

APN: Portion of 1319-15-000-015

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

WHEN RECORDED MAIL TO:
Violet L. Burley
338 Sussex Place
Carson City, NV 89703

107446 / 55021

DOC # 840040
03/26/2014 11:48AM Deputy: SG
OFFICIAL RECORD
Requested By:
Stewart Vacation Ownership
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-314 PG-4456 RPTT: 0.00



RECORDERS USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA

SS.

COUNTY OF CARSON CITY

Violet L. Burley, of legal age, being duly sworn, deposes and says

That Mario P. Tocci, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mario P. Tocci, 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 Mario P. Tocci, an unmarried man and Violet L. Burley, an unmarried woman, together as joint tenants, recorded as Instrument No. 0534843 in Book 0202 at Page 5164 on February 15, 2002, 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: March 6, 2014

X Violet L. Burley
Violet L. Burley

STATE OF Nevada

COUNTY OF Carson

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Lori L. Tonne
NOTARY PUBLIC ON THIS 17th DAY OF March 2014, BY Violet L. Burley,
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO
APPEARED BEFORE ME.

SIGNATURE Lori L. Tonne
NOTARY PUBLIC



NOTARY EXPIRATION DATE: 7/25/15 (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:

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 **"STANDARD 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 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.: 17-040-50-01

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

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

2011017225
 STATE FILE NUMBER

TYPE OR
 PRINT IN
 PERMANENT
 BLACK INK

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) Mario P TOCCI			2. DATE OF DEATH (Mo/Day/Year) October 26, 2011			3a. COUNTY OF DEATH Carson City											
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center			3a. If Hosp. or inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Emergency Room / Outpatient			4. SEX Male								
5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 78			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) June 29, 1933		
9a. STATE OF BIRTH (if not U.S.A., name country) New Jersey			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Violet L MARGHEIM					
13. SOCIAL SECURITY NUMBER [REDACTED] 9817			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Lab Technician			14b. KIND OF BUSINESS OR INDUSTRY Asbestos Products			Ever in US Armed Forces? Yes								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Carson City			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 338 Sussex Place			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER/PARENT - NAME (First Middle Last Suffix) Mario C TOCCI						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carmela MASTRULLO											
18a. INFORMANT - NAME (Type or Print) Violet L TOCCI						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 338 Sussex Place Carson City, Nevada 89703											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89706								
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JOSH FAULKNER SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 775		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1261 N Roop Carson City NV 89706											
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) JORGE SALLABERRY MD 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) November 07, 2011						21c. HOUR OF DEATH 11:50			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
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) Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City, NV 89703										23b. LICENSE NUMBER 13619							
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 07, 2011			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) Acute Cardiorespiratory Arrest										Hours							
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death							
Severe Aortic Stenosis										Years							
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death							
Coronary Artery Disease										Years							
DUE TO, OR AS A CONSEQUENCE OF:										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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., 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



BK 314
 PG-4458

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VRS-Rev-20110104

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: 11/08/2011

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

[Signature]
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

