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DOC # 0746627  
07/07/2009 10:18 AM Deputy: GB

OFFICIAL RECORD

Requested By:  
BARBARA SMITH

1319-22-000-003 ptn  
APN: ~~17-002-32-01~~

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0709 PG- 1081 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT OF DEATH OF JOINT TENANT

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant  
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

Signed By:

Print Name/Title: BARBARA Y. SMITH

WHEN RECORDED MAIL TO:

BARBARA Y. SMITH  
1194 KINGSTON WAY  
GARDNERVILLE, NV 89460



A.P.N. 17-002-32-01

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

*Barbara Smith*

*1194 Kingston Way*

*Gardnerville, NV 89460*

THIS SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF A JOINT TENANT**

**Barbara Y. Smith** who acquired title as **Barbara Y. Orgill**, of legal age, being duly sworn, deposes and says

That **Richard John Orgill**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Richard John Orgill** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **May 25, 1995**, executed by **Walley's Partners Limited Partnership** to **Richard John Orgill and Barbara Yvonne Orgill, husband and wife** as joint tenants with right of survivorship, recorded as Instrument No. **0468730**, on **May 25, 1999**, in Book **0599**, Page **4892**, of Official Records of **Douglas** County, Nevada, covering the following described property situated in the County of **Douglas**, State of Nevada.

See Exhibit "A" Attached

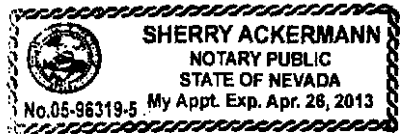
Dated: July 7, 2009

*Barbara Y Smith*  
Barbara Y. Smith

STATE OF NEVADA                                 )  
  ) SS.  
COUNTY OF DOUGLAS                             )

On July 7, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Barbara Y. Smith known to me to be the person whose name subscribed to the within instrument and acknowledge that executed the same.

Signature *[Signature]*  
Notary Public





Inventory No: 17-002-32-01

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 1/1071st 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



# 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 110 IMAGE 743  
LOCAL FILE NUMBER 1189

STATE FILE NUMBER  
COUNTY OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

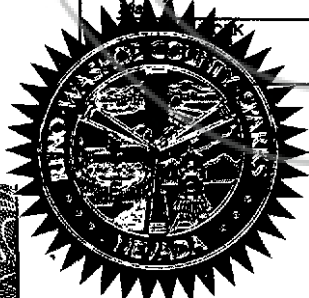
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last <b>Richard John ORGILL</b>			2. DATE OF DEATH (Month, Day, Year) <b>April 25, 2003</b>		3a. COUNTY OF DEATH <b>Washoe</b>		
3b. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Washoe Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Fin. Inpatient (Specify) <b>Inpatient</b>		4. SEX <b>Male</b>	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) <b>65</b>		7b. UNDER 1 YEAR MOS : DAYS <b>:</b>	
7c. UNDER 1 DAY HOURS : MINS <b>:</b>		8. DATE OF BIRTH (Mo., Day, Yr.) <b>March 17, 1938</b>					
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12. SURVIVING SPOUSE (If wife, give maiden name) <b>Barbara Y. Clauder</b>		13. SOCIAL SECURITY NUMBER <b>0375</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Police Officer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>National Lab</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1194 Kingston Way</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER—NAME First Middle Last <b>John Edward Orgill</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Susie K. Nance</b>		
18a. INFORMANT—NAME (Type or Print) <b>Bonnie Y. Orgill</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1195 Kingston Way, Gardnerville, Nevada 89460</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden, Nevada</b>			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>21711</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701</b>			
21a. To be completed by CERTIFYING PHYSICIAN 21a. (Signature and Title) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) <b>4.30.03</b>		21c. HOUR OF DEATH <b>1725</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Chapman</b>	
22a. To be completed by Coroner's Office 22a. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
22e. PRONOUNCED DEAD (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Dr. Chapman 35 Pimple # 513 Reno NV</b>			23b. LICENSE NUMBER <b>5933</b>		
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>May 1, 2003</b>		24c. 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).)							
PART 1 (a) <b>CARDIOGENIC SHOCK</b>		DUE TO, OR AS A CONSEQUENCE OF:					
PART 1 (b) <b>ATHEROSCLEROTIC CORONARY HEART DISEASE</b>		DUE TO, OR AS A CONSEQUENCE OF:					
PART 1 (c) <b>PULMONARY EMBOLISM</b>		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. AUTOPSY (Specify Yes or No) <b>Yes</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. STREET OR R.F.D. No.		28h. CITY OR TOWN STATE	



STATE REGISTRAR

No.230112

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

Deputy Registrar: Barbara Lee Hunt Date: MAY 16 2003