walley's Resort Phase III recorded on July 1, 2003 in the
Office of the Douglas County Recorder as Document No. 0582120
and subject to said Declaration; with the exclusive right to use said
interest for one Use Period within a TWO BEDROOM UNIT every
year 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.

