

APN: 1319-15-000-025 PTN

Recording Requested by: J. Borges and
when recorded, Mail To: Timeshare Closing Services, Inc.
8545 Commodity Circle
Orlando, FL 32819
80012615004

DOUGLAS COUNTY, NV **2015-867333**
Rec:\$17.00
\$17.00 Pgs=4 **08/05/2015 10:50 AM**
TIMESHARE CLOSING SERVICES
KAREN ELLISON, RECORDER

Mail Tax Statements To: **Kevin C. Brown, 1537 Bullhead to Leakey Road,
Barksdale, Texas 78828**

AFFIDAVIT OF DEATH

STATE OF Florida) SS
COUNTY OF Orange)

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Jack Dale Foster, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Jack Dale Foster, named as one of the parties in that certain deed dated May 26, 2012, executed by 1862, LLC, a Nevada limited liability company to The Jake Dale Foster and Ruby Maxine Foster Living Trust, dated October 16, 1990, Jack Dale Foster and Ruby Maxine Foster, Trustees, recorded as instrument No. 0807880 on August 23, 2012 in Book 0812, Page 5606, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

Legal Description of Property: A Timeshare Estate described as David Walley's Hot Springs Resort and Spa, Phase 1, Douglas County, Nevada being more particularly described on the exhibit "A" attached to the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

Jacqueline Borges
J. Borges Affiant

Dated this 5 day of August, 2015

Subscribed and Sworn before me, Notary Public, On 8-5-2015, personally appeared, J. Borges, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE

[Handwritten Signature]

My Commission Expires:

1-16-16



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

3199801006730

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS YES (REV. 7/87)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Jack		2. MIDDLE Dale		3. LAST (FAMILY) Foster			
4. DATE OF BIRTH M/M/DD/CCYY 11/28/1925		5. AGE YRS. 72		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 10/09/1998	
9. STATE OF BIRTH KANSAS		10. SOCIAL SECURITY NO. -7541		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. EDUCATION—YEARS COMPLETED 18			
17. OCCUPATION INSTRUCTOR		18. KIND OF BUSINESS EDUCATION		16. USUAL EMPLOYER FREMONT UNIFIED SCHOOL DISTRICT			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3229 Gold Court		19. YEARS IN OCCUPATION 35					
21. CITY Fremont		22. COUNTY Alameda		23. ZIP CODE 94538		24. YRS IN COUNTY 43	
25. STATE OR FOREIGN COUNTRY California							
26. NAME, RELATIONSHIP R. MAXINE FOSTER, SPOUSE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3229 GOLD COURT, FREMONT, CA 94539					
28. NAME OF SURVIVING SPOUSE—FIRST RUBY		29. MIDDLE MAXINE		30. LAST (MAIDEN NAME) PETERSON			
31. NAME OF FATHER—FIRST LEO		32. MIDDLE D.		33. LAST FOSTER		34. BIRTH STATE ARKANSAS	
35. NAME OF MOTHER—FIRST LORENE		36. MIDDLE E.		37. LAST (MAIDEN) ROSE		38. BIRTH STATE ARKANSAS	
39. DATE M/M/DD/CCYY 10/14/1998		40. PLACE OF FINAL DISPOSITION IRVINGTON CEMETERY, 41001 CHAPEL WAY, FREMONT, CA					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NO CA		45. LICENSE NO. FD-1397		46. SIGNATURE OF LOCAL REGISTRAR <i>Art Chen MD.</i>		47. DATE M/M/DD/CCYY 10/13/1998	
101. PLACE OF DEATH Own Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input checked="" type="checkbox"/> OTHER		104. COUNTY Alameda	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3229 Gold Court		106. CITY Fremont					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Metastatic Prostate Cancer		TIME INTERVAL BETWEEN ONSET AND DEATH Months		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Coronary Artery Disease							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Coronary Artery Bypass Graft 07/--/1992							
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 M/M/DD/CCYY 04/08/1997		115. SIGNATURE AND TYPE OF CERTIFIER <i>Art Chen MD.</i>		116. LICENSE NO. G 36068		117. DATE M/M/DD/CCYY 10/09/1998	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Peter Deck, MD; 39400 Paseo Padre Parkway, Fremont, California 94538							
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SHOULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		FAX AUTH. #	
						CENSUS TRACT	

86273

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: 10/15/1998

Art Chen
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Exhibit "A"

File number: 80012615004

The following described real property located in Douglas County, Nevada:

An undivided fee simple ownership interest 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: **2bd** Phase: **1** Inventory Control No: **36021018500**
Alternate Year Time Share: **Annual** First Year Use: **2015**

If acquiring a Time Share Interest in Phase I, BUYER will receive fee title to a 1/1071th undivided interest (if annually occurring) or a 1/2142th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase II, BUYER will receive fee title to a 1/1989th undivided interest (if annually occurring) or a 1/3978th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase III, BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Dillon Phase , BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.

To have and to hold the same, along with all appurtenances related thereto, forever and in fee simple but subject to the usage limitations as contained in the Declaration, all restrictions imposed by the Walley's Property Owners Association, Inc., all other restrictions reserved unto the Developer, all other easements and restrictions of every nature of record, and state and county ad valorem and other taxes, if any.