

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

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0412 PG- 5664 RPTT: 0.00



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

AFFIDAVIT - DEATH OF JOINT TENANT

Randy M. Hackbarth, of legal age, being first duly sworn, deposes and says: That George John Goodale, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as George John Goodale, named as one of the parties in that certain Grant Deed dated April 9, 2001, executed by

Walley's Partners Limited Partnership, a Nevada limited partnership to George John Goodale and Randy M. Hackbarth, husband and wife as joint tenants with right of survivorship, recorded as:

Instrument No. 0524480, on October 7, 2001 in Book 1001, Page 1882, 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: 17-028-35-01 Alternate Year Time Share: Annual

Randy M. Hackbarth
Randy M. Hackbarth

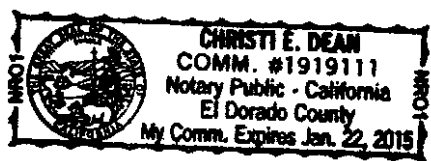
ACKNOWLEDGMENT

(STATE OF CALIFORNIA)
(COUNTY OF EL DORADO)

On this 17th day of APRIL, 2012, before me personally appeared Randy M. Hackbarth, 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 El Dorado, State of CALIFORNIA, the day and year first above written.

Christi E. Dean
NOTARY PUBLIC
My Term Expires: Jan 22, 2015



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA



BK- 0412
PG- 5665
0801234 Page: 2 Of 2 04/23/2012

CERTIFICATE OF DEATH 320080900318

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT -- FIRST (Given)		3 LAST (Family)	
GEORGE		GOODALE	
2 MIDDLE		JOHN	
AKA. ALSO KNOWN AS -- Include full AKA (FIRST MIDDLE LAST)			
4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs.	
04/30/1950		57	
6 UNDER ONE YEAR		7 UNDER 2 HOURS	
8 SEX		M	
9 BIRTH STATE/PROVINCE/COUNTRY		10 SOCIAL SECURITY NUMBER	
MINNESOTA		0889	
11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13 DATE OF DEATH mm/dd/yyyy		14 HOUR (24 Hours)	
04/11/2008		2355	
15 EDUCATION -- highest level/degree (Date awarded on back)		16 DECEDENT'S RACE -- 1 to 10 2 boxes may be listed (see worksheet on back)	
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 YEARS IN OCCUPATION	
CABLE SPLICER		37	
19 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)			
TELEPHONE COMPANY			
20 DECEDENT'S RESIDENCE (Street and number or location)			
5152 METATE TRAIL			
21 CITY		22 COUNTY/PROVINCE	
PLACERVILLE		EL DORADO	
23 ZIP CODE		24 YEARS IN COUNTY	
95667		26	
25 STATE/PROVINCE/COUNTRY		CALIFORNIA	
26 INFORMANT'S NAME, RELATIONSHIP			
CHARLOTTE WACKER, BDP DIRECTOR			
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
4800 BROADWAY, SUITE 100, SACRAMENTO, CA 95820			
28 NAME OF SURVIVING SPOUSE -- FIRST		29 MIDDLE	
RANDY		M.	
30 LAST (maiden name)		HACKBARTH	
31 NAME OF FATHER -- FIRST		32 MIDDLE	
CLARENCE		MELVYN	
33 LAST		34 BIRTH STATE	
GOODALE		MN	
35 NAME OF MOTHER -- FIRST		36 MIDDLE	
HILDA		ANNA	
37 LAST (maiden)		38 BIRTH STATE	
BALZUM		MN	
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION	
04/18/2008		UCDSOM BODY DONATION PROGRAM 4800 BROADWAY, SUITE 100, SACRAMENTO, CA 95820	
41 TYPE OF DISPOSITION		42 SIGNATURE OF EMBALMER	
SCIENTIFIC USE		NOT EMBALMED	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT	
		UCDSOM BODY DONATION PROGRAM	
45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
NONE		J EBERHART-PHILLIPS, MD	
47 DATE mm/dd/yyyy		04/15/2008	
101 PLACE OF DEATH			
RESIDENCE - OWN			
102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input type="checkbox"/> Hospital <input type="checkbox"/> ESNP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, etc.		<input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY		105 CITY	
EL DORADO		PLACERVILLE	
106 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		107 CITY	
5152 METATE TRAIL		PLACERVILLE	
108 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 circulatory failure without showing the etiology. DO NOT abbreviate.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109 DEATH REPORTED TO CORONER?	
(A) CARDIORESPIRATORY FAILURE		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
(B) METASTATIC CHOLANGIOCARCINOMA		110 AUTOPSY PERFORMED?	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111 USED IN DETERMINING CAUSE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN BY 107			
NONE			
113. HAS OPERATION PERFORMED FOR ANY CONDITION BY ITEM 107 OR 112? (If yes, list type of operation and date)			
NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent, Attendee or Vicar		ANISUL ASLAM M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
10/02/2006 12/07/2007		A52630	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
ANISUL ASLAM M.D.		04/15/2008	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, unincorporated area, etc.)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER			
126. DATE mm/dd/yyyy			
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

00011726

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

04/23/2008

DATE ISSUED: _____

Jason Eberhart-Phillips, MD
JASON EBERHART-PHILLIPS, M.D.
COUNTY HEALTH OFFICER

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

