APN/19-15-000-	0 3 / 12/02/2013 12:46 FII OFFICIAL RECORDS
• • • • • • • • • •	Powerted BV
Grantee (surviving joint tenant):	BARBARA THRBLE
	DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder
	- 47 00
	Page: 1 Of 4 Fee: \$ 17.00 Bk: 1213 Pg: 217
When recorded return to:	
Barbana a Mer	Deputy sd
1572 Monnis A	
- Chours ca 9361	
TIE :	
THE UNDERSIGNED AFFIRMS	
THIS DOCUMENT CONTAINS A	
SOCIAL SECURITY NUMBER D TO THE REQUIREMENTS OF N	
10 THE KEGOKEMEIA19 OF 14	ING 440.360,
AFFIDAVI	T OF DEATH OF JOINT TENANT
	(NRS 111.365)
OTATE OF MENANA	
STATE OF NEVADA	
COUNTY OF Doughas	: SS
Dog All	who took title as Barbara 6 Ph
1. Barbara M	<u>enble</u> , being first duly sworn under penalty of
perjury, depose and say:	, some and onon, and of portanty of
2.	
hillips 1. That I am the	wife) of (Bulant &
), and his/her surviving	joint tenant pursuant to an instrument recorded in the
as Document No. 709 Bo	County, Nevada, on Srot 21, 20 6
2. Koloas & Phil	(Condied on Tan 20 20 //
A certified copy of his/her certification	te of death is attached to this affidavit.
1 1	
3. The real property o	wned by Roland & Phillips and me
as joint tenants on the date of his/	her death, consists of the following:
	see exhibit A
WITNESSETH my hand th	is 2 day of Decrember, 2013
	10 day or
	(Barbara a Manble
	See Attached
(JURAT)	JEE ATTACKED
2010	526-6

Doc Number: 0834862

Affidavit Death of Joint Tenant (attached)

State of Nevada County of Douglas County

This instrument was acknowledged by me on December 2, 2013, by Barbara G. Marble.

NOTARY PUBLIC STATE OF NEVADA County of Douglas
SHANNON DECORSE
Appt No. 06-109021-5
Appt Expires October 2 2014



STATE OF NEW

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINTIN	1a. DECEASED NAME (FIRST MIDDLE, LAST, SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 3. 3a. COUNTY OF DEATH
PERMANENT	Roland Eugene PHILLIPS January 25 2011 Carson City
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street 3e. if Hosp. or Inst. indicate DOA, OP/Emer. Rm.: 4. SEX
p 11.1	and number) Inpattent(Specify) Inpattent (Specify) Inpattent Inpattent
DECEDENT	5. RACE White: 6 Hispanic Origin? Specify 7a AGE-Last 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8 DATE OF BIRTH (Mo/Day/Yr)
ries i	(Specify) No - Non-Hispanic birthday (Years) MOS DAYS HOURS MINS
	85 85 August 11, 1925
	9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma United States 12 DIVORCED (Specify) Married maiden name) Barbara STRINGER
INSTITUTION :	13 SOCIAL SECURITY NUMBER 14s, USUAL OCCUPATION (Give Kind of Work Done During Most of 14b KIND OF BUSINESS OR INDUSTRY Ever in US Armed
REGARDING	Working Life, Even if Retired) Police Officer Law Enforcement Forces? Yes
COMPLETION OF RESIDENCE	15a RESIDENCE - STATE 15b COUNTY 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 15a INSIDE CITY
ITEMS:	LIMITS (Spedify Yes
· · · · · · · · · · · · · · · · · · ·	Canonia California Cal
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix) 17 MOTHER/PARENT - NAME (First Middle Last Suffix) 18 Guy PHILLIPS Ethel PITTMAN
	18a. INFORMANT- NAME (Type or Print). 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 257 Pinon Place Colevills, California 96107
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State
ISPOSITION	Cremation Sierra Crematory Reno Nevada 89501
	A THE SECOND CONTRACTOR CONTRACTO
•	20a, FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b, FUNERAL 20c, NAME AND ADDRESS OF FACILITY DIRECTOR LICENSE Neptune Society of Reno
	SIGNATURE AUTHENTICATED 677 390 E. Moana Ln. Sulte D1 Reno NV 89502
RADE CALL	TRADE CALL NAME AND ADDRESS
·	2 21a. To the best of my knowledge, death occurred at the time, date and place and 2 22a. On the basis of examination and/or investigation, in my opinion death occurred at
•	due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED 2. The time, date and place and due to the cause(s) stated. (Signature & Title)
	KAREN SUE MCDERMOTT M.D.
CERTIFIER	
. ,	US January 27; 2011: 15:23 日本 January 27; 2011:
	(Type or Print)
$Z \sim \mathbb{R}$	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) 23b. LICENSE NUMBER
	Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434 🖟 🚊 📻 6450
REGISTRAR	24a, REGISTRAR (Signature) JENELLE ENGLISH 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE
ALGIO I IGII	SIGNATURE AUTHENTICATED (Mo/Day/Yr): February 03, 2011 YES NO X
CAUSE OF	25. IMMEDIATE CAUSE
DEATH	PARTI Senile Dementia (2) (2) (3) (3) (4) (4) (4) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
ž <u>,</u>	DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS IF	(b) Cerebrovascular Accident (in the content of the
ANY WHICH	DUE TO, OR AS A CONSEQUENCE OF:
IMMEDIATE .	Atherosclerosis(A. A. C. A. C
CAUSE ->	DUE TO, OR AS A CONSEQUENCE OF A linterval between onset and death
UNDERLYING	
· // · · · ·	PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not regulting in the underlying cause given in Part 1. 28. AUTOPSY 27. WAS CASE REFERRED.
_/ /	(Specify Yes or No) TO CORONER (Specify Yes
	28s. ACC., SUICIDE, HOM, UNDET: 28b. DATE OF INJURY (Mo/DsyYr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED
	TOP PENDING ANYEST (SMARKA 11 t. 3
ani affici	Yes or No) have the Wat T building, etc. (Specify) Fig. 61.6 Fig. 62.6 Lin Back Land Specify Land Sp
S E	
.3	STATE REGISTRAR BK 12 13
g =	
7 🗐 🔪	PG 219 12/2/2013
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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: 02/22/2011

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





Inventory No.: 17-103-06-01

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 1/204^{ths} interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL L as shown on that Record of Survey for WALLEY'S PARTNERS LTD. PARTNERSHIP, DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on July 26, 2006, in Book 0706, at Page 9384, as Document No. 0680634, Official Records of 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 that Declaration of Annexation of David Walley's Resort Parcels L and M recorded on February 8, 2007 in the Office of the Douglas County Recorder as Document No. 0694630 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a TWO BEDROOM UNIT every 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 Relocation recorded on May 26, 2006, in Book 0506 at Page 10729, as Document No. 0676008; and Access Easement recorded on July 26, 2006, in Book 0706 at Page 9371, as Document No. 0680633, all of Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-031