



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  
We are adding the Exhibit A on the deed previously recorded on 1/24/11 in Book 111, Page 4858.

Doc # 777386 adding correct exhibit A. etc

CORRECTIVE 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.



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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**

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  
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.



Place Notary Seal Above

Signature

J. Reed  
Signature of Notary Public

**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

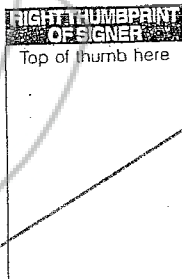
Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

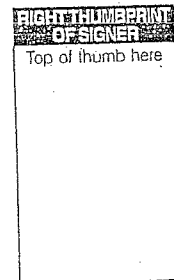
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

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



Signer Is Representing: \_\_\_\_\_



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 1/2142nd 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 1/2 NE 1/4) 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 No. 0466255, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT every other year in even -numbered years in accordance with said Declaration.

A Portion of APN 17-212-05

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

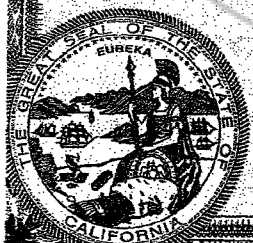
CERTIFICATE OF DEATH

3201048000680

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>RAYMOND</b>		2. MIDDLE <b>EUGENE</b>	
3. LAST (Family) <b>COOPER</b>		4. DATE OF BIRTH mm/dd/yyyy <b>10/11/1938</b>	
5. AGE YRS. <b>71</b>		6. SEX <b>M</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		10. SOCIAL SECURITY NUMBER <b>3238</b>	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		12. MARITAL STATUS/STATUS* (at Time of Death) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>TELECOMMUNICATIONS</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. DEEDENT'S RESIDENCE (Street and number, or location) <b>502 REGENCY CIRCLE</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) <b>UTILITIES</b>	
19. YEARS IN OCCUPATION <b>38</b>		20. DEEDENT'S RESIDENCE (Street and number, or location) <b>502 REGENCY CIRCLE</b>	
21. CITY <b>VACAVILLE</b>		22. COUNTY/PROVINCE <b>SOLANO</b>	
23. ZIP CODE <b>95687</b>		24. YEARS IN COUNTY <b>0</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>SHARON L. COOPER, WIFE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>502 REGENCY CIRCLE, VACAVILLE, CA 95687</b>		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>SHARON</b>	
29. MIDDLE <b>LEE</b>		30. LAST (BIRTH NAME) <b>BUCHER</b>	
31. NAME OF FATHER/PARENT - FIRST <b>CLARENCE</b>		32. MIDDLE <b>ALLEN</b>	
33. NAME OF MOTHER/PARENT - FIRST <b>ROZELTHA</b>		34. MIDDLE <b>MARGARET</b>	
35. LAST (BIRTH NAME) <b>ELAM</b>		36. BIRTH STATE <b>KS</b>	
37. LAST (BIRTH NAME) <b>ELAM</b>		38. BIRTH STATE <b>MO</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>03/29/2010</b>		40. PLACE OF FINAL DISPOSITION <b>ST. HELENA CEMETERY ASSOCIATION ST., ST. HELENA, CA 94574</b>	
41. TYPE OF DISPOSITIONS <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>FD388</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>MCCUNE GARDEN CHAPEL</b>	
45. LICENSE NUMBER <b>FD388</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>RONALD W. CHAPMAN</b>	
47. DATE mm/dd/yyyy <b>03/29/2010</b>		48. PLACE OF DEATH <b>RESIDENCE</b>	
49. COUNTY <b>SOLANO</b>		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>502 REGENCY CIRCLE</b>	
51. CITY <b>VACAVILLE</b>		52. CAUSE OF DEATH <b>CARDIAC ARREST</b>	
53. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>BRAIN TUMOR</b>		54. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST <b>DIABETES MELLITUS</b>	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 53 <b>DIABETES MELLITUS</b>		56. TIME OPERATION PERFORMED FOR ANY CONDITION IN ITEM 53 OR 54 (If yes, list type of operation and date) <b>11/10/2009 12/11/2009</b>	
57. SIGNATURE AND TITLE OF CERTIFIER <b>DAVID A. DASILVA M.D.</b>		58. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>DAVID A. DASILVA M.D. 2030 SUTTER PL STE 1000, DAVIS, CA 95616</b>	
59. MANNER OF DEATH (Natural, Accident, Homicide, Suicide, Pending Investigation, Could not be determined) <input checked="" type="checkbox"/> Natural		60. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK	
61. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		62. INJURY DATE mm/dd/yyyy	
63. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		64. INJURY HOUR (24 Hours)	
65. LOCATION OF INJURY (Street and number, or location, and city and zip)		66. SIGNATURE OF CORONER / DEPUTY CORONER	
67. DATE mm/dd/yyyy		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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BK-211 PG-1302 778216 Page: 5 of 5 02/07/2011



\*000324173\*

CERTIFIED COPY OF VITAL RECORDS - STATE OF CALIFORNIA, COUNTY OF SOLANO

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 *Michael 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

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

