RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name Rebeccast. Blood Street 6004 Souvmill Red Address Paradise, Ca 95969

1319-15-000-015 ptn

DOC # 0787835 08/11/2011 10:07 AM Deputy: SD OFFICIAL RECORD Requested By: REBECCA BLOOD

> Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 4 Fee:

17.00

BK-0811 PG-1929 RPTT: 0

SPAC SPAC

AFFIDAVIT - DEATH OF JOINT LEMANT
norman 3: Montonian), of legal age, being first duly sworn, deposes and says:
That Change Frank Mostomson, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as Charles F. Mollensen
named as one of the parties in that certain Apropti Dood; dated 10/16/03
executed by Charles F Mortenson and Mormant Mortanson
to Charles F Motorison, normand. Mortonian and Relicana &. Blood
as joint tenants, recorded as Instrument No. 0605522, on 3eb-25, 2004, in
Book 498 , Page 4404 , of Official Records of Douglas
County, Carriering Covering the following described property situated in the
County of State of Coliffornia: Company of Coliffornia: Colifforni
SEE DEED HEREIN ABOVE REFERRED TO
That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not
then exceed the sum of \$
Dated 1/21/2011
Surving Joint Tenant A
STATE OF CALIFORNIA) SS: STATE OF CALIFORNIA SS: Norma F. Mortensen Norma F. Mortensen
COUNTROF BUTTE
5 11 605
On Oll 27 2011, before me, F. Harper, Notary Public,
personally appeared North F. Mortensen
who proved to me on the basis of satisfactory evidence to be the FOR NOTARY SEAL OR STAMP
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.
L cartific under DENIALTY OF DED HIDV under the laws of the
CONTY OF BUTTE II
State of California that the foregoing paragraph is true and correct.
CONTROL .
WITNESS my hand and official seal.
Signature Like on
So attacked Contributal
() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

BK- 0811 PG- 1930

0787835 Pag

Page: 2

2 Of -

1930 08/11/2011

STATE OF CALIFORNIA COUNTY OF Butte

} ss:

Subscribed and sworn to (or affirmed) before me on this 21st day of January, 2011, by Norma F. Mortensen, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

a. \ \//

F. HARPER

COMM. # 1868207 NOTARY PUBLIC • CALIFORNIA COUNTY OF BUTTE Comm. Expires Nov. 9, 2013

-

DESCRIPTION

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. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, at Page 467, as Document No. 0502689, 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, at Page 3250, as Document No. 0449574, 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

