

OFFICIAL RECORD

Requested By:  
1862, LLC

A portion of Assessor's Parcel #1319-15-000-022

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 2 Fee: 15.00  
BK-0612 PG-2867 RPTT: 0.00



**AFFIDAVIT – DEATH OF JOINT TENANT**

Connie Louise Simpkins, of legal age, being first duly sworn, deposes and says: That James E. Simpkins, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James E. Simpkins, named as one of the parties in that certain Grant Deed dated April 3rd, 2006, executed by

Walley's Partners Limited Partnership, a Nevada limited partnership, to James E. Simpkins and Connie Louise Simpkins, husband and wife as joint tenants with right of survivorship, recorded as:

Instrument No. 0673207, on April 21, 2006 in Book 0406, Page 7242, 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: 4

Inventory Control No: 17-085-43-01 Alternate Year Time Share: Annual

Connie Louise Simpkins  
Connie Louise Simpkins

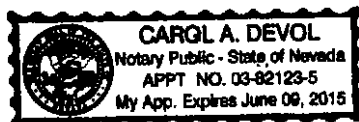
ACKNOWLEDGMENT

(STATE OF Nevada)  
(COUNTY OF Douglas)

On this 19<sup>th</sup> day of April, 2012, before me personally appeared Connie Louise Simpkins, 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 Douglas, State of Nevada, the day and year first above written.

Carol A. Devol  
NOTARY PUBLIC  
My Term Expires: June 9, 2015



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**  
1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

**CERTIFICATE OF DEATH**

3200730008522

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
JAMES		SIMPKINS	
2. MIDDLE		5. AGE Yrs.	
EDWIN		81	
4. DATE OF BIRTH (Month/Day/Year)		6. SEX	
01/11/1948		M	
7. BIRTH STAT/FORIGN COUNTRY		8. HOURS (24 Hours)	
AL		0830 EST	
9. SOCIAL SECURITY NUMBER		10. MARRIAGE STATUS (at time of death)	
9429		MARRIED	
11. EVER IN U.S. ARMED FORCES		12. DATE OF DEATH (Month/Day/Year)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		06/21/2007	
13. EDUCATION (highest completed)		14. DECEDENT'S RACE (Up to 3 races may be listed (see worksheet on back))	
BACHELOR		WHITE	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment (agency, etc.))	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CLERGY	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION	
BAPTIST MINISTER		40	
19. DECEDENT'S RESIDENCE (Street and number or location)			
911 WEST TEFFT STREET			
20. CITY		21. STATE/FOREIGN COUNTRY	
NIPOMO		CA	
22. COUNTY/TOWNSHIP		23. ZIP CODE	
SAN LUIS OBISPO		93444	
24. YEARS IN COUNTY		25. INFORMANT'S NAME, RELATIONSHIP	
1		CONNIE SIMPKINS, WIFE	
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
P.O. BOX 836, NIPOMO, CA 93444		P.O. BOX 836, NIPOMO, CA 93444	
28. NAME OF SURVIVING SPOUSE - FIRST		29. LAST (Station (Street))	
CONNIE		CARLSON	
30. MIDDLE		31. LAST	
LOUISE		SIMPKINS	
32. BIRTH STATE		33. BIRTH STATE	
GA		GA	
34. NAME OF FATHER - FIRST		35. MIDDLE	
JAMES		LOUISE	
36. BIRTH STATE		37. LAST (Station)	
AL		FERGUSON	
38. NAME OF MOTHER - FIRST		39. BIRTH STATE	
VELMA		AL	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION	
SANTA MARIA CEMETERY		BURIAL	
1501 S COLLEGE, SANTA MARIA, CA 93458		42. SIGNATURE OF EMBALMER	
		BRYAN-TOMLINSON	
43. LICENSE NUMBER		44. LICENSE NUMBER	
7962		FD985	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE (Month/Day/Year)	
ERIC G. HANDLER, M.D.		06/29/2007	
47. PLACE OF DEATH			
EXTENDED STAY AMERICA HOTEL			
48. COUNTY		49. CITY	
ORANGE		LAKE FOREST	
50. FACILITY ADDRESS OR LOCATION (If unsure, provide Street and number or location)			
200251 LAKE FOREST DRIVE			
51. CAUSE OF DEATH (Enter and chain of events - disease, injuries, or complications) - List directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE: MYOCARDIAL INFARCTION			
52. DEATH REFERRED TO CORONER?		53. DEATH REFERRED TO CORONER?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54. MINS		55. BODY PERFORMED?	
07-03612-0N		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
56. MINS		57. AUTOPSY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. MINS		59. USED IN DETERMINING CAUSE?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 50?			
HYPERTENSION			
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 60 OR 127 (If yes, list type of operation and date.)			
YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/> LINK			
62. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		63. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attached Above		KEITH KATSURA D.O.	
64. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		65. TYPE / ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
01/31/2006		KEITH KATSURA D.O.	
03/23/2006		1001 RIVERSIDE AVENUE, ROSEVILLE, CA 95678	
66. MANNER OF DEATH (Natural, Accidental, Homicide, Suicide, Undetermined, Could not be determined)		67. BURIED AT WORK?	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
68. PLACE OF BURIAL (e.g., home, construction site, wooded area, etc.)		69. BIRTH DATE (Month/Day/Year)	
		08/28/2007	
70. DESCRIBE HOW INJURY OCCURRED (If any which resulted in injury)		71. HOURS (24 Hours)	
72. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		73. SIGNATURE OF CORONER / DEPUTY CORONER	
74. SIGNATURE OF CORONER / DEPUTY CORONER		75. DATE (Month/Day/Year)	
76. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		77. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

BK- 0612  
PG- 2868  
0803905 Page: 2 Of 2 06/13/2012

CERTIFIED COPY OF VITAL RECORDS

AUG 18 2007

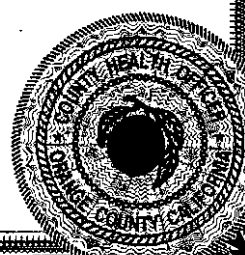


STATE OF CALIFORNIA  
COUNTY OF ORANGE

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Eric G. Handler M.D.*  
ERIC G. HANDLER, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA



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

PRNCO (REV) 1/2/06