

DOUGLAS COUNTY, NV

2016-875870

Rec:\$16.00

\$16.00 Pgs=3

01/26/2016 03:30 PM

STEWART VACATION OWNERSHIP RIVERSIDE

KAREN ELLISON, RECORDER

APN: Portion of 1319-15-000-015

RECORDING REQUESTED BY

Stewart Vacation Ownership
11870 Pierce St., Suite 100
Riverside, CA 92505

WHEN RECORDED MAIL TO:

Stacy M. Markel
455 Starboard Dr.
Redwood City, CA 94065

188804 / 69791

RECORDERS USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA

SS.

COUNTY OF SAN MATEO

Stacy M. Markel, of legal age, being duly sworn, deposes and says

That Patricia Pieters Markel, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Patricia P. Markel named as one of the parties in that certain Grant, Bargain, Sale Deed executed by Patricia P. Markel to Patricia P. Markel, an unmarried woman and Stacy M. Markel and John A. Zolck, wife and husband, altogether as joint tenants, recorded as Instrument No. 0664653 on December 30, 2005, 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: November 5, 2015

X



Stacy M. Markel

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 Yolo

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Amber Ramos
NOTARY PUBLIC ON THIS 4 DAY OF December 2015, BY Stacy M. Markel,
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO
APPEARED BEFORE ME.

SIGNATURE [Signature]
NOTARY PUBLIC

NOTARY EXPIRATION DATE: June 29, 2019 (SEAL)

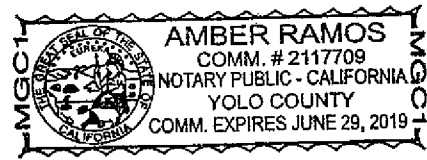


Exhibit "A"

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 1/3978th 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 **"STANDARD 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 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.: 17-027-02-71

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2009012682

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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) Patricia Pieters MARKEL		12. DATE OF DEATH (Mo/Day/Year) August 24, 2009		13e. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) St Mary's Regional Medical Center		3e. If Hosp. or inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 72		8. DATE OF BIRTH (Mo/Day/Yr) November 03, 1936	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
9a. STATE OF BIRTH (If not U.S.A., name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER ██████-██-6316		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Nurse		14c. KIND OF BUSINESS OR INDUSTRY Hospital	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY-TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 4783 Bradford Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE (if wife, give maiden name)	
16. FATHER - NAME (First, Middle, Last, Suffix) Reuben PIETERS			17. MOTHER - NAME (First, Middle, Last, Suffix) Mary SHELTON		
18a. INFORMANT- NAME (Type or Print) Mark MARKEL			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2141 Middleton Beach Road Middleton, Wisconsin 53562		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town, State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TERESA HALL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 812		20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way, Sparks NV 89431	
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) MITCHELL MILLER 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) August 28, 2009		21c. HOUR OF DEATH 14:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) King, Kelly Ann		22c. 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) Mitchell Miller M.D. 1995 Errecan Blvd., Suite 102 Elko, NV 89801				23b. LICENSE NUMBER 5218	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 03, 2009		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) Respiratory failure Interval between onset and death					
(b) Adult respiratory distress syndrome Interval between onset and death					
(c) Pneumonia Interval between onset and death					
(d) Unknown Interval between onset and death					
PART II					
Pancytopena diabetes					
26. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY	
28c. DESCRIBE HOW INJURY OCCURRED		28d. LOCATION - STREET OR R.F.D. No.		28e. CITY OR TOWN	
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION - STREET OR R.F.D. No.		28h. CITY OR TOWN	
28i. INJURY AT WORK (Specify Yes or No)		28j. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28k. LOCATION - STREET OR R.F.D. No.	
28l. CITY OR TOWN		28m. STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

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

SEP 17 2009

DEPUTY REGISTRAR

DATE ISSUED:

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

1005408

