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APN# 17-212-050/1319 22000003 (pm)

Recording Requested by:

Name: Kenneth V. Ward, Esq.

Address: P.O. Box 2500

City/State/Zip: Fernley, NV 89408

Mail Tax Statements to:

Name: Barbara J. Schmidt

Address: 624 Boulder Circle

City/State/Zip: Dayton, NV 89403

DOC # **0801307**
04/24/2012 03:22 PM Deputy: PK
OFFICIAL RECORD
Requested By:
KENNETH V WARD

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0412 PG- 6178 RPTT: 0.00



Affidavit of Death of Joint Tenant

Title of Document
(Required Field)

FILL IN ALL THAT APPLY:

The Undersigned Hereby Affirms That This Document Submitted For Recording Contains Personal Information As Required By Law*:

N.R.S. 440.380
Specify Law*

Kenneth V Ward
Signature

Specify Law*

Print Name

Title

*If there is no applicable State or Federal Law, Personal Information must be removed prior to recording.

If this document is a re-record or correction, fill out below:

Correcting Document#: _____ Amending: _____

Reason for re-record: _____

(For Re-records, all pages from original document must be included, \$25 Non-conforming Fee Applies)

If legal description is in metes & bounds, indicate where it was obtained:

_____ (Document Title), Book _____ Page _____ or

Document # _____ recorded _____ (date) in the

Lyon County Recorder's Office.

-OR-

If prepared by a surveyor, provide name and address:

Personal information means a natural person's first name or first initial and last name in combination with any one or more of the following data elements.

1. Social security number.
2. Driver's license number or identification card number.
3. Account number, credit card number or debit card number, in combination with any required security code, access code or password

This page added to provide additional information required by NRS 111 312 Sections 1-4.
(\$1.00 Additional Recording Fee Applies)

APN: 17-212-050
WHEN RECORDED MAIL TO:
Law Offices of Kenneth V. Ward
P.O. Box 2500
Fernley, NV 89408

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
):§.
County of Lyon)

KENNETH V. WARD, first duly sworn, swears under penalty of perjury that the following is true of his own knowledge:

1. That I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. That I am an attorney licensed to practice law in Nevada and am familiar with the claim of title in the following described property being held by HARRY R. SCHMIDT and BARBARA JEAN SCHMIDT, as joint tenants, pursuant to a Deed recorded in Douglas County, Nevada as Document No. 0499926.

3. The real property is located at DAVID WALLEY'S RESORT, Douglas County, Nevada, and is more particularly 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 ½ 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, TG13N, 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 Nos. 0466255, 0485265 and 0489959, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year in accordance with said Declaration.

A Portion of APN 17-212-05

4. HARRY R. SCHMIDT, was one of the Joint Tenants in that certain Deed, executed on May 12, 2004, and is the identical person named as HARRY ROBERT SCHMIDT, the decedent, in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof.

5. As recited in the above-described Certificate of Death, HARRY ROBERT SCHMIDT died on February 18, 2009.

DATED: This 19th day of April, 2012.

Kenneth V. Ward
KENNETH V. WARD

STATE OF NEVADA)
 : ss.
County of Lyon)

Personally appeared before me, a Notary Public in and for the County and State afore-
said, KENNETH V. WARD, known or proven to me to be the person described in and who
executed the foregoing instrument; who acknowledged to me that he executed the same freely
and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal
this 19th day of April, 2012.

Lora L. Shadoan
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009002669

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Harry Robert SCHMIDT		2. DATE OF DEATH (Mo/Day/Year) February 18, 2009		3a. COUNTY OF DEATH Lyon	
3b. CITY, TOWN, OR LOCATION OF DEATH Dayton		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number). 624 Boulder Circle		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 8925		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Insulator		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Dayton	
16 FATHER - NAME (First Middle Last Suffix) Harry Harold SCHMIDT		17. MOTHER - NAME (First Middle Last Suffix) Geneva Mae WEST			
18a. INFORMANT- NAME (Type or Print) Barbara J SCHMIDT		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 624 Boulder Circle Dayton, Nevada 89403			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JOHN PAUL KELLY M.D.					
21b. DATE SIGNED (Mo/Day/Yr) February 24, 2009		21c. HOUR OF DEATH 19:05		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John Paul Kelly M.D. 1535 College Parkway Carson City, NV, 89706		23b. LICENSE NUMBER 6376			
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 27, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Bladder Cancer				8 Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN - STATE -	

STATE REGISTRAR

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BK- 0412
PG- 6182

VRS-Rev-2008F

260669 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

03/03/2009

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar

PBNC0 (Rev) 11/06

R. D. White
SIGNATURE AUTHENTICATED

