

DOUGLAS COUNTY, NV

2016-881549

Rec:\$16.00

\$16.00 Pgs=3

06/01/2016 09:10 AM

STEWART VACATION OWNERSHIP RIVERSIDE

KAREN ELLISON, RECORDER

APN: Portion of 1319-15-000-024

RECORDING REQUESTED BY

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

WHEN RECORDED MAIL TO:

Michele L. Mariscal
8749C Woodman Way
Sacramento, CA 95826

190551 / 73643

RECORDERS USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA

SS.

COUNTY OF SACRAMENTO

Michele L. Mariscal, of legal age, being duly sworn, deposes and says

That **William Robert Heaps**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **William R. Heaps** named as one of the parties in that certain Grant Deed executed by **1862, LLC**, a Nevada limited liability company to **William R. Heaps**, a single person and **Michele L. Mariscal**, a single person, as **Joint Tenants**, recorded as Instrument No. * on **March 7, 2012**, of Official Records of Douglas County, covering the following described property situated in the County of Douglas, State of Nevada.

*0798496

SEE EXHIBIT "A" ATTACHED HERETO FOR COMPLETE LEGAL DESCRIPTION

Dated: April 13, 2016

x Michele Mariscal
Michele L. Mariscal

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 Sacramento

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME STEPHANIE BALLI,
NOTARY PUBLIC ON THIS 26 DAY OF APRIL 2016, BY Michele L. Mariscal,
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO
APPEARED BEFORE ME.

SIGNATURE Stephanie Balli
NOTARY PUBLIC

NOTARY EXPIRATION DATE: 06/09/2019

(SEAL)

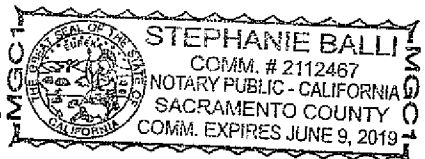


Exhibit "A"

**LEGAL DESCRIPTION
FOR
DAVID WALLEY'S HOT SPRINGS RESORT & SPA**

The land referred to herein is situated in the

State of Nevada

County of Douglas

and is described as follows:

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the recorder in and for Douglas County, Nevada in Book 0801, Page 6980, as amended:

Unit Type: 2BD Phase: 4 Inventory Control No. : 36029108380

Alternate Year Time Share: Annual First Year Use: 2012

If acquiring a Time Share Interest in the **Dillon Phase**, BUYER will receive fee title to a **1/1224th undivided interest** (if annually occurring) or a **1/2448th undivided interest** (if biennially occurring) in said Phase.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-037182

DATE ISSUED: 12/23/2015

FEE NUMBER: 000002781

GIVEN NAMES: WILLIAM ROBERT
LAST NAME: HEAPS

COUNTY OF DEATH: PIERCE
DATE OF DEATH: DECEMBER 18, 2015
HOUR OF DEATH: 08:35 A.M.
SEX: MALE
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED] 2811

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: SEPTEMBER 28, 1936
BIRTHPLACE: PITCAIRN, PENNSYLVANIA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: PURCHASING
INDUSTRY: DEPARTMENT OF ENERGY
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? YES

INFORMANT: MICHAEL HEAPS
RELATIONSHIP: SON
ADDRESS: 8402 182ND AVENUE EAST, BONNEY LAKE, WA 98391

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF SOUTH HILL
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98374

RESIDENCE STREET: 1600 MARSHALL CIRCLE #129
CITY, STATE, ZIP: DUPONT, WASHINGTON 98327
INSIDE CITY LIMITS? YES
COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: WILLIAM ALFRED HEAPS
MOTHER/PARENT: NELLIE MAE ROWLANDS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LAKEWOOD, WA
DISPOSITION DATE: DECEMBER 26, 2015

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME
ADDRESS: PO BOX 99947
CITY, STATE, ZIP: LAKEWOOD WA 98496
FUNERAL DIRECTOR: DAN R LASHAM

CAUSE OF DEATH:

- A. OVERWHELMING ASCITES
INTERVAL: <48 HOURS
- B. END STAGE LIVER DISEASE
INTERVAL: APPROXIMATELY 1 YEAR
- C. CIRRHOSIS
INTERVAL: APPROXIMATELY 1 YEAR
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

BARRETT ESOPHAGUS; DIVERTICULITIS; HYPERTENSION; CONGESTIVE HEART FAILURE; GASTRO ESOPHAGEAL REFLUX DISEASE; CARDIAC ARRHYTHMIAS; ASCITES; CHRONIC KIDNEY DISEASE; CORONARY ARTERY DISEASE; NEUROPATHY; HYPOTENSION; ATRIAL FIBRILLATION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: STANLEY L.K. FLEMING, DO
TITLE: OSTEOPATHIC PHYSICIAN

CERTIFIER
ADDRESS: 2508 7TH ST SE
CITY, STATE, ZIP: PUYALLUP WA 98374
DATE SIGNED: DECEMBER 19, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S) NONE
DATE(S) NONE

LOCAL DEPUTY REGISTRAR:
WENDY WHITE
DATE RECEIVED: DECEMBER 22, 2015

DOH 01-003 (1/15)