

TAX PARCEL NO. 1319-22-000-021

RECORDING REQUESTED BY
Stewart Vacation Ownership
7065 Indiana Avenue, #310
Riverside, CA 92506

WHEN RECORDED MAIL TO:
Doreen Love Marlatt
111 Wembley Ct.
Folsom, CA 95630

187616 / 54480

DOC # 838119
02/12/2014 08:59AM Deputy: SG
OFFICIAL RECORD
Requested By:
Stewart Vacation Ownership
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-214 PG-1793 RPTT: 0.00



RECORDERS USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA

SS.

COUNTY OF SACRAMENTO

Doreen Love Marlatt, of legal age, being duly sworn, deposes and says

That Joseph Daniel Marlatt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as J. Daniel Marlatt named as one of the parties in that certain Grant, Bargain, Sale Deed executed by Walley's Partners Limited Partnership, a Nevada limited partnership to J. Daniel Marlatt and Doreen Love Marlatt, husband and wife as joint tenants, recorded as Instrument No. 0506726 in Book 0101 at Page 219] on January 12, 2001, of Official Records of Douglas County, covering the following described property situated in the County of Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO FOR COMPLETE LEGAL DESCRIPTION

Dated: January 24, 2014

X

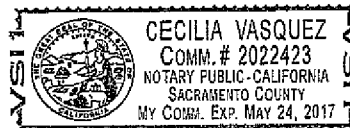
Doreen Love Marlatt
Doreen Love Marlatt

STATE OF California
COUNTY OF Sacramento

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Cecilia Vasquez,
NOTARY PUBLIC ON THIS 7 DAY OF February 2014, BY Doreen Love Marlatt,
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO
APPEARED BEFORE ME.

SIGNATURE

Cecilia Vasquez
NOTARY PUBLIC



NOTARY EXPIRATION DATE: May 24, 2017 (SEAL)



Exhibit "A"

LEGAL DESCRIPTION
FOR
DAVID WALLEY'S RESORT

The land referred to herein is situated in the

State of Nevada

County of Douglas

and is described as follows:

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 1/2142nd 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; then North 35°00'00" East 22.55 feet; then 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 of Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded 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, 04852265, 0489957, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a **DELUXE** Unit every other in **ODD-numbered** years in accordance with said Declaration.

Together with a perpetual non-exclusive easement for use and enjoyment in, to and throughout the Common Area and 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.

Inventory No.: 17-005-47-71

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052013006608

CERTIFICATE OF DEATH

3201334000314

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSEPH		2. MIDDLE DANIEL	
3. LAST (Family) MARLATT			
4. DATE OF BIRTH mm/dd/yyyy 02/25/1955		5. AGE Yrs. 57	
6. UNDER ONE YEAR Months Days		7. UNDER 24 HOURS Hours Minutes	
8. SEX M			
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 2218	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at time of Death) MARRIED	
13. EDUCATION - (List Level/Degree) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DATE OF DEATH mm/dd/yyyy 01/10/2013	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. HOURS (24 Hour) 0417	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SUPERINTENDENT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION	
19. YEARS IN OCCUPATION 30			
20. DECEDENT'S RESIDENCE (Street and number, or location) 612 ASCADA COURT			
21. CITY FOLSOM		22. COUNTY/PROVINCE SACRAMENTO	
23. ZIP CODE 95630		24. YEARS IN COUNTY 57	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP DOREEN MARLATT, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 612 ASCADA COURT, FOLSOM, CA 95630	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST DOREEN		29. MIDDLE L.	
30. LAST (BIRTH NAME) LOVE			
31. NAME OF FATHER/PARENT - FIRST JOSEPH		32. MIDDLE -	
33. LAST (BIRTH NAME) MARLATT		34. BIRTH STATE WA	
35. NAME OF MOTHER/PARENT - FIRST RUTH		36. MIDDLE -	
37. LAST (BIRTH NAME) FRANCIS		38. BIRTH STATE WA	
39. DISPOSITION DATE mm/dd/yyyy 01/15/2013		40. PLACE OF FINAL DISPOSITION RES:DOREEN MARLATT WIFE 612 ASCADA COURT, FOLSOM, CA 95630	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT MILLER FUNERAL HOME	
45. LICENSE NUMBER FD467		46. SIGNATURE OF LOCAL REGISTRAR ▶ OLIVIA KASIRYE, MD	
47. DATE mm/dd/yyyy 01/15/2013			
101. PLACE OF DEATH DECEDENTS HOME		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOK <input type="checkbox"/> Hospice	
103. CITY SACRAMENTO		104. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 612 ASCADA COURT		106. CITY FOLSOM	
107. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) BRAIN METASTASES (B) METASTATIC MELANOMA CANCER PRIMARY SITE UNKNOWN		108. DEATH REPORTED TO CORONER? (AD) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MTHS 13-00323	
109. BICOPY PERFORMED? (AE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MTHS		110. AUTOPSY PERFORMED? (AF) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? (AG) <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NONE			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE PLACE, DATE, AND SOURCE STATED FROM THE CAUSES STATED. Decedent: Attendee Sign Decedent Last Name First (A) mm/dd/yyyy (B) mm/dd/yyyy 08/31/2012 10/12/2012		115. SIGNATURE AND TITLE OF CERTIFIER ▶ MARK NGUYEN D.O. 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARK NGUYEN D.O. 251 TURN PIKE DRIVE, FOLSOM, CA 95630	
117. LICENSE NUMBER 20A12192		118. DATE mm/dd/yyyy 01/15/2013	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hour)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		CENSUS TRACT	

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PG-1795
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: January 18, 2013

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

* 001345450 *

Olivia Kasirye MD
LOCAL REGISTRAR

