

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:

Barbara Casserly
P.O. Box 505
Genoa, NV 89411

190492 / 74550

RECORDERS USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA

SS.

COUNTY OF DOUGLAS

Barbara Casserly, of legal age, being duly sworn, deposes and says

That **John S. Getz**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **John S. Getz** named as one of the parties in that certain Grant, Bargain, Sale Deed executed by **John S. Getz, an unmarried man to John S. Getz, an unmarried man and Barbara Casserly, an unmarried woman together as joint tenants**, recorded as Instrument No. **0581501** in Book **0603** at Page **14376** on **June 26, 2003**, 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: June 13, 2016

x Barbara Casserly
Barbara Casserly

STATE OF NEVADA

COUNTY OF DOUGLAS

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Debbie Sweningsen
NOTARY PUBLIC ON THIS 27 DAY OF JUNE 2016, BY Barbara Casserly,
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO
APPEARED BEFORE ME

SIGNATURE Debbie Sweningsen
NOTARY PUBLIC

NOTARY EXPIRATION DATE: 10.27.2019 (SEAL)

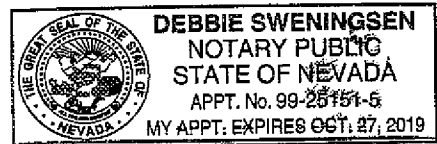


Exhibit "A"

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 **EVEN-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.: 17-052-51-81

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 3850755

2015015541
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) John S GETZ		2. DATE OF DEATH (Mo/Day/Year) August 31, 2015		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street a) St Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emar, Rm, Inpatient(Specify): Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No. Non-Hispanic	
7a. AGE-Last birthday (Years) 97		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1918		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 20		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 8405		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 212 Trail Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leo S			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith M GETZ		
18a. INFORMANT - NAME (Type or Print) John Gregory GETZ			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4435 Lybmar Dr. Houston, Texas 77096		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Mountain View Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH COX SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 755		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary 425 Stoker Ave Reno NV 89503	
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) ILEANA DEFTU 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) September 09, 2015		21c. HOUR OF DEATH 09:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Tiffany Barnett M.D.		22d. 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) Ileana Deftu M.D. 235 West 6th Street Reno, NV. 89503				23b. LICENSE NUMBER 12431	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 11, 2015		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				Interval between onset and death	
(a) Multifactorial Acute Hypotension DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Severe Hypermnatremia DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute Kidney Injury DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Unknown Etiology				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I;				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
26a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

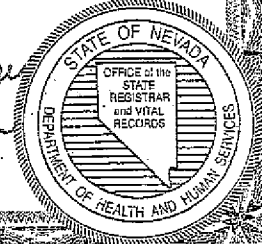
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUL 08 2016

STATE REGISTRAR

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



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