

18

Doc Number: **0827977**

07/29/2013 03:52 PM

OFFICIAL RECORDS

Requested By
LEAH SYLVA

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0713 Pg: 7309



Deputy: sg

Assessor's Parcel Number: 1319-15-000-015 *ptm*

Recording Requested By:

Name: Leah Sylva

✓ Address: 731 Rockport Ct.

City/State/Zip Tracy CA 95377

Real Property Transfer Tax:

\$ _____

Affidavit of Death

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

Affidavit of Death

STATE OF Nevada
COUNTY OF douglas

I, Leah A. Sylva, residing at 731 Rockport Ct., Tracy, California 95377, being of legal age, depose and say that:

That Steven F. Pahler, 789 Marilyn Ave., Livermore, California 94551 died on October 19, 2011 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

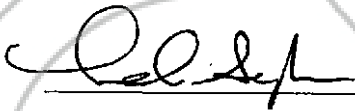
That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in California for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

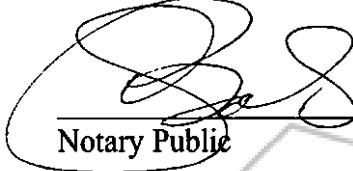
I certify under penalty of perjury under California law that I know the contents of this Affidavit signed by me and that the statements are true and correct.



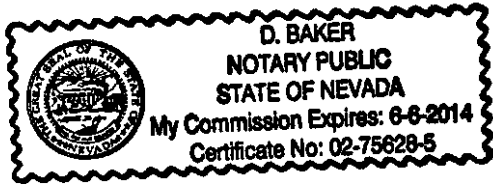
July 29, 2013 Leah Sylva

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

This Affidavit was acknowledged before me on this 29 day of July, 2013 by Leah A. Sylva, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Notary Public



NOTARY PUBLIC

Title (and Rank)

My commission expires 6/6/14

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201101006782

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
STEVE N		FRANK		PAHLER	
4. DATE OF BIRTH mm/dd/yyyy					
02/06/1970		5. AGE Yrs.		6. SEX	
41		M		M	
7. MARITAL STATUS (at Time of Death)					
MARRIED					
8. HOUR (24 Hours)					
UNK					
9. EDUCATION - Highest Level Degree (see worksheet on back)					
ASSOCIATE					
10. SOCIAL SECURITY NUMBER					
-0455					
11. EVER IN U.S. ARMED FORCES?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
12. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)					
CAUCASIAN					
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.					
BUSINESS OWNER					
14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)					
DRIVING SCHOOL					
15. YEARS IN OCCUPATION					
11					
16. DECEDENT'S RESIDENCE (Street and number, or location)					
789 MARILYN AVENUE					
17. CITY					
LIVERMORE					
18. COUNTY/PROVINCE					
ALAMEDA					
19. ZIP CODE					
94551					
20. YEARS IN COUNTY					
10					
21. STATE/FOREIGN COUNTRY					
CA					
22. INFORMANT'S NAME, RELATIONSHIP					
RYAN PAHLER, BROTHER					
23. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, number, city or town, state and zip)					
18644 VIA MONTECRISTO, SAN DIEGO, CA 92127					
24. NAME OF SURVIVING SPOUSE/ROD - FIRST					
LEAH					
25. MIDDLE					
ALAINE					
26. LAST (BIRTH NAME)					
HILDUM					
27. NAME OF FATHER/PARENT - FIRST					
FRANK					
28. MIDDLE					
JOSEPH					
29. LAST (BIRTH NAME)					
PAHLER JR					
30. BIRTH STATE					
NJ					
31. NAME OF MOTHER/PARENT - FIRST					
KAREN					
32. MIDDLE					
LEE					
33. LAST (BIRTH NAME)					
MOULTON					
34. BIRTH STATE					
CA					
35. DEPOSITION DATE mm/dd/yyyy					
11/11/2011					
36. PLACE OF FINAL DISPOSITION					
MEMORY GARDENS CEMETERY					
37. EAST AVENUE, LIVERMORE, CA 94550					
38. TYPE OF DISPOSITION					
CR/BU					
39. SIGNATURE OF EMBALMER					
NOT EMBALMED					
40. LICENSE NUMBER					
FD416					
41. NAME OF FUNERAL ESTABLISHMENT					
CALLAGHAN MORTUARY					
42. LICENSE NUMBER					
FD416					
43. SIGNATURE OF LOCAL REGISTRAR					
MUNTU DAVIS, M.D.					
44. DATE mm/dd/yyyy					
10/26/2011					
45. PLACE OF DEATH					
FND:OWN RESIDENCE					
46. IF HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
47. COUNTY					
ALAMEDA					
48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)					
789 MARILYN AVENUE					
49. CITY					
LIVERMORE					
50. 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 venacular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
CAUSE UNDER INVESTIGATION					
51. TIME INTERVAL BETWEEN Occur and Death					
INVS: 2011-02920					
52. BIOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
53. AUTOPSY PERFORMED?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
54. USED BY DETERMINING CAUSE?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 50?					
56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50? OR 112? If yes, list type of operation and date.					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
57. COUNTY/TIME TO RECEIPT OF AN INDIVIDUAL IDENTIFICATION CARD AT THE HOUR, DATE, AND PLACE SPORED FROM THE CAUSE SPORED					
58. SIGNATURE AND TITLE OF CERTIFIER					
59. LICENSE NUMBER					
60. DATE mm/dd/yyyy					
61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
62. COPYRY THAT IN ANY COMMON DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SPORED FROM THE CAUSE SPORED					
63. MANNER OF DEATH					
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
64. INJURED AT WORK?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
65. INJURY DATE mm/dd/yyyy					
66. HOUR (24 Hours)					
67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
68. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
69. LOCATION OF INJURY (Street and number or location, and city, and zip)					
70. SIGNATURE OF CORONER / DEPUTY CORONER					
MICHAEL BROOKS					
71. DATE mm/dd/yyyy					
10/20/2011					
72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
MICHAEL BROOKS, DEPUTY CORONER					
73. STATE REGISTRAR					
74. FAX AUTH.#					
75. *000845671*					

BK 0713
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **OCT 27 2011**

[Signature] MD

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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



Inventory No.: 17-060-06-01

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 1/1989th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL E-1 of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at Page 3464, as Document No. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, at Page 467, as Document No. 0502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of Parcel E-1, as set forth in Quitclaim Deed recorded September 17, 1998, in Book 998, at Page 3250, as Document No. 0449574, Official Records, Douglas County, Nevada.

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, 0489957, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a PREMIUM UNIT each year in accordance with said Declaration.

Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Abandonment Deed recorded September 20, 2002 in Book 0902, at Page 06242, as Document No. 0552534, Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-015

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