

A portion of Assessor's Parcel #1319-15-000-015

~~Real Property Transfer Tax \$1.95~~

Recording Requested by:  
1862, LLC  
2001 Foothill Road  
Genoa, Nevada 89411

After recording, please return to:  
1862, LLC  
3179 N. Gretna Road  
Branson, MO 65616

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 15.00  
BK-0212 PG- 4728 RPTT: # 0



**AFFIDAVIT - DEATH OF JOINT TENANT**

William R. Heaps, of legal age, being first duly sworn, deposes and says: That Rosemary A. Heaps, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Rosemary A. Heaps, named as one of the parties in that certain Grant Deed dated June 18<sup>th</sup>, 2003, executed by

Walley's Partners Limited Partnership, a Nevada limited partnership, to William R. Heaps and Rosemary A. Heaps, husband and wife as joint tenants with right of survivorship, recorded as:

Instrument No: 0581662, on June 27, 2003 in Book 0603, Page 15129, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the Recorder in and for Douglas County, Nevada in Book 0801 Page 6980, as amended:

Unit Type: 2 bd Phase: 2  
Inventory Control No: 17-053-40-01 Alternate Year Time Share: Annual

William R. Heaps  
William R. Heaps

ACKNOWLEDGMENT

(STATE OF Washington)  
(COUNTY OF Spokane)

On this 4 day of February, 2012, before me personally appeared William R. Heaps, to me known to be the person described herein and who executed the foregoing.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County of Chelan State of WA, the day and year first above written.



NOTARY PUBLIC  
My Term Expires: 6/9/01/2014

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2010-006210

DATE ISSUED: 06/30/2010

FEE NUMBER: 0000002781

GIVEN NAMES: ROSEMARY AGNES  
LAST NAME: HEAPS

COUNTY OF DEATH: PIERCE  
DATE OF DEATH: JUNE 24, 2010  
HOUR OF DEATH: 03:10 P.M.  
SEX: FEMALE  
AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: ██████████ 5001

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1463 HEATH CT.  
CITY, STATE, ZIP: DUPONT, WASHINGTON 98327

RESIDENCE STREET: 1463 HEATH CT.  
CITY, STATE, ZIP: DUPONT, WASHINGTON 98327  
INSIDE CITY LIMITS? YES  
COUNTY: PIERCE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 9 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: NOVEMBER 12, 1933  
BIRTHPLACE: PITTSBURGH, PENNSYLVANIA

FATHER: ALBERT J. KLAVON  
MOTHER: MARY CHINCHURA

MARITAL STATUS: MARRIED  
SPOUSE: WILLIAM R. HEAPS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE, ZIP: LAKEWOOD, WA  
DISPOSITION DATE: JULY 02, 2010

OCCUPATION: EXECUTIVE SECRETARY  
INDUSTRY: D.O.E./GOVERNMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME  
ADDRESS: 4100 STEILACOOM BLVD SW  
CITY, STATE, ZIP: TACOMA WA 98499  
FUNERAL DIRECTOR: DANIEL R LASHAM

INFORMANT: WILLIAM HEAPS  
RELATIONSHIP: HUSBAND  
ADDRESS: 1463 HEATH CT., DUPONT, WASHINGTON, 98327

- CAUSE OF DEATH:
- A. PROGRESSIVE SUPRANUCLEAR PALSY  
INTERVAL: YEARS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: JOHN SASHKO MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 11311 BRIDGEPORT WAY SW  
CITY, STATE, ZIP: LAKEWOOD WA 98499  
DATE SIGNED: JUNE 28, 2010

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
JEAN A YEAGER  
DATE RECEIVED: JUNE 29, 2010

NUMBER(S): NONE  
DATE(S): NONE



BK- 0212  
PG- 4729  
02/24/2012  
0797766 Page: 2 Of 3

# Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

|                   |            |          |      |                  |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

|                    |                   |                                     |
|--------------------|-------------------|-------------------------------------|
| 1. Name on record: | 2. Date of Event: | 3. Place of Event: (City or County) |
|--------------------|-------------------|-------------------------------------|

|  |   |
|--|---|
| 4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) | 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) |
|--|---|

The Record is Incorrect or Incomplete as follows:

|  |   |
|--|---|
| 6. The Record now shows:<br>7.<br>8.<br>9.<br>10.<br>11.<br>12.<br>13. | The True fact is:<br><br><br><br><br><br><br> |
|--|---|

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

|                |           |              |
|----------------|-----------|--------------|
| 15. Signature: | 16. Date: | 17. Address: |
|----------------|-----------|--------------|

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**All changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization Medical Record School Record  
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
 Insurance Records Birth Record Alien Registration Card (front and back)  
 Marriage/Divorce Records Passport

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe
- Proof must be five (or more) years old or have been established within five years of birth
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

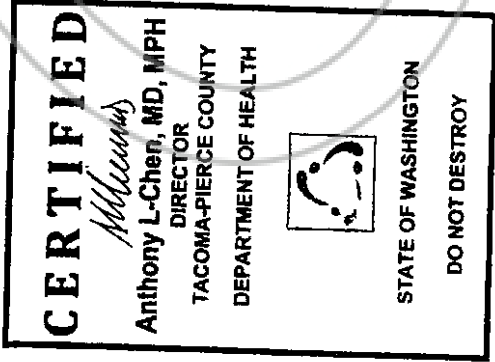
**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev 9/2002)



TT00150825