

Prepared By and Return To:  
JC  
1704 Suwannee Circle  
Waunakee, WI 53597  
APN # 1319-15-000-020 PTN



AFFIDAVIT OF DEATH

State of Nevada

County of Douglas, Town of Genoa

Jerry P. Bailey of legal age, being first duly sworn, deposes and says:

That Eric P. Bailey, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Eric P. Bailey named as one of the parties in that certain Deed dated 5-6-05 5-6-05 recorded in County of Douglas, Nevada, concerning the following described real property:

Time Share Legal Description for **David Walley's Resort**, of which is attached hereto as Exhibit "A" and incorporated herein by this reference.

Joint Tenant: Jerry P. Bailey  
Jerry P. Bailey

Witness: [Signature]

Witness: Ruth Perry

State of Nevada, County of Carson:

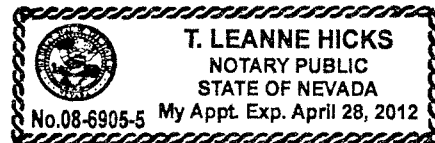
On April 9th, 2010, before me, T. LeAnne Hicks (a notary public) personally appeared **Jerry P. Bailey**

- personally known to me
- 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 he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

T. LeAnne Hicks (SEAL)  
Notary Public,  
My Notary Expires: 4 / 28 / 2012



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2007003992  
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 Eric			1b. MIDDLE P			1c. LAST BAILEY			2. DATE OF DEATH (Mo/Day/Year) June 29, 2007			3a. COUNTY OF DEATH Carson City					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center						3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Male					
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 86			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) November 22, 1920		
9a. STATE OF BIRTH (If not U.S.A., name country) Nebraska			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Jerry PERRY					
13. SOCIAL SECURITY NUMBER [REDACTED] 9628			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Lt. Commander						14b. KIND OF BUSINESS OR INDUSTRY U.s. Navy								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Carson City			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 2118 Waterford Pl.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Eric P BAILEY						17. MOTHER - NAME (First Middle Last Suffix) Winifred ROBERTS											
18a. INFORMANT - NAME (Type or Print) Jerry BAILEY						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2118 Waterford Pl. Carson City, Nevada 89703											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory						19c. LOCATION City or Town State Carson City Nevada 89706					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706								
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>TIMOTHY GLENN GENTNER M.D.</b> 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)					
21b. DATE SIGNED (Mo/Day/Yr) July 10, 2007			21c. HOUR OF DEATH 02:10			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Timothy Glenn Gentner M.D. 1200 N Mountain St Carson City, NV 89703												23b. LICENSE NUMBER 7494					
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 11, 2007			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 (a) Pneumonia												Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) Lung Cancer												Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:																	
(c)												Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.												26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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-810  
PG-968

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CERTIFIED COPY OF VITAL RECORDS

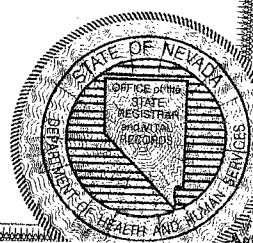
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

07/16/2007

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

SIGNATURE AUTHENTICATED



VRS-Rev