



A.P.N. #	A ptn of 1319-15-000-015
Escrow No.	20100968- TS/AH
Recording Requested By:	
Stewart Vacation Ownership	
Mail Tax Statements To:	
Walley's P.O.A. P.O. Box 158 Genoa, NV 89411	
When Recorded Mail To:	
Michael J. Callahan 2021 Butterfield Ln. Lincoln, CA 95548	

AFFIDAVIT – DEATH OF JOINT TENANT

State of CALIFORNIA }
 }
 } ss.
 County of Placer }

MICHAEL J. CALLAHAN, of legal age, being first duly sworn, deposes and says: That **PATRICIA C. CALLAHAN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **PATRICIA C. CALLAHAN** named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 6, 2003 executed by **WALLEY'S PARTNERS LIMITED PARTNERSHIP**, a Nevada limited partnership to **MICHAEL J. CALLAHAN** and **PATRICIA C. CALLAHAN**, husband and wife as joint tenants, recorded as Document No. 577099, on May 16, 2003 in Book 0503, Page No. 8408 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

David Walley's Resort, Bodie Building, Every Year Use, Interval ID 17-052-21-01, Genoa, NV 89411. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 4/9/2010



 Michael J. Callahan

State of California }
 }
 } ss.
 County of Placer }

This instrument was acknowledged before me on April 9, 2010 (date)
 by: Michael J. Callahan

Signature: 

 Notary Public

See attached acknowledgment.
 CP 04-09-2010



ACKNOWLEDGMENT

State of California
County of Placer

On April 9, 2010 before me, C. Laflen, Notary Public
(insert name and title of the officer)

personally appeared Michael J. Callahan,
who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature C. Laflen (Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

3200831000562

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/91)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) PATRICIA		2. MIDDLE LUCILE		3. LAST (Family) CALLAHAN	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/25/1941		5. AGE Yrs. 66	
9. BIRTH STATE/FOREIGN COUNTRY OK		10. SOCIAL SECURITY NUMBER ██████-1221		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. MARITAL STATUS (at Time of Death) MARRIED	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED HUMAN RESOURCE ANALYST		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UTILITIES		7. DATE OF DEATH mm/dd/yyyy 02/29/2008	
20. DECEDENT'S RESIDENCE (Street and number or location) 2021 BUTTERFIELD LN.		23. ZIP CODE 95648		8. HOUR (24 Hours) 2300	
21. CITY LINCOLN		22. COUNTY/PROVINCE PLACER		24. YEARS IN COUNTY 7	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MICHAEL CALLAHAN, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP). 2021 BUTTERFIELD LN., LINCOLN, CA 95648	
28. NAME OF SURVIVING SPOUSE — FIRST MICHAEL		29. MIDDLE JAMES		30. LAST (Maiden Name) CALLAHAN	
31. NAME OF FATHER — FIRST FRANK		32. MIDDLE LEE		33. LAST CHEATHAM	
34. BIRTH STATE OK		35. NAME OF MOTHER — FIRST LUCILE		36. MIDDLE WADE	
37. LAST (Maiden) VICKERY		38. BIRTH STATE OK		39. DISPOSITION DATE mm/dd/yyyy 03/07/2008	
40. PLACE OF FINAL DISPOSITION EAST LAWN ELK GROVE MEMORIAL PARK 9189 E. STOCKTON BLVD., ELK GROVE, CA 95624		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER LAWRENCE BOURKE	
43. LICENSE NUMBER EMB7583		44. NAME OF FUNERAL ESTABLISHMENT EAST LAWN ELK GROVE MORTUARY		45. LICENSE NUMBER FD-1455	
46. SIGNATURE OF LOCAL REGISTRAR RICHARD J. BURTON, MD		47. DATE mm/dd/yyyy 03/05/2008		101. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
102. PLACE OF DEATH LINCOLN MANOR		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1550 3RD STREET		104. CITY LINCOLN	
107. CAUSE OF DEATH 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CONGESTIVE HEART FAILURE (B) CORPULMONALE		108. DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPONATREMIA, ATRIAL FIBRILLATION, SICCA SYNDROME	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) -		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/> 02/22/2008 02/29/2008	
115. SIGNATURE AND TITLE OF CERTIFIER JOHN THOMAS BAKOS M.D.		116. LICENSE NUMBER A67792		117. DATE mm/dd/yyyy 03/04/2008	
118. TYPE ATTENDING PHYSICIAN'S NAME; MAILING ADDRESS, ZIP CODE JOHN THOMAS BAKOS M.D. 3715 NICOLAUS ROAD, LINCOLN, CA 95648		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		STATE REGISTRAR	
A		B		C	
D		E		FAX AUTH. #	
CENSUS TRACT		*012008000752084*			

BK-410
PG-2894
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF PLACER

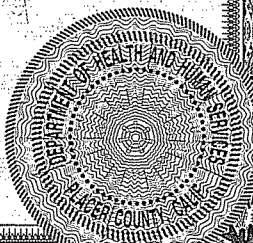
DATE ISSUED
03/10/2008

000252736

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

Richard J. Burton, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

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





Inventory No.: 17-052-21-01

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 1/1989th 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. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, at Page 467, as Document No. 0502689, 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, at Page 3250, as Document No. 0449574, 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, 0489957, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a STANDARD UNIT each year in accordance with said Declaration.

Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Relocation recorded on May 26, 2006, in Book 0506 at Page 10729, as Document No. 0676008; and Access Easement recorded on July 26, 2006, in Book 0706 at Page 9371, as Document No. 0680633, all of Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-015

This document is recorded as an
ACCOMMODATION ONLY and without liability
for this consideration therefore, or as to the
validity or sufficiency of said instrument, or
for the effect of such recording on the title of
the property involved.