

A Portion of APN: 1318-15-823-011

Prepared by and return to:
Susie Bell
Timeshare Closings for Less, Inc.
1540 International Parkway, Suite 2000
Lake Mary, FL 32746

**AFFIDAVIT OF DEATH
COMMUNITY PROPERTY WITH RIGHTS OF SURVIVORSHIP**

State of Nevada, County of Douglas

I, the undersigned, **Lester Deutsch** ("Declarant"), is of legal age, being first and duly sworn, deposes and states under penalty of perjury under the laws of the State of California that:

The decedent described in the attached certified copy of Certificate of Death (see Exhibit B attached hereto and made a part of this affidavit as though set forth in full) is the same person as **Diane Mosher-Deutsch**, who is named as one of the parties in the deed dated **11/9/2004** and recorded on **11/16/2004**, as Document Number **0629437**, in the Official Records of Douglas County, NV, covering the property situated in Douglas County, Nevada, described as follows in Exhibit A. The Declarant was legally married to Decedent as of the date of death referenced in the attached Certificate of Death and is the surviving spouse of Decedent.

Declarant:

Lester Deutsch
Lester Deutsch

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness.

STATE OF California
COUNTY OF Alameda

Subscribed and sworn to (or affirmed) before me on this 9 day of December, 2014, by **Lester Deutsch**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Sara Marshall
Notary Signature

Seal and date commission expires at right:



Exhibit A

Fractional Interest Letter **J** consisting of an undivided **one-thirteenth (1/13th)** ownership interest as tenant in common in Residence Club Unit Number **14303** contained within South Shore, a Nevada condominium project, as identified and established in the Condominium Plat of South Shore, a Commercial Subdivision recorded on December 5, 2002 in Book 1202, at Page 2181, as Document Number 559872 in the office of the County Recorder for Douglas County, State of Nevada, as further described in the Declaration of Condominium – South Shore together with the undivided interest in the Common Elements appurtenant to said Fractional Interest, and together with the exclusive right to possession and occupancy of such Residence Club Unit during certain Occupancy Periods in accordance with the Declaration of Covenants, Conditions, Easements and Restrictions for the Residence Club at South Shore recorded on December 5, 2002 in Book 1202, at Page 2217, as Document Number 559874.

**STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD**

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

CERTIFICATE OF DEATH

3200701008141

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) DIANE		2. MIDDLE -		3. LAST (Family) DEUTSCH	
AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST) DIANE - MOSHER-DEUTSCH		4. DATE OF BIRTH mm/dd/yyyy 06/23/1952		5. AGE Yrs. 55 IF UNDER ONE YEAR: Months - Days - Hours - Minutes - Seconds -	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 4006		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 12/16/2007		8. HOUR (24 Hours) 1730	
13. EDUCATION -- Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. 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 TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HIGH SCHOOL EDUCATION		19. YEARS IN OCCUPATION 3	
20. DECEDENT'S RESIDENCE (Street and number or location) 1151 VILLA VISTA					
21. CITY SAN LORENZO		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94580	
24. YEARS IN COUNTY 55		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LESTER DEUTSCH, HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1151 VILLA VISTA, SAN LORENZO, CA 94580		
28. NAME OF SURVIVING SPOUSE -- FIRST LESTER		29. MIDDLE HARRY		30. LAST (Maiden Name) DEUTSCH	
31. NAME OF FATHER -- FIRST OREN		32. MIDDLE GEORGE		33. LAST MOSHER	
34. BIRTH STATE WI		35. NAME OF MOTHER -- FIRST JESSE		36. MIDDLE WILLARD	
37. LAST (Maiden) WILMOUTH		38. BIRTH STATE KY			
39. DISPOSITION DATE mm/dd/yyyy 12/22/2007		40. PLACE OF FINAL DISPOSITION CHAPEL OF THE CHIMES 32992 MISSION BLVD., HAYWARD, CA 94544			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER JULIE SKOLNICK		43. LICENSE NUMBER EMB8168	
44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE CHIMES		45. LICENSE NUMBER FD1240		46. SIGNATURE OF LOCAL REGISTRAR ANTHONY ITON, M.D.	
47. DATE mm/dd/yyyy 12/20/2007					
101. PLACE OF DEATH SAN LEANDRO HOSPITAL					
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 13855 EAST 14TH STREET		106. CITY SAN LEANDRO	
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. CAUSE UNDER INVESTIGATION					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CAUSE UNDER INVESTIGATION		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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		(B)		(C)	
(C)		(D)		(E)	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
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 -					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) -					
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: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER J SMITH		116. LICENSE NUMBER	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
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 type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not 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. HOUR (24 Hours)	
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 J SMITH		127. DATE mm/dd/yyyy 12/17/2007		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER J SMITH, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **02/28/2008**

Anthony Iton M.D.
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 PUBLIC HEALTH DEPARTMENT**

**PHYSICIAN/CORONER'S AMENDMENT
 DEATHS AFTER 1-1994**

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
 USE BLACK INK ONLY

STATE FILE NUMBER _____ 1.1 _____ LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3200701008141

PART I INFORMATION TO LOCATE RECORD			
1. NAME—FIRST (GIVEN) DIANE	2. MIDDLE -	3. LAST (FAMILY) DEUTSCH	4. SEX F
5. DATE OF EVENT—MM/DD/CCYY 12/16/2007	6. CITY OF OCCURRENCE SAN LEANDRO	7. COUNTY OF OCCURRENCE ALAMEDA	

PART II STATEMENT OF CORRECTIONS		
6. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
107A	CAUSE UNDER INVESTIGATION	CARDIAC INSUFFICIENCY
107AT	INVS	MINS
107B		MYOCARDIAL INFARCTION
107BT		DAYS
107C		SEVERE CORONARY ARTERY ATHEROSCLEROSIS
107CT		YEARS
112	-	NONE
113	-	NO
119	PENDING INVESTIGATION	NATURAL

LIST ONE ITEM PER LINE

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER T BARTHOLOMEW	12. DATE SIGNED—MM/DD/CCYY 02/05/2008	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER SGT DEP CORONER	
	14. ADDRESS—STREET AND NUMBER 480 4TH STREET	15. CITY OAKLAND	16. STATE CA	17. ZIP CODE 94607
STATE/LOCAL REGISTRAR USE ONLY	18. OFFICE OF VITAL RECORDS OR SIGNATURE OF LOCAL REGISTRAR ANTHONY ITON, M.D.	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY 02/05/2008		

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STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS
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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA }
 COUNTY OF ALAMEDA } SS
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 and filed with the Alameda County Health Care Services Agency.
 DATE ISSUED: 02/28/2008
 HEALTH OFFICER AND LOCAL REGISTRAR
 ALAMEDA COUNTY, CALIFORNIA

