DOUGLAS COUNTY, NV 2015-861882 Rec:\$17.00 RECORDING REQUESTED BY 05/12/2015 04:28 PM Total:\$17.00 GEORGE W. RYAN, ESQ. GEORGE W. RYAN, ATTORNEY Pgs=4 APN: A Portion of 1319-15-000-020 AND WHEN RECORDED MAIL TO NAME Kim Slusser ADDRESS 194 Highland Drive KAREN ELLISON, RECORDER CITY & Sutter Creek, Ca. 95685 STATE SPAC AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF CALIFORNIA

**COUNTY OF AMADOR** 

Kimberly L. Slusser, of legal age, being first duly sworn, deposes and says:

That <u>John Russell Slusser</u>, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as <u>John R. Slusser</u>, named as one of the parties in that certain <u>Grant Deed</u> Dated <u>November 13, 2011</u> executed by <u>1862</u>, <u>LLC</u>, <u>a Nevada limited liability company</u> to <u>John Russell Slusser and Kim Lynn Slusser</u>, <u>husband and wife as Joint Tenants with right of survivorship</u> and recorded on <u>March 15, 2012</u>, as <u>Doc. No. 0798892</u> of Official Records of <u>Douglas</u> County, Nevada, covering the following described property situated in said County, State of Nevada:

See Exhibit "A" Attached

Kimberly(L. Slusser

A notary public of 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, accuracy, or validity of that document.

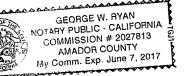
## STATE OF CALIFORNIA

**COUNTY OF AMADOR** 

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and Official seal.

GEORGE W. RYAN Notary Public

GEORGE W. RYAN
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 2027813
AMADOR COUNTY
My Certim: Exp. June 7, 2017





