

APN: Portion 1319-15-000-015

RECORDING REQUESTED BY
STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO:
Melinda Lee Turner
211 E. Calvin Street
Taft, CA 93268

DOUGLAS COUNTY, NV **2015-874160**
Rec:\$16.00
\$16.00 Pgs=3 12/17/2015 12:21 PM
INTERCITY CAPITAL CORP
KAREN ELLISON, RECORDER

Order 68686CA _____ RECORDERS USE ONLY _____

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CA
COUNTY OF KERN SS.

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

Melinda Lee Turner, of legal age, being duly sworn, deposes and says

That **Edmond William Turner** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Edmond W. Turner** named as one of the parties in that certain Grant Deed executed by **Edmond W. Turner and Melinda Lee Turner, Husband and Wife as Joint Tenants**, recorded as **Instrument No. 0514907 in Book 0501, Page 7305 on May 25, 2001**, of Official Records of **Douglas County**, covering the following described property situated in the **County of Douglas, State of Nevada**.

See Exhibit "A" attached hereto for complete legal description

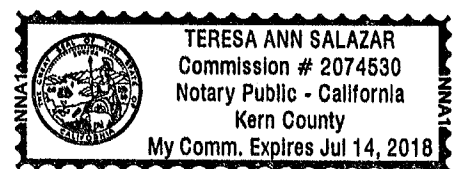
Dated: October 9, 2015 X Melinda Lee Turner
Melinda Lee Turner

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 KERN

Subscribed and sworn to (or affirmed) before me on the 22ND day of OCTOBER 2015, by MELINDA LEE TURNER proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SIGNATURE _____ Seal
Notary Republic



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
75-11 (REV. 1/04)

3200615001236

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT -- FIRST (Given) Edmond		2. MIDDLE William		3. LAST (Family) Turner	
	AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)					
	4. DATE OF BIRTH mm/dd/yyyy 06/05/1936		5. AGE Yrs 69	IF UNDER ONE YEAR Months 0	IF UNDER 24 HOURS Hours 0	6. SEX M
USUAL RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER [REDACTED]-5036	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death) Married		7. DATE OF DEATH mm/dd/yyyy 03/29/2006
	13. EDUCATION -- Highest Level/Degree (see worksheet on back) Bachelor's	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) White	8. HOUR (24 Hours) 1510		
	17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED Teacher			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Education		19. YEARS IN OCCUPATION 40
INFORMANT	20. DECEDENT'S RESIDENCE (Street and number or location) 211 E. Calvin St.					
	21. CITY Taft		22. COUNTY/PROVINCE Kern		23. ZIP CODE 93268	24. YEARS IN COUNTY 25
	25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP Melinda L. Turner, wife			
SPOUSE AND PARENT INFORMATION	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 211 E. Calvin St., Taft, CA 93268					
	28. NAME OF SURVIVING SPOUSE -- FIRST Melinda		29. MIDDLE Lee		30. LAST (Maiden Name) Mann	
	31. NAME OF FATHER -- FIRST William	32. MIDDLE Elijah	33. LAST Turner		34. BIRTH STATE MO	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	35. NAME OF MOTHER -- FIRST Martha	36. MIDDLE Esther	37. LAST (Maiden) Markley		38. BIRTH STATE IL	
	39. DISPOSITION DATE mm/dd/yyyy 03/31/2006	40. PLACE OF FINAL DISPOSITION RES: Melinda L. Turner, 211 E. Calvin St., Taft, CA 93268				
	41. TYPE OF DISPOSITION(S) CR/RES	42. SIGNATURE OF EMBALMER Not Embalmed			43. LICENSE NUMBER -	
PLACE OF DEATH	44. NAME OF FUNERAL ESTABLISHMENT Erickson & Brown Funeral Home					
	45. LICENSE NUMBER FD 756	46. SIGNATURE OF LOCAL REGISTRAR B.A. Jinadu, M.D. [Signature]			47. DATE mm/dd/yyyy 03/31/2006	
	101. PLACE OF DEATH San Joaquin Community Hospital	102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
CAUSE OF DEATH	104. COUNTY Kern	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2615 Eye St.			106. CITY Bakersfield	
	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 (Final disease or condition resulting in death) (A) Myocardial Infarction	Time Interval Between Cause and Death (AT) Days	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> NO
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 (B) Coronary Artery Disease	Years	Years	Years	Years	Years	
(C) Severe Aortic Stenosis	Years	Years	Years	Years	Years	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Severe Heart Failure						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) Aortic Valve Replacement 03/29/2006						
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
PHYSICIANS 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 (A) mm/dd/yyyy	115. SIGNATURE AND TITLE OF CERTIFIER [Signature]	116. LICENSE NUMBER A39435	117. DATE mm/dd/yyyy 03/29/06		
	Decedent Last Seen Alive (B) mm/dd/yyyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Sarj S. Purewal, M.D., 3838 San Dimas, Suite A 100, Bakersfield, CA 93301				
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)		
CORONER'S USE ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
	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 [Signature]			127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH. # CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA } SS
COUNTY OF KERN

DATE ISSUED
JUN 15 2012

* 0 0 0 7 2 9 3 9 4 *

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER.

PBNC0 (Rev) 04/11

James W. Fitch
James W. Fitch
ASSESSOR RECORDER

This copy is not valid unless prepared on engraved border displaying seal and signature of the County Recorder.

LEGAL DESCRIPTION
FOR
DAVID WALLEY'S RESORT

The land referred to herein is situated in the

State of Nevada

County of Douglas

and is described as follows:

An undivided 1/1989th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL E-1 of the 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, at Page 467, as Document No. 0502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of **Parcel E-1**, as set forth in Quitclaim Deed recorded September 17, 1998, in Book 998, at Page 3250, as Document No. 0449574, Official Records, 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 subject to said Declaration; with the exclusive right to use said interest for **One Use Period** within a **"ONE-BEDROOM UNIT"** **Each 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 as 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.

Inventory No.: 17-022-02-01

A Portion of APN: 1319-15-000-015
