

A portion of Assessor's Parcel #1319-15-000-030



KAREN ELLISON, RECORDER

Recording Requested by:
Michael Dewitt Roberts
3655 Royer Court
Reno, NV 89509

After recording, please return to:
Michael Dewitt Roberts
3655 Royer Court
Reno, NV 89509

AFFIDAVIT – DEATH OF JOINT TENANT

Alice H. Bailey, of legal age, being first duly sworn, deposes and says: That Joe C. Bailey, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as, Joe C. Bailey named as one of the parties in that certain Grant Deed dated January 26, 2007, executed by

Walley's Partners Limited Partnership to Joe C. Bailey and, Alice H. Bailey husband and wife, as joint tenants with right of survivorship, recorded as:

Instrument No. 0695112, on February 16, 2007 in Book 0207, Page 05260, 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: 7
Inventory Control No: 17-097-22-82 Alternate Year Time Share: Even

Alice H. Bailey

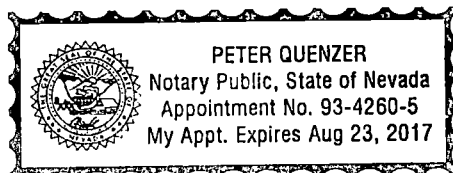
ACKNOWLEDGMENT

(STATE OF Nevada)
(COUNTY OF Douglas)

On this 22 day of December, 2014, before me personally appeared Alice H. Bailey, 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 Douglas, State of Nevada, the day and year first above written.

Peter Quenzer Vol, NOTARY PUBLIC
My Term Expires: 8/23/17



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013006767

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK DECEASED 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) Joe Curtis BAILEY	2. DATE OF DEATH (Mo/Day/Year) April 18, 2013	3a. COUNTY OF DEATH Douglas				
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden	3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 2900 Cielo Vista Court	3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	4. SEX Male			
	5. RACE (Specify) White	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE - Last birthday (Years) 83	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 19, 1929	
	9a. STATE OF BIRTH (if not U.S.A., name, country) Missouri	9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (if wife, give maiden name) Alice CHIDAKA		
	13. SOCIAL SECURITY NUMBER 0349	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Real Estate Agent	14b. KIND OF BUSINESS OR INDUSTRY Real Estate	Ever in US Armed Forces? Yes			
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 2900 Cielo Vista Court	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Martin BAILEY		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida LANDRUM				
	18a. INFORMANT - NAME (Type or Print) Alice Hidaka BAILEY		18b. MAILING ADDRESS: (Street or R.F.D. No., City or Town, State, Zip) 2900 Cielo Vista Court Minden, Nevada 89423				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509			
	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) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED			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) April 24, 2013		21c. HOUR OF DEATH 11:10		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)		
	22e. PRONOUNCED DEAD AT (Hour)						
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St Carson City, NV 89703					23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 2013		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 (a) Cardiopulmonary Arrest					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (b) Respiratory Failure					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (c) Lung Cancer with Metastatic Disease					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (d)					Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
	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

CERTIFIED COPY OF VITAL RECORDS

481221
 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: **04/29/2013**
 This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.


 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