CERTIFICATION OF VITAL RECORD

## **COUNTY OF AMADOR**

**JACKSON, CALIFORNIA 95642** 

3052015007094			CERTIFICATE OF DEATH					3201503000017				
	STATE FILE NUMBER  1. NAME OF DECEDENT- FIRST (Given)	STATE OF CALIFORNIA  USE BLACK INKY ONLY / NO EMBLISHER WHITEOUTS OR ALTERATIONS VS-1 (WEEV 2006)  2 MIDDLE  3 LAST (Famély				LOCAL RE	LOCAL REGISTRATION NUMBER					
DECEDENT'S PERSONAL DATA	JOHN		RUSSELL		SLUSSER				1	1 1		
	ÁKÁ: ALSÓ KÍNOWN ÁS - Include full AKA (FIRST, MIDDLE, LAST)		:		DATE OF BIRTH mm/dd/ccyy 5. AGE Yrs 5. AGE Yrs 67		IF UNDER ONE YEAR IF U. Months Days Hou		Minutes M			
	9. BIRTH STATE/FOREIGN COUNTRY	10. SÓCIAL SECURITY I		S. ARMED FORCES?		S/SRDP* 'at Time of Descri			ocyy 8	HOUR (24 Hours	, T	
	CA:  13. EDUCATION – Highest Leval/Degree 14/15.	WAS DECEDENT HISPANIC	ATINOVANSPANISH2 MINER	NO UNI	1	ACE – Up to 3 races n	01/13/2		hart)	2130	_	
EDEN	SOME COLLEGE	YES		X NO	WHITE		-			\ \		
ja .	17 USUAL OCCUPATION - Type of work to PATROLMAN		18. KIND OF BUSINESS OR INDUSTRY (a.g., grocery store, road constructor HIGHWAY PATROL				il agency, etc.†	19 YE	ARS IN OCCUPATION	NC		
USUAL	20. DECEDENT'S RESIDENCE (Street and								<del>-</del> -		٦	
	194 HIGHLAND DRIVE	DUNTY/PROVINCE	) 23. Zi	23. ZIP CODE 24. YEARS IN COUN		TY 25. STATE/FOREIGN CO		COUNTRY				
	SUTTER CREEK AMA		ADOR	956	5685 29		CA					
NFOR-	E 28. INFORMANT'S MANE, RELATIONSHIP 27. INFORMANT'S MANE, RELATIONSHIP 27. INFORMANT'S MANE, RELATIONSHIP 27. INFORMANT'S MANE, RELATIONSHIP 28. INFORMANT'S MANE, RELATIONSHIP 29. KIMBERLY SLUSSER, WIFE										١,	
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDF KIMBERLY	29. MIDDLE	/	30. LAST (BIRTH NAME) HARGIS			\					
	31 NAME OF FATHER/PARENT-FIRST	32. MIDDLE	-/	33 LAST				34	34 BIRTH STATE			
	THEODORE  35, NAME OF MOTHER/PARENT-FIRST		RUSSELL 36. MIDDLE	<	SLUSSER 37. LAST (BIRTH NAME)		<u> </u>		OH 38. BIRTH STATE			
	VIRGINIA		ELIZABETH	/ /	SMITH		: /.			OH		
TOR/	39 DISPOSITION DATE minutacticity 40 PLACE OF FINAL DISPOSITION RES KIMBERLY SLUSSER 01/15/2015 194 HIGHLAND DRIVE, SUTTER CREEK, CA 95685											
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41, TYPE OF DISPOSITION(S)	42. SIGNAT	42. SIGNATURE OF EMBALMER					43 LICENSE NUMBER				
	CR/RES  44. NAME OF FUNERAL ESTABLISHMENT		► NOT EMBALMED  45 LICENSE NUMBER   46. SIGNATURE OF LOCAL REGISTRAR					47 DATE mm/dd/ccyy				
돌의	DANERI MORTUARY	FD163	FD1636 ► KIMBERLY L. GRADY					01/15/2015				
6 ±	101, PLACE OF DEATH OWN RESIDENCE			102. IF HOSPITAL, SPECIFY ONE 103. IF OT-					HER THAN HOSPITAL SPECIFY ONE Nursing X Decedents Other Home Home			
PLACE OF DEATH	104. COUNTY 105 FACULTY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) AMADOR 194 HIGHLAND DRIVE						75-	SUTTER CREEK				
<u> </u>	107 CAUSE OF DEATH	inter the chain of events of	seases, injuries, pricomplication				Time Int			ЕРОПТЕО ТО СОПОМЕ		
CAUSE OF DEATH	IMMEDIATE CAUSE (A) METAST	TATIC LUNG C		t, or re-throuter forsiler on without chossing the errorgy. DO NOT ABBREVIATE.  NCER					MONS. YES X NO			
	condition resulting in death) (B):	· · · · ·		-	$\rightarrow$		(BT)			Y PERFORMED?	1	
	Sequentially, list conditions, if any. leading to cause (C)	·····	:	-	-		· (C1)		X YE	S NO	<u>`</u>	
	on Line A. Enter UNDERLYING GAUSE (disease or rigury that		·		-				. VE	s : X NO	_1	
	initiated the events (D) resulting in death) LAST	\		÷			. · (DT)	. • [1	TT JISED IN	DETERMINING CAUSE?	t	
	112 OTHER SIGNIFICANT CONDITIONS ON NONE	CONTRIBUTING TO DEATH (	BUT NOT RESULTING IN THE	UNDERLYING CAUSE (	IVEN IN 107		****	· · ·	<u>.—</u>	···	1	
-	113. WAS OPERATION PERFORMED FOR	ANY CONDITION IN ITEM I	07 OR 112? [Ryee, Lst type o	l operation and date)	/			113A.IF	FEMALE PR	EGNANT IN LAST YEA	gr)	
z	114. I CERTIFY THAT IO THE BEST OF MY KNOW	LEDGE DEATH OCCURRED	15, SIGNATURE AND TITLE	OF CERTIFIER	_/_	<u>.</u>	116. LICI	NSE NUMBE	7ES	NO UNK		
PHYSICIAN'S ERTIFICATION		THE CAUSES STATED.	DONALD VAN	FOSSAN M			G5	7742	01/	15/2015		
PHYSI	(B) metrologiccyy (B) metrologiccyy 118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS. ZIP CODE DONALD VAI 12/17/2014 01/13/2015 201 CLINTON ROAD #106, JACKSON, CA 95642							SSAN N	/ID			
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OF		AND PLACE STATED FROM THE	CAUSES STATED.	120. INJUR	ED AT WORK?	1	JRY DATE min	n/dd/ccyy	122 HOUR (24 Hou	rs;	
	MANNER OF DEATH Varural Accident Horricola Success Industry and YES NO UNX  123. PLACE OF INJURY (a.g., home, construction sie, wooded area, etc.)										-	
	124 DESCRIBE HOW INJURY OCCURRED (Everta which resulted in injury)											
ER'S L								<u> </u>				
CORO	125, LOCATON OF INJURY (Stoet and number, or 4 caston, and city and zig)											
	126. SIGNATURE OF CORONER / DEPUT	Y CORONER	: : : : 1	27 DATE mm/dd/acyy	128 TYPE NAI	ME, TITLE OF CORON	ER / DEPUTY C	ORONER			$\dashv$	
STA	TE A B	je le	E	£01117111111111111111111111111111111111	·	Pa (20) (20) (20) (2) (2)	FAX AL	JTH.#	:	CENSUS TRAC	ᅼ	
		AF.		TO MILLOUIS AUGUSTALIA CONTRACTOR AND	anne a ren i ren Gall III aki ( I I I I	1 1 1811 II 141 / 1 J I I I I I I I I I I I I I I I I I I		11 18				
REGIS	TRAR	_/	1	101	0001002833793*	m ium intra-reva fiet i itt	_ــــــ			1	_	

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Amador County Clerk-Recorder.

DATE ISSUED 0 1 / 1 6 / 2015



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk-Recorder.



## EXHIBIT "A"

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: <u>2bd</u> Phase: <u>3</u> Inventory Control No: <u>36023071292</u>
Alternate Year Time Share: <u>Even</u> First Year Use: <u>2012</u>

