

16-

DOUGLAS COUNTY, NV

2014-850567

Rec:\$16.00

10/08/2014 03:33 PM

Total:\$16.00

PORTER SIMON

Pgs=3

APN: 1319-22-000-003 (ptr)

Recording Requested By And
When Recorded Return to:
KELLEY R. CARROLL
PORTER SIMON
Professional Corporation
40200 Truckee Airport Road
Truckee, CA 96161



00000841201408505670030030

KAREN ELLISON, RECORDER

Space Above For Recorder's Use

AFFIDAVIT - DEATH OF CO-TENANT

CHRISTOPHER BURTON, of legal age, being first duly sworn, deposes and says:

That ELIZABETH BURTON-MCCONE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELIZABETH BURTON-MCCONE, named as one of the parties in that certain Grant, Bargain and Sale Deed, dated July 20, 2001, executed by WALLEY'S PARTNERS LIMITED PARTNERSHIP, granting their undivided 1/1071st CHRISTOPHER W. BURTON AND ELIZABETH BURTON-MCCONE, husband and wife as joint tenants with right of survivorship, recorded as Document No. 0497462 on August 11, 2001,, Bok 800, Page 1878 of Official Records of the Douglas County Recorder, Nevada, covering the following described property situated in County of Douglas, State of Nevada:

See Exhibit "A" attached hereto and made a part hereof.

Commonly known as: Unit 379 at Walley's Hot Springs, Genoa, Douglas County, Nevada
APN: portion of 1319-22-000-003

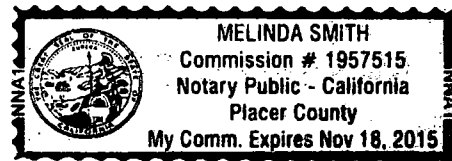
Dated: 9/15/2014

CW BA
CHRISTOPHER BURTON

State of California)
County of NEVADA PLACER

Subscribed and sworn (or affirmed) before me this 15th day of SEPTEMBER, 2014, by CHRISTOPHER BURTON, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Melinda Smith (Seal)
Notary Public
Commission No.: 1957515
Commission Expires: 11/18/2015



MAIL TAX STATEMENTS TO:

Christopher Burton
11214 Tahoe Drive
Truckee, CA 96161

Exhibit "A"

File number: TR020907114

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 1/1071st 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; thence North 35°00'00" East, 22.55 feet; thence 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.

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, and 0489959, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year in accordance with said Declaration.

A portion of APN: 17-212-05

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF NEVADA
 Grass Valley, California 95945

CERTIFICATE OF DEATH

-320122900670

1. NAME OF DECEDENT - FIRST (Given) ELIZABETH		2. MIDDLE -		3. LAST (Family) BURTON-MCCONE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 01/20/1956	5. AGE Yrs. Mths. Ds. 56
6. BIRTH STATE/FOREIGN COUNTRY DC		10. SOCIAL SECURITY NUMBER 6278		11. EVER IN U.S./ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDR (at Time of Death) MARRIED
13. EDUCATION - Highest Level/Degree BACHELOR		14/15. WAS DECENT HISPANIC/LATINO (SPANISH)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MANAGER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MARINA MANAGEMENT		19. YEARS IN OCCUPATION 28
20. DECEDENT'S RESIDENCE (Street and number, or location) 11214 TAHOE DRIVE					
21. CITY TRUCKEE		22. COUNTY/PROVINCE NEVADA		23. ZIP CODE 96161	24. YEARS IN COUNTY 32
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP CHRISTOPHER BURTON, HUSBAND			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 11214 TAHOE DRIVE, TRUCKEE, CA 96161					
28. NAME OF SURVIVING SPOUSE/SRDR - FIRST CHRISTOPHER		29. MIDDLE WALTER		30. LAST (BIRTH NAME) BURTON	
31. NAME OF FATHER/PARENT - FIRST JAMES		32. MIDDLE FRANCIS		33. LAST MCCONE	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST GRACE		36. MIDDLE -	
37. LAST (BIRTH NAME) POPE		38. BIRTH STATE PHILIPPINES			
39. DISPOSITION DATE mm/dd/yyyy 10/01/2012		40. PLACE OF FINAL DISPOSITION RES. CHRISTOPHER BURTON 11214 TAHOE DRIVE, TRUCKEE, CA 96161			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT TRUCKEE-TAHOE MORTUARY		45. LICENSE NUMBER FD1191		46. SIGNATURE OF LOCAL REGISTRAR KAREN MILMAN, MD	
47. DATE mm/dd/yyyy 10/01/2012					
101. PLACE OF DEATH HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> ERVOP <input type="checkbox"/> DGA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY NEVADA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10121 PINE AVENUE		106. CITY TRUCKEE	
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) ATELECTASIS, LEFT LUNG		Time Interval Between Onset and Death HRS: 2120-0182		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) MALIGNANT LEFT PLEURAL EFFUSION		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) INVASIVE AND METASTATIC CARCINOMA, LEFT BREAST		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSIVE-CARDIOVASCULAR DISEASE, PROBABLE; ATHEROSCLEROTIC CORONARY ARTERY DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) UNK		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NUMBER [Blank]	
117. DATE mm/dd/yyyy [Blank]		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 09/27/2012	
122. HOUR (24 Hours) 0428					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) HOSPITAL					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) THE DECEDENT WAS TRANSPORTED AND DIED AT THE HOSPITAL.					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 10121 PINE AVENUE, TRUCKEE, CA 96161					
126. SIGNATURE OF CORONER / DEPUTY CORONER RICHARD J FEVINGER		127. DATE mm/dd/yyyy 10/01/2012		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER RICHARD J FEVINGER, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH: CENSUS TRACT	

010001002166312

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF NEVADA } SS DATE ISSUED **OCT 10 2012**



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Nevada County Health Department.

KAREN MILMAN, MD, MPH, REGISTRAR
 NEVADA COUNTY, CALIFORNIA

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

