

DOUGLAS COUNTY, NV

2015-872635

Rec:\$17.00

\$17.00 Pgs=4

11/13/2015 02:27 PM

INTERCITY CAPITAL CORP

KAREN ELLISON, RECORDER

RECORDING REQUESTED BY
STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO:

Deborah A. Williams
1046 S. Winchester Blvd., #8
San Jose, California 95128

RECORDERS USE ONLY

AFFIDAVIT-DEATH OF TRUSTEE

A portion of APN: 1319-15-000-029

STATE OF CALIFORNIA)
) ss.
County of SANTA CLARA)

Stewart Title has recorded this instrument as an accomodation only. It has not been examined as to its effect on title. No examination of such matters has been made.

Deborah A. Williams, of legal age, being duly sworn, deposes and says

That **George Roderick Williams**, the decedent mentioned in the attached Certificate of Death, is the same person as **George Williams**, named as Trustees of that certain Declaration of Trust dated **July 1, 2005**, executed by **George R. Williams and Deborah A. Williams**, Trustor(s).

That certain Grant Deed dated **October 1st, 2008**, executed by **George Williams and Deborah Williams, Husband and Wife as Joint Tenants to The Williams Living Trust, dated 07/01/2005. George R. Williams and Deborah A. Williams, Trustors and/or Trustees**, recorded **October 6, 2008** as Instrument No. **0731077** in Official Records of **Douglas County, Nevada**, covering the property described in Exhibit "A" attached hereto.

Dated: 11/10/15

Deborah A Williams
Deborah A. Williams

A notary public or 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.

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT UNDER THE LAWS OF THE STATE OF

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 10 NOV
DAY OF _____ 2015, BY _____, APPROVED TO ME ON THE BASIS OF
SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE _____ (SEAL)

SEE ATTACHED
CALIFORNIA
NOTARIZATION

JURAT

A notary public or 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.

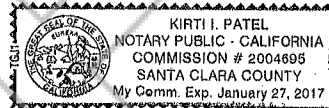
State of California

County of SANTA CLARA

Subscribed and sworn to (or affirmed) before me on this 10 day of NOV,

2015 by DEBORAH A. WILLIAMS.

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature

(Seal)

OPTIONAL INFORMATION

INSTRUCTIONS

DESCRIPTION OF THE ATTACHED DOCUMENT

CORANT, BARGAIN & SALE DEED
(Title or description of attached document)

AFFIDAVIT - DEATH OF TRUSTEE
(Title or description of attached document continued)

Number of Pages 1 Document Date 11/10/15

Additional Information

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation, if the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

3201007004480

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 2/08)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) GEORGE		2. MIDDLE RODERICK		3. LAST (Family) WILLIAMS	
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					4. DATE OF BIRTH mm/dd/yyyy 09/06/1933
	9. BIRTH STATE/FOREIGN COUNTRY NY	10. SOCIAL SECURITY NUMBER [REDACTED]-7808	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 08/18/2010	8. HOUR (24 Hours) 1852
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ELECTRICAL ENGINEER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENGINEERING		19. YEARS IN OCCUPATION 35	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 245 BOREL CIRCLE NE					
	21. CITY PALM BAY	22. COUNTY/PROVINCE BREVARD	23. ZIP CODE 32907	24. YEARS IN COUNTY 8	25. STATE/FOREIGN COUNTRY FL	
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP DEBORAH WILLIAMS, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 245 BOREL CIRCLE NE, PALM BAY, FL 32907			
	28. NAME OF SURVIVING SPOUSE/SRDP--FIRST DEBORAH		29. MIDDLE ANN	30. LAST (BIRTH NAME) ROBERTS		
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT--FIRST GEORGE		32. MIDDLE HENRY	33. LAST WILLIAMS		
	35. NAME OF MOTHER/PARENT--FIRST MARY		36. MIDDLE ELIZABETH	37. LAST (BIRTH NAME) GILLEN		
	34. BIRTH STATE ENGLAND		38. BIRTH STATE NY			
FUNERAL DIRECTOR / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 08/31/2010		40. PLACE OF FINAL DISPOSITION 245 BOREL CIRCLE NE, PALM BAY, FL 32907			
	41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
PLACE OF DEATH	44. NAME OF FUNERAL ESTABLISHMENT HULL'S WALNUT CREEK CHAPEL		45. LICENSE NUMBER FD250	46. SIGNATURE OF LOCAL REGISTRAR ▶ WENDEL BRUNNER, MD		
	47. DATE mm/dd/yyyy 08/31/2010					
CAUSE OF DEATH	101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ERVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1425 S MAIN ST		106. CITY WALNUT CREEK	
	107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) VENTRICULAR FIBRILLATION (Final disease or condition resulting in death) → (B) CORONARY ARTERY DISEASE Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, DIABETES MELLITUS					
	108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MINS 10-1773		109. BIGPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) -		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
PHYSICIAN'S CERTIFICATION	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 mm/dd/yyyy (A) 08/13/2010 Decedent Last Seen Alive mm/dd/yyyy (B) 08/13/2010		115. SIGNATURE AND TITLE OF CERTIFIER ▶ MARTIN JIMENEZ M.D.		116. LICENSE NUMBER A78823	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARTIN JIMENEZ M.D. 1220 ROSSMOOR PARKWAY, WALNUT CREEK, CA 94595		117. DATE mm/dd/yyyy 08/30/2010			
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR	A	B	C	D	E	

CERTIFIED COPY OF VITAL RECORDS



000847808

STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } SS

DATE ISSUED

SEP - 1 2010

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner MD
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer



Exhibit "A"

LEGAL DESCRIPTION

Walley's

Inventory No.: 17-094-34-01

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 1/204ths interest in and to all that real property situated in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL J as shown on that Record of Survey for DAVID WALLEY'S filed for record with the Douglas County Recorder on July 26, 2006, in Book 0706, at Page 9384, as Document No. 0680634, 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 No. 0466255, 0485265, 0489957, 0509920 and 0521436, and that Declaration of Annexation of David Walley's Resort Phase VI recorded on August 8, 2006 in the Office of the Douglas County Recorder as Document No. 0681616 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a TWO BEDROOM UNIT every year 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 set forth in Access Easement and Relocation recorded on May 26, 2006, in Book 0506 at Page 10729, as Document No. 0676008; and Access Easement recorded on July 26, 2006, in Book 0706 at Page 9371, as Document No. 0680633, all of Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-029

Stewart Title has recorded this instrument as an accomodation only. It has not been examined as to its effect on title. No examination of such matters has been made.