

DOC # 777386
01/24/2011 08:21AM Deputy: GB
OFFICIAL RECORD
Requested By:
THE TIMESHARE COMPANY
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-111 PG-4858 RPTT: 1.95



Prepared By and Return To:

The Timeshare Company
1704 Suwannee Cir.
Waunakee, WI 53597
APN # PTN17-212-05

Mail Tax Statements to **Judith A. Peterson**, whose address is 2911 Ernest Pl, Cambria, CA 93428

WARRANTY DEED

This Indenture, Made this **January 3, 2011**, between **Sharon L. Cooper**, whose address is 502 Regency Circle, Vacaville, CA 95687 hereinafter called the "Grantor"*, and **Judith A. Peterson**, sole owner, whose address is 2911 Ernest Pl, Cambria, CA 93428 hereinafter called the "Grantee"*.

Witnesseth: That said Grantor, for good and valuable consideration, to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described timeshare, situate, lying, and being in **Douglas County, Nevada** to wit:

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

Derivation: This being the same property conveyed by Walley's Partners Limited Partnership to Raymond E. Cooper and Sharon L. Cooper via deed recorded on 12/10/1999 in Book 1299, Page 1727. Raymond E. Cooper died on 3/24/2010 at which time fee title vested solely in Sharon L. Cooper.

Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, the said Grantor has hereunto set the Grantor's hand and seal the day and year first above written.



Prepared By and Return To:
The Timeshare Company
1704 Suwannee Cir.
Waunakee, WI 53597

Grantor: Sharon L. Cooper
Sharon L. Cooper

Witness #1: _____

Witness #2: _____

State of _____, County of _____:

The foregoing instrument was acknowledged by me _____, a notary public, on this _____ day of _____, 2010 by **Sharon L. Cooper**, who is personally known by me or who has produced: _____ as identification.

(SEAL)

Notary Public,
My Notary Expires ____/____/____

See ATTACHED



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT 777386 Page: 3 of 4 01/24/2011

State of California

County of Solano

On 1-3-11

Date

before me,

J. Reed, notary

Here Insert Name and Title of the Officer

personally appeared Sharon L. Cooper

Sharon L. Cooper

Name(s) of Signer(s)

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

J. Reed

Signature of Notary Public

J. Reed



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Warranty Deed

Document Date: 1-3-11

Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

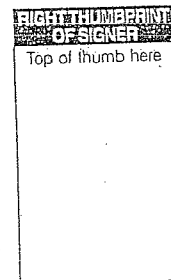
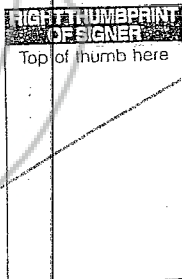
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer Is Representing: _____



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

CERTIFICATE OF DEATH

3201048000680

| | | | |
|--|--|--|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) RAYMOND | | 2. MIDDLE EUGENE | |
| 3. LAST (Family) COOPER | | 4. DATE OF BIRTH mm/dd/yyyy 10/11/1938 | |
| AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) | | 5. AGE Yrs. 71 | |
| 9. BIRTH STATE/FORBN COUNTRY CALIFORNIA | | 10. SOCIAL SECURITY NUMBER 8234 | |
| 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED | |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE | | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TELECOMMUNICATIONS | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TELECOMMUNICATIONS | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UTILITIES | |
| 19. YEARS IN OCCUPATION 38 | | 20. DECEDENT'S RESIDENCE (Street and number, or location) 502 REGENCY CIRCLE | |
| 21. CITY VACAVILLE | | 22. COUNTY/PROVINCE SOLANO | |
| 23. ZIP CODE 95687 | | 24. YEARS IN COUNTY 0 | |
| 25. STATE/FOREIGN COUNTRY CA | | 26. INFORMANT'S NAME, RELATIONSHIP SHARON L. COOPER, WIFE | |
| 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 502 REGENCY CIRCLE, VACAVILLE, CA 95687 | | 28. NAME OF SURVIVING SPOUSE/SRDP - FIRST SHARON | |
| 29. MIDDLE LEE | | 30. LAST (BIRTH NAME) BUCHER | |
| 31. NAME OF FATHER/PARENT - FIRST CLARENCE | | 32. MIDDLE ALLEN | |
| 33. LAST COOPER | | 34. BIRTH STATE KS | |
| 35. NAME OF MOTHER/PARENT - FIRST ROZELTHA | | 36. MIDDLE MARGARET | |
| 37. LAST (BIRTH NAME) ELAM | | 38. BIRTH STATE MO | |
| 39. DISPOSITION DATE mm/dd/yyyy 03/29/2010 | | 40. PLACE OF FINAL DISPOSITION ST. HELENA CEMETERY ASSOCIATION 2461 SPRING ST., ST. HELENA, CA 94574 | |
| 41. TYPE OF DISPOSITION(S) CR/BU | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | |
| 43. LICENSE NUMBER | | 44. NAME OF FUNERAL ESTABLISHMENT MCCUNE GARDEN CHAPEL | |
| 45. LICENSE NUMBER FD388 | | 46. SIGNATURE OF LOCAL REGISTRAR RONALD W CHAPMAN | |
| 47. DATE mm/dd/yyyy 03/29/2010 | | 101. PLACE OF DEATH RESIDENCE | |
| 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE Time Interval Between Onset and Death (A) MINS. 2010-0295 | |
| 104. COUNTY SOLANO | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 502 REGENCY CIRCLE | |
| 106. CITY VACAVILLE | | 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) CARDIAC ARREST (B) BRAIN TUMOR | |
| 108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input 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 type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS | | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) | |
| 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: 11/10/2009 Decedent Last Seen Alive: 12/11/2009 | | 115. SIGNATURE AND TITLE OF CERTIFIER DAVID A DASILVA M.D. | |
| 116. LICENSE NUMBER G57969 | | 117. DATE mm/dd/yyyy 03/26/2010 | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID A DASILVA M.D. 2030 SUTTER PL STE 1000, DAVIS, CA 95616 | | 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | |
| 120. INJURED AT WORK? <input type="checkbox"/> YES <input 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 | | 129. SIGNATURE OF CORONER / DEPUTY CORONER | |

BK-111
PG-4861
777386 Page: 4 of 4 01/24/2011

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT
010001001461537

000324173

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF SOLANO

RONALD W. CHAPMAN, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION.

By *Walter McCool* Deputy. DATE ISSUED **03 / 31 / 2010**

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

