

DOC # 849500  
09/17/2014 09:04AM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
Stewart Vacation Ownership  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-914 PG-2839 RPTT: 0.00

APN: Portion of 1319-15-000-023

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

WHEN RECORDED MAIL TO:  
Jo Ann Powers  
P.O. Box 583  
Loyalton, CA 96118

192581 / 57741

RECORDERS USE ONLY

### AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA

SS.

COUNTY OF SIERRA

Jo Ann Powers, of legal age, being duly sworn, deposes and says

That **Richard Gary Powers**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Richard Powers** named as one of the parties in that certain Grant Deed executed by **Walley's Partners Limited Partnership, a Nevada limited partnership to Richard Powers and Jo Ann Powers, husband and wife as joint tenants**, recorded as Instrument No. **0690331** on **December 8, 2006**, 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: August 21, 2014

x *Jo Ann Powers*  
Jo Ann Powers

STATE OF California

COUNTY OF Sierra

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Stacy D. Bates  
NOTARY PUBLIC ON THIS 27<sup>th</sup> DAY OF August 2014, BY Jo Ann Powers,  
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO  
APPEARED BEFORE ME.

SIGNATURE *Stacy D. Bates*  
NOTARY PUBLIC

NOTARY EXPIRATION DATE: May 2, 2018 (SEAL)

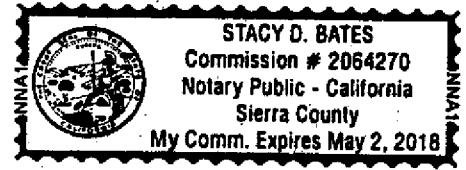




Exhibit "A"

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 1/204<sup>th</sup> interest** in and to all that real property situated in the County of Douglas, State of Nevada, described as follows:

PARCEL I as shown on that Record of Survey for DAVID WALLEY'S RESORT (a commercial subdivision), WALLEY'S PARTNERS LTD. PARTNERSHIP, filed for record with the Douglas County Recorder on May 26, 2006, in Book 0506, at Page 10742, as Document No. 0676009, 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 Phase V recorded on May 26, 2006 in the Office of the Douglas County Recorder as Document No. 0676055 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.

**Inventory No. 17-091-50-01**  
**A Portion of APN: 1319-15-000-023**

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY of SIERRA

DOWNIEVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201246000002

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RICHARD		2. MIDDLE GARY		3. LAST (Family) POWERS	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/05/1944		5. AGE Yrs. 67	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 7055		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP (at time of death) MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LOGGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LOGGING		7. DATE OF DEATH mm/dd/yyyy 01/20/2012	
20. DECEDENT'S RESIDENCE (Street and number, or location) 810 LEWIS AVE.		21. CITY LOYALTON		22. COUNTY/PROVINCE SIERRA	
23. ZIP CODE 96118		24. YEARS IN COUNTY 56		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP JO ANN POWERS, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 583, LOYALTON, CA 96118			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST JO		29. MIDDLE ANN		30. LAST (BIRTH NAME) REYNOLDS	
31. NAME OF FATHER/PARENT - FIRST ALVEN		32. MIDDLE ALLEN		33. LAST POWERS	
34. BIRTH STATE NV		35. NAME OF MOTHER/PARENT - FIRST MARIETTA		36. BIRTH STATE CA	
37. LAST (BIRTH NAME) SLIPPY		38. DISPOSITION DATE mm/dd/yyyy 02/01/2012			
39. PLACE OF FINAL DISPOSITION MOUNTAIN VIEW CEMETERY LOYALTON, CA 96118		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER GREGORY MARR	
43. LICENSE NUMBER FD158		44. NAME OF FUNERAL ESTABLISHMENT MANNI FUNERAL HOME		45. SIGNATURE OF LOCAL REGISTRAR HEATHER FOSTER	
46. LICENSE NUMBER EMB8103		47. DATE mm/dd/yyyy 01/31/2012		48. SIGNATURE OF LOCAL REGISTRAR HEATHER FOSTER	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SIERRA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 810 LEWIS AVE.		106. CITY LOYALTON	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) Lymphoma		108. TIME INTERVAL BETWEEN ONSET AND DEATH (A) 20 YRS		109. CASH REPORTED TO OCCURRY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attended Since: 01/09/2012 Decedent Last Seen Alive: 01/20/2012		115. SIGNATURE AND TITLE OF CERTIFIER JOHANNA SHOOP KOCH M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 889 ALDER AVE STE 203, INCLINE VILLAGE, NV 89451		117. LICENSE NUMBER G55984		118. DATE mm/dd/yyyy 01/31/2012	
119. I CERTIFY THAT IN ANY COMMON DEATH OCCURRING AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Caused to be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		010001001960420			

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CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF SIERRA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SIERRA COUNTY CLERK-RECORDER.

Heather Foster  
HEATHER FOSTER  
SIERRA COUNTY CLERK-RECORDER

By Suzanne Smith Deputy Date Issued 6-11-12  
This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

