

OFFICIAL RECORD

Requested By:

GERALDINE PAIGE

A. P. No. PTN 1319-22-000-003
~~17-212-050~~

✓ grantee (mail taxes to
When recorded mail to:

Geraldine Paige
10598 Rue St. Raphael
Reno, NV 89511

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0210 PG- 3874 RPTT: 0.00



**AFFIRMATION PURSUANT TO
NRS 111.312(1)(2) AND 239B.030(4)**

Pursuant to NRS 239B.030, the undersigned, hereby affirm(s) that the below document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA

COUNTY OF WASHOE

I, Geraldine Paige, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.
2. That I am the surviving spouse of Vernon Paige.
3. That Vernon Paige is now deceased, having died in the County of Washoe, State of Nevada on March 10, 2008. Attached hereto is a certified copy of the Certificate of Death of Vernon Paige, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Reno, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That during the lifetime of the said Vernon Paige, he and your affiant were owners, as joint tenants with right of survivorship, under a Deed Recorded October 20, 2000, Document No. 0501718, Official Records, Douglas County, Nevada, of that certain real property situate in the County of Douglas, State of Nevada, 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 1/1071st 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 ½ NE ¼) 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 DELUXE UNIT each

year in accordance with said Declaration.

5. That by reason of the demise of the said Vernon Paige, your affiant is the sole owner under the Deed on the above-described property.

Geraldine Paige
Geraldine Paige

Address:

10598 Rue St Raphael
Reno, NV 89511

STATE OF Nevada)
COUNTY OF Washoe) ss

Signed and sworn to (or affirmed) before me on Feb. 4, 2010, by GERALDINE PAIGE.

Nora J. Holliday
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

CERTIFICATE OF DEATH

2008004110

STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Vernon PAIGE		2. DATE OF DEATH (Mo/Day/Year) March 10, 2008		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) 50 Kirman Avenue		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Male	
DECEDENT	4. RACE: Black (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 70	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 07, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 20	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Geraldine Vivian SALES		13. SOCIAL SECURITY NUMBER ████████-5932	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Computer Specialist		14b. KIND OF BUSINESS OR INDUSTRY Aerospace		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
DISPOSITION	15d. STREET AND NUMBER 10598 Rue Saint Raphael		16. FATHER - NAME (First Middle Last Suffix) Jacob Vernell PAIGE		17. MOTHER - NAME (First Middle Last Suffix) Lillian ABRAHAMS	
	18a. INFORMANT - NAME (Type or Print) Geraldine PAIGE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 10598 Rue Saint Raphael Reno, Nevada 89511			
TRADE CALL	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	
CERTIFIER	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) IMRAN SHERIFF M.D. SIGNATURE AUTHENTICATED			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)		
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) March 13, 2008		21c. HOUR OF DEATH 15:20		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Imran Sheriff M.D. 50 Kirman Avenue, Suite 202 Reno, NV 89502			
	23b. LICENSE NUMBER 8826		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 18, 2008		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).)					
DATE ISSUED	PART I		Interval between onset and death			
	(a) Cardiac arrest		Interval between onset and death			
DEPUTY REGISTRAR	(b) Aortic valvular disorder		Interval between onset and death			
	(c) 		Interval between onset and death			
(d) 		Interval between onset and death				
PART II		26. AUTOPSY (Specify Yes or No) No				
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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



BK- 0210

PG- 3877

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VRS Rev. 2008

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.

MAR 21 2008

DEPUTY REGISTRAR

Mary H. 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