

Recording Requested By:
Resort Closings, Inc.
3701 Trakker Trail, Suite 2J
Bozeman, MT 59718
Escrow # 56330

When Recorded, Mail To:
Resort Closings, Inc.
3701 Trakker Trail, Suite 2J
Bozeman, Mt 59718

DOUGLAS COUNTY, NV **2016-887437**
Rec:\$17.00
\$17.00 Pgs=4 **09/12/2016 01:01 PM**
RESORT CLOSINGS, INC.
KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH – JOINT TENANT

APN/PIN: 1318-26-101-006

WANDA WOLF is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada, County of Douglas:

1. JAMES BONIFACE WOLF, who took title as JAMES B. WOLF, is the person referenced in the attached certified copy of the Certificate of Death who died on April 15, 2015 in Grants Pass, Oregon.
2. JAMES BONIFACE WOLF, who took title as JAMES B. WOLF is the same person who was named as a Grantee in that certain Grant Bargain and Sale Deed dated August 1, 1986, and recorded August 1, 1986 as Instrument # 138426, of Official Records of Douglas, Nevada, legally described as follows:

SEE ATTACHED HERETO AS "EXHIBIT "A"
AND INCORPORATED HEREIN BY THIS REFERENCE

3. That JAMES BONIFACE WOLF, who took title as JAMES B. WOLF and WANDA WOLF were continuously married to each other from the date that they acquired the above property, up to and including the date of the death of JAMES BONIFACE WOLF, who took title as JAMES B. WOLF.

Date: 6-27-16

AFFIANT(S):

Wanda Wolf

WITNESS 1: Eva M. Sabio
Witness Sign

WANDA WOLF

EVA M. SABIO
Witness Print

WITNESS 2: Jordyn Homen
Witness Sign

Jordyn Homen
Witness Print

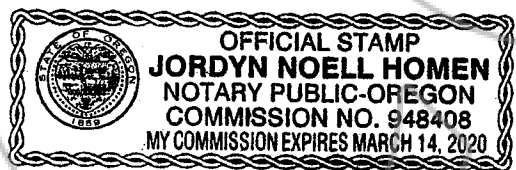
A notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Signed, Sealed and Delivered in the Presence Of:

STATE OF: Oregon

COUNTY OF: Josephine

THE FOREGOING INSTRUMENT WAS SWORN TO AND SUBSCRIBED BEFORE ME THIS 27th DAY OF June, 2016, by WANDA WOLF.



Jordyn Noell Homen
Notary Public

(Affix Notary Seal)

Personally Known OR Produced Identification
Type of Identification Produced
(As to ID)

EXHIBIT "A"

LEGAL DESCRIPTION (KINGSBURY CROSSING)

An undivided one-three thousand two hundred and thirteenth (1/3213) interest in the real property located in the Douglas County, State of Nevada described as follows:

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that Amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981: in Book 281 of Official Records at page 172, Douglas County, Nevada as Document No. 53178, said map being an amended map of parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

EXCEPTING FROM THE REAL PROPERTY the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" as hereinafter referred to.

ALSO EXCEPTING FROM THE REAL PROPERTY AND RESERVING TO GRANTOR, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of the Declaration of Timeshare Use together with the right to grant said easements to others.

TOGETHER WITH THE EXCLUSIVE RIGHT TO USE AND OCCUPY A "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at page 1341, as Document No. 76233, and amended by an instrument recorded April 20, 1983 in Book 483 at page 1021, as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the LOW Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

APN: 1318-26-101-006

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

715593
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: James Middle: Boniface Last: Wolf Suffix:			2. Death Date April 15, 2015	
3. Sex Male		4. Age 85 years		5. Social Security Number [REDACTED] 6559
7. Birthdate December 03, 1929		8. Birthplace Evanston, Illinois		9. Decedent's Education Bachelor's degree
10. Was Decedent of Hispanic Origin? No			11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? YES
13. Residence: Number and Street 1700 Kellenbeck Avenue #205			14. City/Town Grants Pass	
15. Residence County Josephine		16. State or Foreign Country Oregon	17. Zip Code + 4 97527	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married			20. Spouse's Name Prior to First Marriage Wanda Foree	
21. Usual Occupation District Ranger			22. Kind of Business/Industry Federal Government/Forest Service	
23. Father's Name George Louis Wolf			24. Mother's Name Prior to First Marriage Mary Margaret Boniface	
25. Informant's Name Wanda Wolf		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 1700 Kellenbeck Avenue #205, Grants Pass, OR 97527
29. Place of Death Decedent's Residence - Hospice			30. Facility Name	
31. Location of Death 1700 Kellenbeck Avenue #205			32. City/Town or Location of Death Grants Pass	33. State Oregon
34. Zip Code + 4 97527			35. Method of Disposition Cremation	
36. Place of Disposition Hull & Hull Crematory			37. Location Grants Pass, Oregon	
38. Name and Complete Address of Funeral Facility Hull & Hull Funeral Directors, 612 NW A Street, Grants Pass, Oregon 97526				
39. Date of Disposition TBD		40. Funeral Director's Signature Kendra J Johnson		41. OR License Number FS-0331
42. Registrar's Signature Cindy McDaniel, Deputy			43. Date Received April 23, 2015	44. Local File Number 32615
45. Amendment				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49. Time of Death 2:20				CAUSE OF DEATH:
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				Approximate Interval: Onset to Death
Final disease or condition resulting in death		IMMEDIATE CAUSE		a. Undetermined natural causes
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of)		b.
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of)		c.
Due to (or as a consequence of)		Due to (or as a consequence of)		d.
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Transverse myelitis, amyloid angiopathy, cerebral, atrial, ischemia				
52. Manner of Death		53. If Female:		54. Did tobacco use contribute to death?
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant; but pregnant within 42 days before death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
56. Date of Injury (MM/DD/YYYY)		57. Time of Injury	58. Injury at Work?	59. Location of Injury (Number & Street by RFD No., City/Town, State, Zip + 4)
60. Describe how injury occurred		61. If transportation injury specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Korene L Hamilton, D.O., P.C., 1819 Nebraska Ave, Grants Pass, OR 97527				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier Doctor of Osteopathy		65. License Number D025529		66. Date Signed (MM/DD/YYYY) 04/20/2015
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			68. Medical Examiner - 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) and manner stated.	
69. Amendment				

4473963

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

Lung Metastasis - Prostate Cancer

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: April 23, 2015 JENNIFERA A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

