

A Portion of A.P.N. ~~17-212-07~~ 1319-15-000-015

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0709 PG- 5923 RPTT: 0.00



✓ **WHEN RECORDED RETURN TO:**  
**Soraya Tabibi Aguirre, Esq.**  
**Holland & Hart LLP**  
**5441 Kietzke Lane, Second Floor**  
**Reno, Nevada 89511**

**MAIL TAX STATEMENTS TO:**  
**Ms. Kathleen M. Buch**  
**35 Archer Court**  
**Sparks, Nevada 89441**

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person or persons as required by law: \_\_\_\_\_

**AFFIDAVIT OF TERMINATION OF JOINT TENANT**

STATE OF NEVADA            )  
                                          ) ss.  
COUNTY OF WASHOE        )

KATHLEEN M. BUCH, of legal age, being duly sworn, deposes and says:

1. That WALTER ELLIS JOHNSON, the Decedent, was, until his death, and is the same person as WALTER E. JOHNSON, named as one of the parties in that certain Grant, Bargain, Sale Deed by and between Walter E. Johnson, an unmarried man, and Kathleen M. Buch, an unmarried woman, together as joint tenants with right of survivorship, of official records of Douglas County, State of Nevada, Document Number 0515172, concerning the real property situate in the County of Douglas, State of Nevada, 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 1/1989th 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 and 0509920, as 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.

2. That this affidavit is executed and recorded for the purposes of terminating the interest of WALTER E. JOHNSON in and to the hereinabove described real property.

DATED this 11 day of June, 2009.

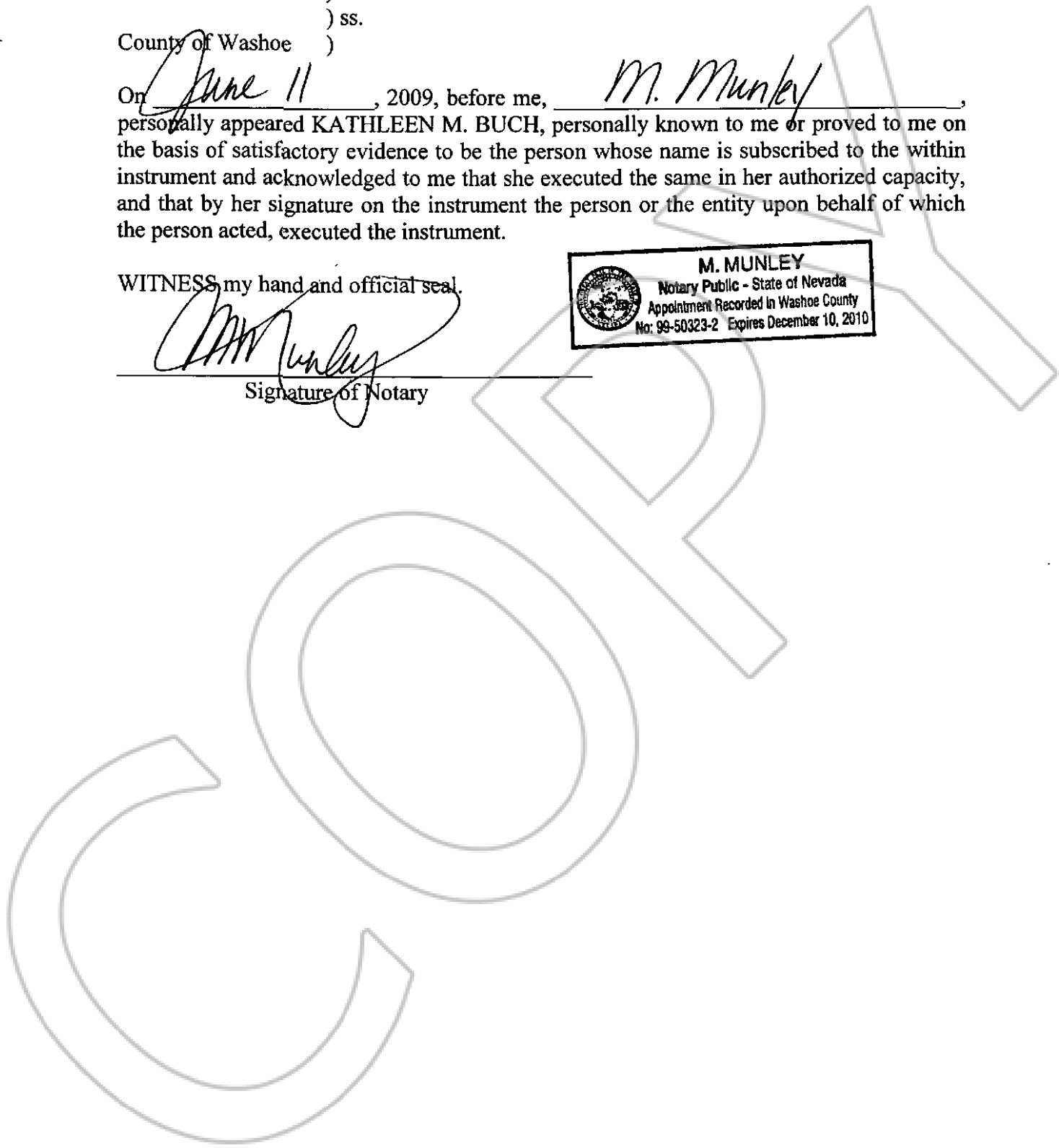
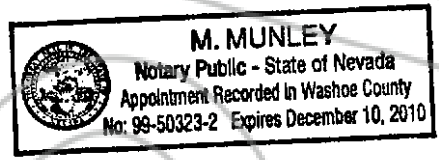
Kathleen M. Buch  
KATHLEEN M. BUCH  
35 Archer Court  
Sparks, Nevada 89441

State of Nevada )  
County of Washoe ) ss.

On June 11, 2009, before me, M. Munley,  
personally appeared KATHLEEN M. BUCH, personally known to me or proved to me on  
the basis of satisfactory evidence to be the person whose name is subscribed to the within  
instrument and acknowledged to me that she executed the same in her authorized capacity,  
and that by her signature on the instrument the person or the entity upon behalf of which  
the person acted, executed the instrument.

WITNESS my hand and official seal.

M. Munley  
Signature of Notary



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

## CERTIFICATE OF DEATH

2009006091

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Walter Ellis JOHNSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 22, 2009</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Spanish Springs</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>35 Archer Court</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Male</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>74</b>	
7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 13, 1935</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Montana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER <b>2337</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Electrician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Spanish Springs</b>	
15d. STREET AND NUMBER <b>35 Archer Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Lawrence JOHNSON</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Anna STROEBEL</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jennifer HAMPTON</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>45 Geraldine Court Spanish Springs, Nevada 89441</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Masonic Memorial Gardens</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>KENNETH BOWMAN</b>		20b. FUNERAL DIRECTOR LICENSE <b>808</b>		20c. NAME AND ADDRESS OF FACILITY <b>Final Wishes 437 Stoker Avenue Reno NV 89503</b>	
20a. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>KAREN SUE McDERMOTT M.D.</b>			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) <b>April 28, 2009</b>		21c. HOUR OF DEATH <b>12:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Karen Sue McDermott M.D. 1625 E.Prater Way #108 Sparks, NV 89434</b>				23b. LICENSE NUMBER <b>6450</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 30, 2009</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I		Interval between onset and death	
(a) <b>Pancreatic cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</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. 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



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BK- 0709  
PG- 5926  
07/24/2009

VRS-Rev-2008I

### 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 A. Anderson*  
DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: 05/11/2009

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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