

18



KAREN ELLISON, RECORDER

APN# 1319-15-000-015

Recording Requested by/Mail to:

Name: KATHY E. CARMICHAEL

Address: 194 LEVERONI RD

City/State/Zip: Sonoma, CA 95476

Mail Tax Statements to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

AFFIDAVIT OF DEATH

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

KATHY E CARMICHAEL

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_

## Affidavit of Death

STATE OF ~~Nevada~~ *California*  
COUNTY OF ~~Douglas~~ *Sonoma*

I, Kathy E. Carmichael, residing at 194 Leveroni Road, Sonoma, California 95476, being of legal age, depose and say that:

That JOHN D. Carmichael, 194 leveroni road, sonoma, California 95476 died on November 21, 2015 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in California for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

### Oath or Affirmation:

I certify under penalty of perjury under California law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

*Kathy E Carmichael*

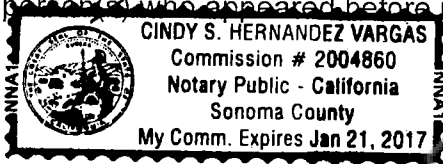
*APRIL 12. 2016*

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 Sonoma

Subscribed and sworn to (or affirmed) before me on this 12<sup>th</sup>  
day of April, 2016, by Kathy E Carmichael

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



(Seal)

Signature

A handwritten signature in cursive script, appearing to read "Cindy S. Hernandez Vargas", written over a horizontal line.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**SACRAMENTO COUNTY**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052015227334      **CERTIFICATE OF DEATH**      3201534010547  
STATE FILE NUMBER      STATE OF CALIFORNIA      LOCAL REGISTRATION NUMBER  
USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS      VS. 1 (REV. 5/02)

DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT - FIRST (Given) <b>JOHN</b>		2 MIDDLE -		3 LAST (Family) <b>CARMICHAEL</b>				
	4 DATE OF BIRTH mm/dd/yyyy <b>07/22/1940</b>			5 AGE Yrs <b>75</b>		6 SEX <b>M</b>			
	9 BIRTH STATE/FOREIGN COUNTRY <b>IL</b>		10 SOCIAL SECURITY NUMBER <b>2984</b>		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARRIED <b>MARRIED</b>		
	13 EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		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) <b>WHITE</b>		7 DATE OF DEATH mm/dd/yyyy <b>11/21/2015</b>		
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>FLIGHT INSTRUCTOR</b>				18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>AVIATION</b>		19 YEARS IN OCCUPATION <b>45</b>			
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number, or locator) <b>194 LEVERONI ROAD</b>								
	21 CITY <b>SONOMA</b>		22 COUNTY/PROVINCE <b>SONOMA</b>		23 ZIP CODE <b>95476</b>		24 YEARS IN COUNTY <b>30</b>		
	25 STATE/FOREIGN COUNTRY <b>CA</b>								
INFORMANT	26 INFORMANT'S NAME, RELATIONSHIP <b>KATHY E CARMICHAEL, WIFE</b>			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>194 LEVERONI ROAD, SONOMA, CA 95476</b>					
	28 NAME OF SURVIVING SPOUSE/SRDP--FIRST <b>KATHY</b>		29 MIDDLE <b>ELISABETH</b>		30 LAST (BIRTH NAME) <b>STEYSKAL</b>				
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT--FIRST <b>ADELBERT</b>		32 MIDDLE <b>D</b>		33 LAST <b>CARMICHAEL</b>		34 BIRTH STATE <b>IL</b>		
	35 NAME OF MOTHER/PARENT--FIRST <b>ELEANOR</b>		36 MIDDLE <b>F</b>		37 LAST (BIRTH NAME) <b>ALVERSON</b>		38 BIRTH STATE <b>IL</b>		
	39 DISPOSITION DATE mm/dd/yyyy <b>11/25/2015</b>							40 PLACE OF FINAL DISPOSITION <b>RESIDENCE OF KATHY E. CARMICHAEL 194 LEVERONI ROAD, SONOMA, CA 95476</b>	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41 TYPE OF DISPOSITION(S) <b>CR/RES</b>			42 SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>			43 LICENSE NUMBER -		
	44 NAME OF FUNERAL ESTABLISHMENT <b>DUGGAN'S MISSION CHAPEL</b>			45 LICENSE NUMBER <b>FD 903</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>▶ OLIVIA KASIRYE, MD</b>		47 DATE mm/dd/yyyy <b>11/25/2015</b>	
PLACE OF DEATH	101 PLACE OF DEATH <b>UC DAVIS MEDICAL CENTER</b>			102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		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 <b>SACRAMENTO</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2315 STOCKTON BLVD</b>				106 CITY <b>SACRAMENTO</b>		
	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. <b>(A) PULMONARY INTERSTITIAL FIBROSIS - IDIOPATHIC</b>							108 DEATH REPORTED TO CORONER? Time interval between Onset and Death (in YRS) <b>(in)</b>	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(B)</b>							109 DEATH REFERRED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	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>(C)</b>							110 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<b>(D)</b>							111 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<b>(E)</b>							112 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>								
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>							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      Decedent Last Seen Alive <b>11/21/2015      11/21/2015</b>			115 SIGNATURE AND TITLE OF CERTIFIER <b>▶ KARNJIT KAUR JOHL M.D.</b>			116 LICENSE NUMBER <b>A61180</b>		
	117 DATE mm/dd/yyyy <b>11/21/2015</b>			118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>KARNJIT KAUR JOHL M.D. 2315 STOCKTON BLVD, SACRAMENTO, CA 95817</b>					
CORONER'S USE ONLY	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 Hour)	
	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				127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

STATE REGISTRAR      A      B      C      D      E      \*010001003093753\*      FAX AUTH.#      CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
 COUNTY OF SACRAMENTO }

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE ISSUED: **December 1, 2015**

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

\* 0 0 1 5 5 2 4 8 4 \*

*Olivia Kasirye MD*  
 LOCAL REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Inventory No.: 17-040-09-01

**EXHIBIT "A"  
(WALLEY'S)**

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 1/1989th 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. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, 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, Page 3250 as Document No. 449574, 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, 0489959, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a STANDARD UNIT each year in accordance with said Declaration.

A Portion of APN 1319-15-000-015

REQUESTED BY  
**Stewart Title of Douglas County**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 FEB 22 AM 10:24

LINDA SLATER  
RECORDER

0525280