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✓ Sherry D. Laird
200 Ford Rd, Space 39
San Jose, CA 95138

Doc Number: **0822021**

04/19/2013 10:24 AM

OFFICIAL RECORDS

Requested By
NAOMI E. PARKER

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00
Bk: 0413 Pg: 5537



Deputy sd

APN A portion of 17-212-050

Recording Requested By:

Name NAOMI E. PARKER, ESQ.

Address 1999 S. Bascom Avenue, Ste 950

City / State / Zip Campbell, CA 95008

Affidavit of Death of Joint Tenant

(Print Name of Document on the Line Above)

I the undersigned hereby affirm that this document submitted for recording contain personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is:

NRS 40.525

(Insert the NRS, public program or grant referenced in the line above)

Naomi E. Parker Attorney at Law
Signature Title

NAOMI E. PARKER
Print Name

Recording Requested By:

NAOMI E. PARKER, ESQ.

And When Recorded Mail To:

✓ SHERRY D. LAIRD
200 Ford Road, Space 39
San Jose, CA 95138

Space Above This Line For Recorder's Use

Mail Tax Statements To:

(same as above)

Affidavit - Death of Joint Tenant


SHERRY D. LAIRD, of legal age, being first duly sworn, deposes and says:

That LLOYD E. LAIRD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LLOYD E. LAIRD named as one of the parties in that certain Grant, Bargain, Sale Deed dated October 5, 2000, executed by WALLEY'S PARTNERS LIMITED PARTNERSHIP, a Nevada limited partnership to LLOYD E. LAIRD and SHERRY D. LAIRD, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 0501277, on October 13, 2000, in Book 1000, Pages 2183 and 2184, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

A portion of APN 17-212-050

Date: 4/8/13


SHERRY D. LAIRD

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 8th day of April, 2013,
by SHERRY D. LAIRD, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: Naomi E. Parker

Seal:

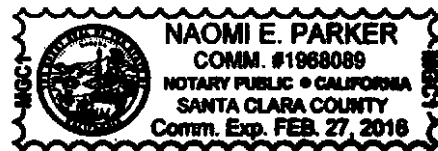


EXHIBIT "A"
(Walley's)

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 1/1071st interest in and to all that real property situate in the County of Douglas, State of Nevada, 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 1/2 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, T13N, 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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

3200943000279

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		3 LAST (Family)	
LLOYD		LAIRD	
2 MIDDLE		4 DATE OF BIRTH (mm/dd/yyyy)	
		05/29/1966	
5 AGE Yrs		6 SEX	
52		M	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	
CA		7940	
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 EDUCATION - Highest Level/degree (see worksheet on back)		14 DATE OF DEATH (mm/dd/yyyy)	
HS GRADUATE <input checked="" type="checkbox"/> YES		01/12/2009	
15 WAS DECEDENT HISPANIC/LATINO (AS PANS-CHIT) (if yes, see worksheet on back)		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, retail construction, employment agency, etc.)	
MACHINIST		MACHINE SHOP	
19 YEARS IN OCCUPATION		20 DECEDENT'S RESIDENCE (Street and number or location)	
25		200 FORD ROAD SPC 39	
21 CITY		22 COUNTY/PROVINCE	
SAN JOSE		SANTA CLARA	
23 ZIP CODE		24 YEARS IN COUNTY	
95138		13	
25 STATE/FOREIGN COUNTRY		26 INFORMANT'S NAME, RELATIONSHIP	
CA		SHERRY LAIRD, WIFE	
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city, state, ZIP)		28 NAME OF SURVIVING SPOUSE - FIRST	
200 FORD ROAD SPC 39, SAN JOSE, CA 95138		SHERRY	
29 MIDDLE		30 LAST (Maiden Name)	
DENISE		WATT	
31 NAME OF FATHER - FIRST		32 MIDDLE	
GERALD		LAIRD	
33 LAST		34 BIRTH STATE	
LAIRD		AR	
35 NAME OF MOTHER - FIRST		36 MIDDLE	
BERTIE		LOU	
37 LAST (Maiden)		38 BIRTH STATE	
LLOYD		UNKNOWN	
39 DEPOSITION DATE (mm/dd/yyyy)		40 PLACE OF FINAL DISPOSITION	
01/15/2009		RES SHERRY LAIRD 200 FORD ROAD SPC 39, SAN JOSE, CA 95138	
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT	
		SAN JOSE FUNERAL SERVICE	
45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
FD1543		MARTIN D FENSTERSHEIB, MD	
47 DATE (mm/dd/yyyy)		48 DATE (mm/dd/yyyy)	
01/14/2009		01/14/2009	
101 PLACE OF DEATH		102 IF HOSPITAL SPECIFY ONE	
REGIONAL MEDICAL CENTER OF SAN JOSE		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER	
103 COUNTY		104 IF OTHER THAN HOSPITAL, SPECIFY ONE	
SANTA CLARA		<input type="checkbox"/> Other <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106 CITY	
225 NORTH JACKSON AVENUE		SAN JOSE	
107 CAUSE OF DEATH		108 DEATH REPORTED TO CORONER?	
Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or respiratory cessation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Cause and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IN BLUNT TRAUMA OF THE PELVIS		DAYS - 09-00132	
109 SEQUENTIALLY list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		110 SCOPY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		111 AUTOPSY PERFORMED?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		112 USED IN DETERMINING CAUSE?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
113		114 IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		116 LICENSE NUMBER	
117 DATE (mm/dd/yyyy)		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
01/14/2009		GLENN V NAZARENO MD	
119 I CERTIFY THAT IN ANY OTHER DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)		121 INJURY DATE (mm/dd/yyyy)	
STREET		01/09/2009	
122 HOUR (24 Hours)		123	
1754			
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125 LOCATION OF INJURY (Street and number, or location and city and ZIP)	
HELMETED MOTORCYCLE RIDER STRUCK AND INJURED BY CAR		IN FRONT OF 88 BLOSSOM HILL ROAD, SAN JOSE, CA 95136	
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE (mm/dd/yyyy)	
GLENN V NAZARENO MD		01/14/2009	
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129	
GLENN V NAZARENO MD, MED EXAMINER			
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	
		01200900974297	

BK: 0413
PG: 5540
4/19/2019

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED
By JAN 16 2009



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

