

OFFICIAL RECORD

Requested By:
EVELYN P JOHNSON

When Recorded, Mail to:

EVELYN P. JOHNSON
1424 LAS ENCINAS DR
LOS OSOS, CA 93402

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1010 PG- 2173 RPTT: 0.00

APN: 1319-15-000-020



AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF Douglas) ss.

EVELYN P. JOHNSON hereby swears (or affirms) under penalty of perjury that the following assertions are true of his/her own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am EVELYN P. JOHNSON, the person named as one of the grantees in that certain _____ Deed recorded as Instrument No. 596723 in Book 1103, PG 06154, of the Official Records in the Office of the County Recorder of DOUGLAS County, Nevada.

3. The property which is the subject of the above-described deed is located in the county of DOUGLAS, state of Nevada, and is more particularly described as follows:

See Exhibit A (Here set forth the legal description and, if known, the physical address)

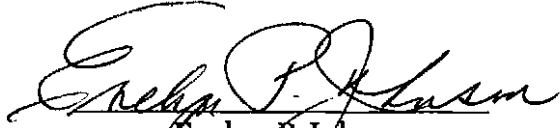
4. WALLACE B. JOHNSON was one of the grantees named in said deed and is the identical person named as WALLACE BERTRAM JOHNSON, the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am WALLACE B. JOHNSON's WIFE (WIDOW) (describe family relationship, if any, of Affiant to deceased joint tenant).

5. As recited in the above-described Certificate of Death, Wallace Bertram Johnson died on the 2 day of NOV, 2006, in LOS OSOS, CA County, _____ (state).

see attached page

(TYPE AFFIANT'S NAME HERE)

(JURAT)



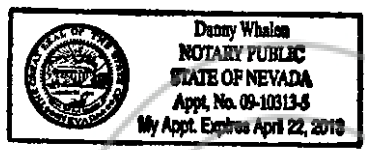
Evelyn P Johnson


State of Nevada

County of Douglas

This instrument was acknowledged before me on 10/12/10 by






.....
Danny Whalen (Notary)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD



BK- 1010
PG- 2175

0772014 Page: 3 OF 4 10/12/2010

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA
CERTIFICATE OF DEATH

3200640001679

| | | | | | |
|--|--|---|--|--|--|
| STATE FILE NUMBER | | 2. MIDDLE | | 3. LAST (Family) | |
| 1. NAME OF DECEDENT - FIRST (Given) WALLACE | | BERTRAM | | JOHNSON | |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | | | | |
| 4. DATE OF BIRTH mm/dd/yyyy 08/15/1928 | | 5. AGE Yrs. 78 | | 6. SEX M | |
| 7. DATE OF DEATH mm/dd/yyyy 11/02/2006 | | 8. HOUR (24 Hours) 0215 | | | |
| 9. BIRTH STATE/FOREIGN COUNTRY WA | | 10. SOCIAL SECURITY NUMBER -3659 | | 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. MARITAL STATUS (at Time of Death) MARRIED | | 13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE | | | |
| 14. EDUCATION - Highest Level/Type (See worksheet on back) SOME COLLEGE | | 14b. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) U.S. GOVERNMENT | | 19. YEARS IN OCCUPATION 16 | |
| 20. DECEDENT'S RESIDENCE (Street and number or location) 1424 LAS ENCINAS | | | | | |
| 21. CITY LOS OSOS | | 22. COUNTY/PROMISE SAN LUIS OBISPO | | 23. STATE/FOREIGN COUNTRY | |
| 24. NAME OF SURVIVANT(S) EVELYN JOHNSON, WIFE | | 25. COUNTY/PROMISE SAN LUIS OBISPO | | 26. YEARS IN COUNTY 5 | |
| 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1424 LAS ENCINAS, LOS OSOS, CA 93402 | | | | | |
| 28. NAME OF SPOUSE - FIRST EVELYN | | 29. MIDDLE ALCALDES | | 30. LAST (maiden name) PADGETT | |
| 31. NAME OF FATHER - FIRST HENRY | | 32. MIDDLE 1850 | | 33. LAST JOHNSON | |
| 34. BIRTH STATE CO | | 35. NAME OF MOTHER - FIRST RUTH | | 36. BIRTH STATE MN | |
| 37. MIDDLE EMILYSELVES ALONE | | 38. LAST (maiden name) LINDSKOG | | | |
| 39. DISPOSITION DATE mm/dd/yyyy 11/17/2006 | | 40. PLACE OF FINAL DISPOSITION LOS OSOS VALLEY MEMORIAL PARK 2260 LOS OSOS VLY RD., LOS OSOS, CA 93402 | | | |
| 41. TYPE OF DISPOSITION CR/BU | | 42. SIGNATURE OF EXAMINER NOT EMBALMED | | 43. LICENSE NUMBER | |
| 44. NAME OF FUNERAL ESTABLISHMENT LOS OSOS VALLEY FUNERALS & CREM | | 45. LICENSE NUMBER FD1436 | | 46. SIGNATURE OF LOCAL REGISTRAR GREGORY W. THOMAS, MD | |
| 47. DATE mm/dd/yyyy 11/03/2006 | | | | | |
| 101. PLACE OF DEATH RESIDENCE | | 102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other | |
| 104. COUNTY SAN LUIS OBISPO | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1424 LAS ENCINAS | | 106. CITY LOS OSOS | |
| 107. CAUSE OF DEATH IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) PLEURAL MESOTHELIOMA | | 108. BEHAVIORAL RISK FACTORS (Check all that apply) Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Other <input type="checkbox"/> | | 109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input 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 HYPERTENSION; BPH; GERD | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of condition and date) NO | | 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent: Attached Slice Decedent: Last Seen Alive | | 115. SIGNATURE AND TITLE OF CERTIFIER ROBERT D BRENNAN M.D. | |
| 116. TYPE ATTENDING PHYSICIAN'S NAME, SAN LUIS OBISPO, ZIP CODE ROBERT D BRENNAN M.D. 1941 JOHNSON AVE, SAN LUIS OBISPO, CA 93401 | | 117. LICENSE NUMBER G11446 | | 118. DATE mm/dd/yyyy 11/03/2006 | |
| 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"/> Investigation <input type="checkbox"/> Should not be determined | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/yyyy | |
| 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 122. HOURS (24 Hours) | | | |
| 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

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF LUIS OBISPO

NOV 7, 2006
DATE ISSUED:

000224665

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY PUBLIC HEALTH DEPARTMENT.

G.W. THOMAS, MD, HEALTH OFFICER

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Inventory No.: 17-062-16-01

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 1/1224th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL G as shown on that Record of Survey To Support a Boundary Line Adjustment recorded on September 20, 2002 in the Office of the Douglas County Recorder as Document No. 0552536, adjusting that Record of Survey recorded April 29, 2002 as Document No. 0540898, pursuant to that 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, Page 467, as Document No. 0502689, Official Records of 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 that Declaration of Annexation of David Walley's Resort Phase III recorded on July 1, 2003 in the Office of the Douglas County Recorder as Document No. 0582120 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a **TWO BEDROOM UNIT** every 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 Abandonment Deed recorded September 20, 2002 in Book 0902, at Page 06242, as Document No. 0552534, Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-020

0596724

BK 1103 PG 06154