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Doc Number: **0838459**

02/18/2014 12:37 PM

OFFICIAL RECORDS

Requested By:  
**MICHAEL DEWITT ROBERTS**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00  
Bk: 0214 Pg: 2998



Deputy ar

A portion of Assessor's Parcel #1319-15-000-020

Recording Requested by:  
**Michael Dewitt Roberts**  
**3655 Royer Court**  
**Reno, NV 89509**

After recording, please return to:  
✓ **Michael Dewitt Roberts**  
**3655 Royer Court**  
**Reno, NV 89509**

**AFFIDAVIT – DEATH OF JOINT TENANT**

Michael Dewitt Roberts, of legal age, being first duly sworn, deposes and says: That Linda Y.E. Roberts, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Linda Y.E. Roberts, named as one of the parties in that certain Grant Deed dated November 2, 2011, executed by

Linda Y.E. Roberts and Michael Dewitt Roberts, wife and husband, as joint tenants with right of survivorship, recorded as:

Instrument No. 0798855, on March 15, 2012 in Book 0312, Page 3309, 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: 3**

**Inventory Control No: 36023071400 Alternate Year Time Share: Annual**

*Michael Dewitt Roberts*  
**Michael Dewitt Roberts**

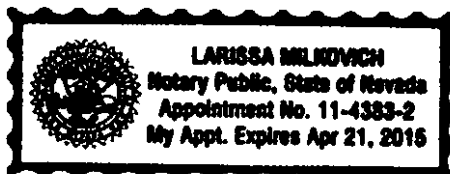
**ACKNOWLEDGMENT**

(STATE OF Nevada)  
(COUNTY OF Douglas)

On this 17 day of February, 2014, before me personally appeared Michael Dewitt Roberts, 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.

*Larissa Milkovich*  
**Larissa Milkovich, NOTARY PUBLIC**  
My Term Expires: 4-21-15



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013000977

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) Linda YE ROBERTS		2. DATE OF DEATH (Mo/Day/Year) January 16, 2013		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) St Mary's Regional Medical Center		3a. If Hosp or Inst. Indicate DOA, CP, Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Female		5. RACE Japanese (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 58		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 13, 1954		9a. STATE OF BIRTH (If not U.S.A., name country) Hawaii		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Michael D ROBERTS	
13. SOCIAL SECURITY NUMBER -0423		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Kona Girl Hawaiian Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 3655 Royer Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Yosoto EGAMI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sakae OMORI		
18a. INFORMANT- NAME (Type or Print) Michael D ROBERTS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3655 Royer Court Reno, Nevada 89503			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOANN BUSAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 624		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue - Reno NV 89502	
21. 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) SIGNATURE AUTHENTICATED TIMOTHY OSBORNE MD			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) January 21, 2013		21c. HOUR OF DEATH 17:58		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) TIMOTHY OSBORNE MD 236 W. 6th St. Reno, NV 89503			
23b. LICENSE NUMBER 11873		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 25, 2013	
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		(a) Acute cardiopulmonary arrest		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b) Metastatic breast cancer		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(c) Acute renal failure		Interval between onset and death	
		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 I. Cause otherwise unknown				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
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

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BK : 02 14  
PG : 2999  
2/18/20 14

VLS-Rev-20120523a

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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.

*Norma Jackson*

JAN 30 2013

DEPUTY REGISTRAR

DATE ISSUED:

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

