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A portion of Assessor's Parcel #1319-15-000-025



KAREN ELLISON, RECORDER

Recording Requested by:  
1862, LLC  
2001 Foothill Road  
Genoa, Nevada 89411

After recording, please return to:  
1862, LLC  
3179 N. Gretna Road  
Branson, MO 65616

**AFFIDAVIT – DEATH OF JOINT TENANT**

Joan Johnson, of legal age, being first duly sworn, deposes and says: That Roy C. Johnson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Roy C. Johnson, named as one of the parties in that certain Grant Deed dated September 20, 2000 executed by

Walley's Partners Limited Partnership, a Nevada limited partnership to Roy C. Johnson, Sr. and Joan Johnson, husband and wife, as joint tenants with right of survivorship recorded as:

Instrument No. 0500889, on October 6, 2000 in Book 1000, Page 0932-0933, 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: 1

Inventory Control No: 17-018-23-01 Alternate Year Time Share: Annual

Joan Johnson  
Joan Johnson

ACKNOWLEDGMENT

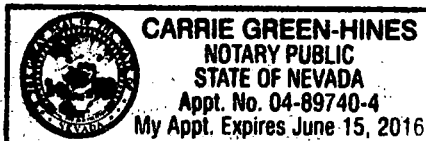
(STATE OF NEVADA)  
(COUNTY OF Churchill)

On this 28th day of JANUARY, 2014 before me personally appeared Joan Johnson, 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 Churchill, State of NEVADA, the day and year first above written.

Carrie Green-Hines  
NOTARY PUBLIC

My Term Expires: June 15, 2016



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2008016818**  
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) <b>Roy Charles JOHNSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 07, 2008</b>		3a. COUNTY OF DEATH <b>Churchill</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Fallon</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Residence 1220 McLean Road</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>71</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Joan KYLE</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 11, 1937</b>	
13. SOCIAL SECURITY NUMBER <b>9215</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Warehouseman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing (product Not Specified)</b>	
15a: RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Churchill</b>		15c. CITY, TOWN OR LOCATION <b>Fallon</b>	
15d. STREET AND NUMBER <b>1220 McLean Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		4. SEX <b>Male</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Charles Francis JOHNSON</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Myrtle DODD</b>		
18a. INFORMANT- NAME (Type or Print) <b>Joan JOHNSON</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1220 McLean Road Fallon, Nevada 89406</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>The Gardens</b>		19c. LOCATION City or Town State <b>Fallon Nevada 89406</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LORRETTA GUAZZINI</b>		20b. FUNERAL DIRECTOR LICENSE <b>600</b>		20c. NAME AND ADDRESS OF FACILITY <b>The Gardens 2949 Austin Hwy Fallon NV 89406</b>	
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) <b>TIMOTHY WAYNE HOCKENBERRY M.D.</b>			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) <b>November 10, 2008</b>		21c. HOUR OF DEATH <b>15:05</b>		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Timothy Wayne Hockenberry M.D. 801 E. Williams Ave., #2209 Fallon, NV 89406</b>				23b. LICENSE NUMBER <b>6060</b>	
24a. REGISTRAR (Signature) <b>MICHELLE R. BYERS</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 10, 2008</b>		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) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Liver Cancer</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

5 62212

242238

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.

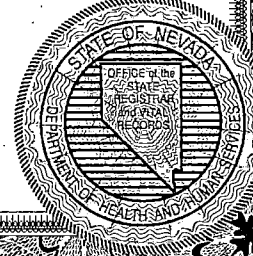
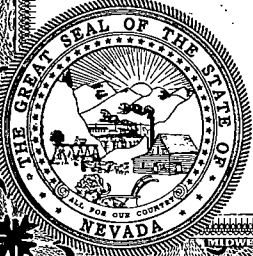
DATE ISSUED:

11/13/2008

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

PBNC0 (REV) 11/06

*R. D. White*  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-2008T