CERTIFICATION OF VITAL RECORD

COUNTY OF BUTTE

202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965

	STATE FILE NUMBE	CERTIFICATE OF DEATH STATE FLE MADDER UNE MACK DRO ON Y FAIR OF CLUSTER UNE MACK DRO ON Y FAIR OF CLUSTER WHETEUTS OF A TENTIONS									3200904001273						
	1. NAME OF DECEDENT FIRST (Given)			VS-19/76V 904) 2. MIDOLE					3. LAST (Family)								
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IL DATA	AKA. ALSO KNOWN AS Include full A	UST)				11/07/1947			Ma		IF UNDER ONE YEAR Months Days He		FUNDER24 HOURS 6. BEX				
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Ð	OR		357	-	X YES	NEO	UNK	MAR			Witness	1/2009		060	1		
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8	HS GRADUATE L	1 10 10	ND OF BUIL	لتبتيا		ASIAN	sore mad consir	udia a amat		۔ متاتب		OCCUPATION					
-	BUS DRIVER	- 1	DUCAT		DDD11K7 (4	.g , g.osar, a		ouron, output	opiniona argicina)	,	9	occup arrier					
7SUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number or location)													The Parks	Name of the least		
	14836 WILDLIFE DE	1 00 000				23, ZIP CODE 24, YEARS IN COUNT					A7+7FC00	-		-			
	7			OUNTY/PROVINCE			959		. "	37	- 1	7/ 25. STATESFOREIGN COUNTRY					
MFOR-	26, INFORMANTS NAME, RELATIONSH	7	27. INFORMANTS MALLING ADDRESS (Street and number or navial rate carries, city or trivin, state, 21P) 14836 WILDLIFE DR., MAGALIA, CA 95954														
	NORMA MORTENS 28. NAME OF SURVIVING SPOUSE — F	28 MIDDLE		170	JO VII.L.	100	T Oksiden H		, 0, 1								
SPOUSE AND PARENT RIFORMATION	NORMA , . `			FRAN	CES 🏄				OZIŃ		١.	, -	J				
	31 NAME OF FATHER FIRST	- 3	7	32. MIDDLE	. 15		7	SS. LAI		· .		` .		34 BURTH	STATE		
	RALPH 35 NAME OF MOTHER FIRST	<u> </u>		WALE	7, OC	7	<u> </u>		IKLE		_			WV 38 BIRTH	STATE		
	DOROTHY	4		D.		- 13		7 7 7	DDEN		/	/		OR	27.12		
₹ 5	39 DISPOSITION DATE MUNICIPALITY 07/22/2009	40 PLACE OF FIRM	OISPOSIT	ion SK	YWAY I	/EMO	RIAL P	ARK	1	No. of Street, or other Persons		/	· i				
RECTOR	41. TYPE OF DISPOSITION(5)	13686 OLI) 5K1	WAY,	MAGAL 42 SIGNATU			-	×		-/	<u> </u>	43.10	CENSE HUM	BER		
3,1	CR/BU		NOT EMBALM				Ď										
FUNERAL DIRECTORY LOCAL REGISTRAR	NEWTON - BRACEV		· ć	45 LICENSE	100	48. BIGNATI		796		`,	E CO	. I	TE mmAdd				
	101 PLACE OF DEATH	VELL CREW	LC F.	.S	FD1670	- 7	- No.		SPECIFYO	ERG, MI	1984	HAN HOSPITA		/22/20 ×∈	บษ		
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₄	in death)				<u> </u>		· \	<u>۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ </u>	- 			MIN.		-0965 `	WILE177		
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E E	Handlog to cause On Line A. Enter UNDERLYING	. \.				•		ξ ¹ ξ		. /	3	(CT)	110 AU	TOPSY PER YES	FORMED?		
CAUSE OF DEATH	CAUSE (disease or injury that initiated the events (9)	\rightarrow		·-	** <u>*</u>	-	\ -					pri) .	111, USE	D UN DETERME	لنستا		
3	resulting in death) EAST .	$-\mathbf{v}$	۷ -		· = -							· · <u> </u>		YES			
	112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OWEN IN 107 NONE.																
and the same	113 WAS OPERATION PERFORMED FOR ANY CONDITION BITTEM TOT OR 1127 (I) yes lest byte of operation and called.																
	NO	- N		And distances			and the same of	_/		·			YES	ΝΦ	UNK.		
옻	114. FCERTIFY THAT TO THE BEST OF MY KNO AT THE HOURL DATE, AND PLACE STATED FIND Deceders Atlanded Since Deceders Atlanded Since	MM.EDGE DEATH DGUIRR IN THE CAUSES STATED. I COMMITTEE BOOM AllyN	∖l⊾s	ARA RAS	AZJ M.E	٠ .		1		F. C		цісеняє н. 86201		/22/20			
PHYSICIAN'S CENTIFICATION	(A) mentahany (5)	mm/de/coyy	118.	TYPE ATTEA	DING PHYSIC	MAS KAME	, MALING AD	CRE 68 2N	CODE S	AM MAZ	J M.D.	00201	[0]	ILLIEU			
主员	03/13/2009 06/18/2009 5629 CANYON VIEW DR., PARADISE, CA 95969 IN I ICERTIFY THAT IN INV OPPHON DEATH OCCUPRED AT THE HOUR DATE, MIC PLACE STATED FROM THE CAUSES STATED. 120 INJURED AT WORK? 121 INJURY DATE IMPROVOLOPY 122 HOUR DA HOUR																
	MANNER OF DEATH NAME OF DEATH	Accident Home		Suicide	Freeding Investigat		Could not be	, 1 20	VES A	_	.KK 121	NOURY DAT	е пиношосу:	122, HOU	K (24 Hourns)		
ž	123 PLACE OF INJURY (e.g., bonie, construction site, scooped a ba, etc.)																
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED & were which resided in typey)																
5	124. DESCRIBE, MOW BUARRY OCCURRED (Events which resulted in type)																
Se l	125. LOCATION OF INJURY (Street and number, or location) and only, and (IP)																
5	120. DIGINATURE OF CORONER / DEPUTY CORDINER 127 DATE IMMISSION 120. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER																
7	<u> </u>		/		· ""	mi			_ 1 - 11								
STAT REGIST	E A B	° /	D	E				ة ساس و			FA	X AUTH. #	-	CENSU	S TRACT		
neulai			L					00100127						<u> </u>			



This is to certify that the attached is a true and correct copy of the vital record which is on file in this office of which I am legal custodian.

This copy is not valid unless prepared on engraved border, displaying the date, seal and signature of the County Health Officer.

000163946

Mak U Sunday m more
MARK A. LUNDBERG, M.D., M.P.H.
HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE