

APN: 1319-15-000-015 ptn

Recording Requested by: Lori Lewis and
when recorded, Mail To:
Timeshare Closing Services, Inc.
7345 Sand Lake Road, #303
Orlando, FL 32819
76032211002

DOC # 785697
06/29/2011 12:11PM Deputy: PK
OFFICIAL RECORD
Requested By:
Timeshare Closing Services
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-611 PG-6141 RPTT: 0.00



Mail Tax Statements To: Nancy Nai-Hsien Hsieh, 4954 Mansbury Street,
Fremont, CA 94538

AFFIDAVIT OF DEATH

STATE OF Florida) SS

COUNTY OF Orange)

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Janet Ross Airlie, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Janet Airlie, named as one of the parties in that certain deed dated 12-23-2002, executed by Walleys Partners to John Airlie and Janet Airlie, recorded as instrument No. 0562706 in Book 0193, Page 00509, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

Legal Description of Property: A Timeshare Estate described as David Walley's Resort - A Quintus Resort, Biennial (Odd Year) Deeded Property (Expiration Date Does Not Expire), Two bedroom(s), Two bathroom(s), Unit No (Deeded as Unit Float/Week Float), Floating Week (1-52). 360375086166 being more particularly described on the exhibit "A" attached to the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

Lori Lewis
Lori Lewis Affiant

Dated this 29 day of June, 2011

Subscribed and Sworn before me, Notary Public, On 6-29-11, personally appeared, Lori Lewis, personally known to me (or 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.

SIGNATURE [Signature]
My Commission Expires: 1-16-2012

WITNESS my hand and official seal.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

3200719047819

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JANET		ROSS		AIRLIE	
4. DATE OF BIRTH month/day					
07/20/1943					
5. AGE Yrs. Months Days					
64					
6. SEX					
F					
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
SCOTLAND		3603		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> URM	
12. MARITAL STATUS (at time of death)		7. DATE OF DEATH month/day		8. HOUR (24 hours)	
MARRIED		11/22/2007		2300	
13. EDUCATION - Highest Level Degree (or equivalent) (List)		14. WAS DECEDENT HISPANIC/LATINO/PANHISPANIC? (List race/ethnicity)		15. DECEDENT'S RACE - Up to 3 races may be listed (see website for list)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, mail contractor, retail/wholesale agency, etc.)		19. YEARS IN OCCUPATION	
BENEFITS ADMINISTRATOR		FOOD INDUSTRY		18	
20. DECEDENT'S RESIDENCE (Street and number or location)					
950 BRIARGATE LN.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
GLENORA		LOS ANGELES		91740	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
42		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
JOHN IAN AIRLIE, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number or apartment number, city or town, state, ZIP)					
950 BRIARGATE LN., GLENORA, CA 91740					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
JOHN		IAN		AIRLIE	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
HUGH				CAMERON	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
SCOTLAND		FRANCES		MCCOMB	
37. BIRTH STATE		38. MIDDLE		39. LAST	
SCOTLAND				MCCOMB	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF EXPOSITION(S)			
RESIDENCE JOHN IAN AIRLIE		CREMATION			
950 BRIARGATE LN., GLENORA, CA 91740		42. SIGNATURE OF EMBALMER			
		NOT EMBALMED			
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
FD221		DOUGLASS AND ZOOK MORTUARY INC		E	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE month/day			
JONATHAN FIELDING, MD		11/28/2007			
101. PLACE OF DEATH					
RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
LOS ANGELES		950 BRIARGATE LN.		GLENORA	
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT write terminal events such as cardiac arrest, respiratory arrest, or vascular thrombosis without stating the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE OF DEATH (e.g., colon cancer)		108. DEATH REPORTED TO CROWN?		109. BIRTH REPORTED TO CROWN?	
COLON CANCER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. UNDERLYING CAUSE OF DEATH (e.g., myocardial infarction)		111. AUTOPSY PERFORMED?		112. USUALLY DETERMINING CAUSE?	
MYCOBACTERIUM CHELONAE PULMONARY INFECTION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AS STATED HEREON, AND PLACE STATED PRECISELY AS STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE month/day	
DIANE ZENI DEFERRANTE M.D.		A60946		11/27/2007	
118. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE		119. I CERTIFY TIME IN WHICH DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
1011 BALDWIN PARK BLVD, BALDWIN PARK, CA 91706					
120. NUMBER OF DEATH		121. INJURED AT WORK?		122. HOUR (24 hours)	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LACK			
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 (Down and number, or location, road dig, and ZIP)					
126. SIGNATURE OF CORNER / DEPUTY CORNER					
127. DATE month/day		128. TYPE NAME, TITLE OF CORNER / DEPUTY CORNER			

BK 611 PG-6142 785697 Page: 2 of 3 06/29/2011



This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD NOV 29 2007 DATE ISSUED

Director of Health Services and Registrar

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





Exhibit "A"

File number: 76032211002

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 1/3978th 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. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, 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, Page 3250 as Document No. 449574, 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 every other year in ODD- numbered years in accordance with said Declaration.

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