

18-

OFFICIAL RECORD
Requested By:
OMARA LAW FIRM

APN# ~~17-212-05~~
1319-22-000-003
Recording Requested by:
Name: The O'mara Law Firm PC
Address: 311 E. Liberty St.
City/State/Zip: Reno, NV 89501

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-1009 PG- 3354 RPTT: 0.00



When Recorded Mail to:
Name: O'mara Law Firm PC.
Address: 311 E. Liberty St.
City/State/Zip: Reno, NV 89501

(for Recorder's use only)

Mail Tax Statement to:
Name: Mr. + Mrs. Hansen
Address: 416 Circle Dr.
City/State/Zip: Reno, NV 89509

Affidavit Terminating Joint Tenancy
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380(1)(a)
(State specific law)

[Signature]
Signature

Attorney
Title

William M. O'mara
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN: 17-212-05

When recorded mail to:

The O'Mara Law Firm, P.C.
311 E. Liberty Street
Reno, Nevada 89501

AFFIDAVIT TERMINATING JOINT TENANCY

ALBERT G. MOE, hereby swears under penalty of perjury that the following statements contained herein are true and correct:

1. That Affiant's wife, CHARLEEN M. MOE, died on July 3, 2001 (a certified copy of the Death Certificate is attached as Exhibit "A"), thereby terminating joint tenancy to the following described real property:

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 Nos. 0466255, 0485265 and 0489959, 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.

A portion of APN 17-212-05

FURTHER AFFIANT SAYETH NAUGHT.

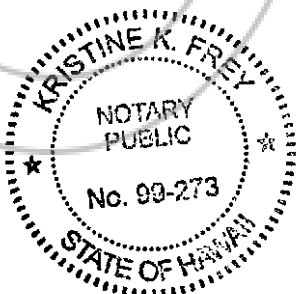
Albert G. Moë

ALBERT G. MOE
4023 Clover Creek Court
Reno, Nevada 89506

STATE OF Hawaii
: ss.
COUNTY OF Puuhi

On this 3rd day of September, 2009, before me, a Notary Public in and for the County and State

aforesaid, personally appeared ALBERT G. MOE, personally known to me or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed in and who executed the foregoing instrument, and who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

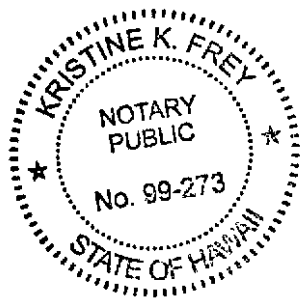


Kristine K. Frey
NOTARY PUBLIC
Kristine K. Frey
My Commission Expires: 5/26/2011

NOTARY CERTIFICATION ON BACK OF THIS PAGE.

COPY

Doc. Date: 9/3/09 # Pages 2
Notary Name: Kristine K. Frey Fifth Circuit
Doc. Description: Affidavit
terminating joint tenancy
[Signature] 9/3/09
Notary Signature Date



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada



0752349 Page: 5 Of 5 10/16/2009

BK- 1009
PG- 3358

STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH -- SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 104 IMAGE 22
LOCAL FILE NUMBER

1626

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Charleen Marianne MOE			2. DATE OF DEATH (Month, Day, Year) July 3, 2001		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) 4023 Clovercreek Court		3e. SEX Female			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		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) 67		7b. UNDER 1 YEAR MOS : DAYS		
	8. DATE OF BIRTH (Mo., Day, Yr.) August 11, 1933		9. STATE OF BIRTH (If not U.S.A., name country) California		10. CITIZEN OF WHAT COUNTRY U.S.A.		11. Decedent's Education—Specify Highest grade completed. 16		
PARENTS	13. SOCIAL SECURITY NUMBER 6410		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teacher		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Albert G. Moe		
	15a. RESIDENCE—STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN, OR LOCATION Reno		15d. STREET AND NUMBER 4023 Clovercreek Ct.		
DISPOSITION	16. FATHER—NAME First Middle Last Woods P. MacQuiddy		17. MOTHER—MAIDEN NAME First Middle Last Marianna Lonitz		18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			18b. CEMETERY OR CREMATORY—NAME Sierra Crematory	
	19a. INFORMANT—NAME (Type or Print) Albert G. Moe				19b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4023 Clovercreek Court Reno, Nevada 89509				19c. LOCATION City or Town State Reno, Nevada
CERTIFIER	20a. FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Certifier)		20b. FUNERAL DIRECTOR LICENSE NUMBER 16		20c. NAME AND ADDRESS OF FACILITY Walton Funeral Home 875 West Second Street Reno, Nevada 89503				
	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>Steven A. Schiff</i>		21b. DATE SIGNED (Mo., Day, Yr.) 7/5/01		21c. HOUR OF DEATH 11:10 pm		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>Steven A. Schiff</i>		22b. DATE SIGNED (Mo., Day, Yr.)
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) STEVEN A. SCHIFF, MD 236 W. SIXTH ST RENO NV 89503		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. AT		
	23a. IMMEDIATE CAUSE—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) lung ca		24a. REGISTRAR (Signature) <i>Landy Antunes</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 6, 2001		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23b. LICENSE NUMBER 3821
PART I		PART II		PART III		25. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
25a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify) 25a.		25b. DATE OF INJURY (Mo., Day, Yr.)		25c. HOUR OF INJURY M		25d. DESCRIBE HOW INJURY OCCURRED			
25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25g. LOCATION		25h. STREET OR R.F.D. No.		25i. CITY OR TOWN STATE	

STATE REGISTRAR

No. 206165

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.

APR 02 2003

DEPUTY REGISTRAR

Mary A. Anderson

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

