

APN: 1319-15-000-015 PTN

DOC # 745636  
06/22/2009 01:13PM Deputy: GB  
OFFICIAL RECORD  
Requested By:

Recording Requested by: Mayra Morales and  
when recorded, Mail To: Timeshare Closing Services, Inc.  
7345 Sand Lake Road, #303  
Orlando, FL 32819  
67042109016A

VIN Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-609 PG-6667 RPTT: 0.00



Mail Tax Statements To: VI Network Inc., a Florida Corporation, 8545  
Commodity Circle, Orlando, FL 32819

**AFFIDAVIT OF DEATH**

STATE OF Florida ) SS  
COUNTY OF Orange )

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Mildred Lehman Roach, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Midge L. Roach, named as one of the parties in that certain deed dated August 21, 2002, executed by Richard V. Roach and Midge L. Roach, husband and wife, to Richard V. Roach and Midge L. Roach, Trustees of the R.V. Roach Family Trust, dated April 17, 2001, recorded as instrument No. 0554975 on October 16, 2002 in Book 1002, Page 06795, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

Legal Description of Property: A Timeshare Estate described as David Walley's Resort, Douglas County, Nevada, Odd Year Usage, Week #17-032-46-71 being more particularly described on the exhibit "A" attached to the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

Mayra Morales  
Mayra Morales -- Affiant

Dated this 12<sup>th</sup> day of May, 2009

Subscribed and Sworn before me, Notary Public, On 5/12/09, personally appeared, Mayra Morales, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

SIGNATURE [Signature]

WITNESS my hand and official seal.

NOTARY PUBLIC - STATE OF FLORIDA  
**L. Gainous**  
Commission # DD629783  
Expires: JAN. 16, 2011  
BONDED THROUGH ATLANTIC BONDING CO., INC.

**Exhibit "A"**  
(WALLEY'S)

File number: 67042109016A

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 1/3978th 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 Document 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 every other year in ODD- numbered years in accordance with said Declaration.

Inventory No.: 17-032-46-71

A Portion of APN 1319-15-000-015



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

**COUNTY OF SHASTA**

2650 BRESLAUER WAY  
REDDING, CALIFORNIA 96001

**CERTIFICATE OF DEATH**

3 2004 45 001820

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
Mildred		Roach	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
Lehman		03/01/1934	
5. AGE Yrs.		6. SEX	
70		F	
7. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
OH		5727	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION - (Report Level/Degree)		7. DATE OF DEATH mm/dd/yyyy	
Some College		12/01/2004	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH?		8. HOUR (24 hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1129	
15. DECEDENT'S RACE - (If in 2 codes, may be listed (see worksheet on back))		16. YEARS IN OCCUPATION	
White		50	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)	
Homemaker		Own Home	
20. OCCIDENT'S RESIDENCE (Street and number or location)			
552 S. Clearview Ave.			
21. CITY		22. COUNTY/PROVINCE	
Mesa		Maricopa	
23. ZIP CODE		24. YEARS IN COUNTRY	
85208		18	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
AZ		Richard Roach - Husband	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
552 S. Clearview Ave. Mesa, AZ 85208		Richard	
29. NAME OF FATHER - FIRST		30. MIDDLE	
Armand		Van	
31. NAME OF MOTHER - FIRST		32. LAST	
Mildred		Roach	
33. MIDDLE		34. BIRTH STATE	
Isabel		OH	
35. LAST ( Maiden)		36. BIRTH STATE	
Rupp		OH	
37. LAST ( Maiden)		38. BIRTH STATE	
Rupp		OH	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
12/10/2004		Mariposa Gardens Mesa, AZ 85208	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
CR/TR/BU		Not Embalmed	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
McDonald's Chapel		FD-177	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
Andrew W. Deckert		12/10/2004	
47. PLACE OF DEATH		48. IF HOSPITAL, SPECIFY ONE	
Shasta Regional Medical Center		<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
Shasta		1100 Butte St. Redding	
106. CITY		107. CAUSE OF DEATH	
Redding		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 ventilator failure without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. DEATH REPORTED TO CORONER?		111. AUTOPSY PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. AUTOPSY PERFORMED?		113. INQUIRY IN INVESTIGATING OFFICE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107, OR 112? (If yes, list type of operation and date.)	
Ventilator dependent respiratory failure		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NUMBER	
Sriram Sambasivan MD		A75554	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
Sriram Sambasivan MD, 180 Northpoint Dr., Redding, CA 96001		12/09/2004	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. SIGNATURE OF CORONER/DEPUTY CORONER	
		Andrew W. Deckert	
124. DESCRIBE HOW INJURY OCCURRED (Events which led to injury)		125. DATE mm/dd/yyyy	
		12/01/2004	
125. LOCATION OF INJURY (Street and number, or location, highway, and ZIP)		126. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
		Andrew W. Deckert	
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy	
Andrew W. Deckert		12/01/2004	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
12/01/2004		Andrew W. Deckert	

\*000138192\*

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PG-6669  
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CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }  
COUNTY OF SHASTA } SS DATE ISSUED DEC / 23 / 2008

This is to certify that the above is a true and correct copy of facts recorded regarding the above named individual as registered in this office

*Andrew W. Deckert*  
ANDREW W. DECKERT, M.D., M.P.H.  
REGISTRAR OF VITAL STATISTICS  
SHASTA COUNTY HEALTH DEPARTMENT



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

PESC 11 (Rev.) 1/04