

Doc Number: **0826005**

06/25/2013 11:09 AM

OFFICIAL RECORDS

Requested By  
1862 LLC

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 2 Fee: \$ 15.00  
Bk: 0613 Pg: 6479



Deputy gb

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

**AFFIDAVIT – DEATH OF JOINT TENANT**

Doris B. Betts, of legal age, being first duly sworn, deposes and says: That F. Gregory Betts, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Frederick Gregory Betts, Sr., named as one of the parties in that certain Grant Deed dated February 12, 1999, executed by

Walley's Partners Limited Partnership, a Nevada limited partnership to F. Gregory Betts and Doris B. Betts, Trustees of the F. Gregory Betts and Doris B. Betts Family Trust dated, June 9, 1993, recorded as:

Instrument No. 0461671, on February 23, 1999 in Book 0299, Page 4524, 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: 1  
Inventory Control No: 17-002-13-01 Alternate Year Time Share: Annual

Doris B. Betts  
Doris B. Betts

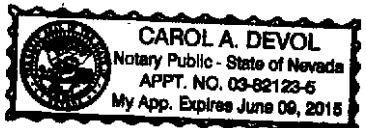
ACKNOWLEDGMENT

(STATE OF NEVADA)  
(COUNTY OF DOUGLAS)

On this 11<sup>th</sup> day of February 2013, before me personally appeared Doris B. Betts, 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  
Carol A. De Vol, NOTARY PUBLIC  
My Term Expires: June 9, 2015



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2012010822**  
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) <b>Frederick Gregory BETTS SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 07, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Merrill Gardens</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 25, 1929</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>20</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Doris Jean BAILEY</b>	
13. SOCIAL SECURITY NUMBER <b>1260</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Superintendent</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Douglas County School District</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1586 Wildrose Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Wilson BETTS SR.</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bemyce ANDERSON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Doris BETTS</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>PO Box 899 Minden, Nevada 89423</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>820</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>DAVID HOWARD JOHNSON M.D.</b> SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>July 11, 2012</b>		21c. HOUR OF DEATH <b>21:51</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423</b>				23b. LICENSE NUMBER <b>4143</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 12, 2012</b>		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) <b>Respiratory Arrest</b>					
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Alzheimers Disease</b>				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC., SUICIDE, HOML, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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

0826005 Page: 2 of 2

BK : 06 13  
PG : 6480  
6/25/20 13

VRS-Rev-20120523a

443284

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: **07/12/2012**

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

*R. Wilson*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

