A portion of APN: 1319-15-000-020

RECORDING REQUESTED BY:

John J. Rank, Esq.

WHEN RECORDED RETURN TO:

John J. Rank, Esq.

Attorney at Law

5951 Almond Street

Paradise, California 95969

DOUGLAS COUNTY, NV

Rec:\$16.00 Total:\$16.00 JOHN J RANK 2015-871868

10/28/2015 09:47 AM



KAREN ELLISON, RECORDER

AFFIDAVIT - TERMINATION OF JOINT TENANCY (Death of a Joint Tenant)

I, RUTH M. FITZSIMMONS, the Affiant, being of legal age, and beging first duly sworn, deposes and says that JAMES CALVIN FITZSIMMONS, the decedent mentioned in the attached certified copy of Certifciate of Death, is the same person as JAMES C. FITZSIMMONS named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed, dated on the 13th day of January, 2006, and executed by WALLEY'S PARTNERS LIMITED PARTNERSHIP, a Nevada Limited Partnership, as "Grantor," to JAMES C. FITZSIMMONS and RUTH M. FITZSIMMONS, husband and wife as joint tenants, as "Grantees," and recorded as Instrument No. 0668552, on the 24th day of February, 2006, in Book 0206 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN

Pursuant to the aforereferenced deed, RUTH M. FITZSIMMONS has suceeded to all of JAMES C. FITZSIMMONS' interest in the subject property.

Executed on this 21	day of October, 20)15, at Paradise, Californ	nia.
D. oth M C.	the same	//	
Rutto M Ja- RUJTH M. FITZSIMMO	NS S	-//:	
			_

A notary public or other officer completing this certificate verifies only the identify 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)
) ss
County of Butte	/)/

Subscribed and sworn to (or affirmed) before me this 21st day of October, 2015, by RUTH M. FITZSIMMONS, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public; My Commission Expires: April 5, 2019

AMIE ROBBINS COMM.# 2105888 NOTARY PUBLIC - CALIFORNIA BUTTE COUNTY

My COMM. Exp. Apr. 5, 2019

EXHIBIT "A"

A TIMESHARE ESTATE COMPRISED OF AN UNDIVIDED INTEREST AS TENANTS IN COMMON IN AND TO THAT CERTAIN REAL PROPERTY AND IMPROVEMENTS AS FOLLOWS:

AN UNDIVIDED 1/2448th INTEREST IN AND TO ALL THAT REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

ADJUSTED PARCEL G AS SHOWN ON THAT RECORD OF SURVEY TO SUPPORT A BOUNDARY LINE ADJUSTMENT RECORDED ON SEPTEMBER 20, 2002 IN THE OFFICE OF THE DOUGLAS COUNTY RECORDED AS DOCUMENT NO. 0552536, ADJUSTING THAT RECORD OF SURVEY RECORDED APRIL 29, 2002 AS DOCUMENT NO. 0540898, PURSUANT TO THAT FINAL SUBDIVISION MAP LDA #98-05 FOR DAVID WALLEY'S RESORT, A COMMERCIAL SUBDIVISION, FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON OCTOBER 19, 2000, IN BOOK 1000, AT PAGE 3464, AS DOCUMENT NO. 0501638, AND BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 3, 2000, IN BOOK 1100, PAGE 467, AS DOCUMENT NO. 0502689, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

TOGETHER WITH THOSE EASEMENTS APPURTENANT THERETO AND SUCH EASEMENTS AND USE RIGHTS DESCRIBED IN THE DECLARATION OF TIME SHARE COVENANTS, CONDITIONS AND RESTRICTIONS FOR DAVID WALLEY'S RESORT RECORDED SEPTEMBER 23, 1998, AS DOCUMENT NO. 0449993, AND AS AMENDED BY DOCUMENT NOS. 0466255, 0485265, 0489957, 0509920 AND 0521436, AND THAT DECLARATION OF ANNEXATION OF DAVID WALLEY'S RESORT PHASE III RECORDED ON JULY 1, 2003 IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER AS DOCUMENT NO. 0582120 AND SUBJECT TO SAID DECLARATION; WITH THE EXCLUSIVE RIGHT TO USE SAID INTEREST FOR ONE USE PERIOD WITHIN A TWO BEDROOM UNIT EVERY OTHER YEAR IN ODD-NUMBERED YEARS IN ACCORDANCE WITH SAID DECLARATION.

TOGETHER WITH A PERPETUAL NON-EXCLUSIVE EASEMENT OF USE AND ENJOYMENT IN, TO AND THROUGHOUT THE COMMON AREA AND A PERPETUAL NON-EXCLUSIVE EASEMENT FOR PARKING AND PEDESTRIAN AND VEHICULAR ACCESS, INGRESS AND EGRESS AS SET FORTH IN ACCESS EASEMENT AND ABANDONMENT DEED RECORDED SEPTEMBER 20, 2002 IN BOOK 0902, AT PAGE 06242, AS DOCUMENT NO. 0552534, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.

A PORTION OF APN: 1319-15-000-020

E:\wpdocs\Fitzsimmons.RM\TA\Affidavit of JT - Nevada.wpd



STAVUD OF NIDVAIDA





WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013008990

TYPE:OR	AND AND A STATE FILE NUMBER AND THE STATE FILE NUMBER STAT
PRINT IN	1a. DECEASED NAME. (FIRST MIDDLE, LAST, SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH
PERMANENT BLACK INK	James Caliving River At the Entrasimmons of the May 27, 2013 Washoe
	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e, If. Hosp, or Inst. indicate DOA, OP/Emer, Rm. 4, SEX
DECÈDENT	Reno St Mary's Regional Medical Center Emergency Room? Outpatient Male
	5. RACE White 6. Hispanic Origin? Specify 7a. AGE-Last 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) (Specify) No - Non-Hispanic birthday (Years) MOS 1 DAYS HOURS MINS MIN
	Yanuary 02:4935 78 19 19 19 19 19 19 19 1
IF DEATH OCCURRED IN	9a, STATE OF BIRTH (If not U.S.A.; 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (If wife, give maiden name) United States 16 DIVORCED (Specify) Married maiden name) Ruth Mary SMITH
INSTITUTION	
SEE HANDBOOK REGARDING	13% SOCIAL SECURITY NUMBER 144. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Sales And Marketing Petroleum Petroleum Forces? No 144. KIND: OF BUSINESS OR INDUSTRY Forces? No 145. KIND: OF BUSINESS OR INDUSTRY FORCES.
COMPLETION OF RESIDENCE	15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER. 15e. INSIDE CITY. 15e.
ITÉMS	Nevada Washoe Reno 4275 Spring Drive LIMITS (Specify Yes
	16. FATHER/PARENT NAME (First Middle Last Suffix) 17. MOTHER/PARENT NAME (First Middle Last Suffix)
PARENTS	Ralph Andrew FITZSIMMONS
r viid	18a. INFORMANT-NAME (Type or Print) 18bMAILING ADDRESS ((Street or R.F.D. No; City or Town, State Zip)
	Ruth FITZSIMMONS 4275 Spring Drive Reno, Nevada 89502
NEDOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State
DISPOSITION	Fig. 2011 No. of Endings of Fig. 1915 The Property of the Prop
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno
	SIGNATURE AUTHENTICATED 622 87.5 West Second St. Reno. NV. 89503
RADE CALL	TRADE CALL - NAME AND ADDRESS
	The state of the s
	D due to the cause(s) stated. (Signature, & Title) SIGNATURE AUTHENTICATED D to the time, date and place and due to the cause(s) stated. (Signature, & Title):
CERTIFIER	
	\$\frac{2}{8} = May 30, 2013
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour)
44.	Trayardavoud, Santangere of a different figures of the figures of
11 J. 7	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER: 11873
	24a, REGISTRAR (Signature) 24b, DATE-RECEIVED BY REGISTRAR 24c, DEATH DUE TO COMMUNICABLE DISEASE
REGISTRAR	SIGNATURE AUTHENTICATED (Mo/Day/Yr) June 03, 2013 YES NO X
CAUSE OF	
DEATH	PARTI CAN Sepsis
R say with	DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS IF	(b) Intestinal perforation
GAVE RISE TO :::	DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death
IMMEDIATE ->	(C): Diabetes: An in the Article in
STATING THE UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF: (Interval between onset and death (A) Hypertension
CAUSE LAST	Figure (U) σ_{ij} (2) σ_{ij} (2) σ_{ij} (3) σ_{ij} (3) σ_{ij} (3) σ_{ij} (4) σ_{ij} (4) σ_{ij} (4) σ_{ij} (4) σ_{ij} (5) σ_{ij}
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specify Yes or No.) (Specify Yes or No.) (Specify Yes or No.) (Specify Yes or No.)
	No or No
	286, ACC., SUICIDE, HOM., UNDET: 128b, DATE OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED
	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g, LOCATION STREET OR R.F.D. No. **CITY OR TOWN **STATE ***
ik -e de	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE
	【Mindage 2895 B. Committee Committe

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS 000119625

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.

06/04/2013

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

