

APN: Portion of 1319-15-000-020

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

WHEN RECORDED MAIL TO:  
Breana Burgess  
1401 Lakewood Ave., Apt. 117  
Modesto, CA 95355

190971 / 75669

RECORDERS USE ONLY

**AFFIDAVIT-DEATH OF JOINT TENANT**

STATE OF CALIFORNIA

SS.

COUNTY OF STANISLAUS

Calvin C. Michener, of legal age, being duly sworn, deposes and says

That Kathleen Jane Michener, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Kathleen S. Michener** named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed executed by **Walley's Partners Limited Partnership**, a Nevada limited partnership to **Calvin C. Michener and Kathleen S. Michener, husband and wife as joint tenants**, recorded as Instrument No. **0599980** in Book **1203** at Page **8803** on **December 19, 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: August 8, 2016

X Calvin C. Michener  
Calvin C. Michener

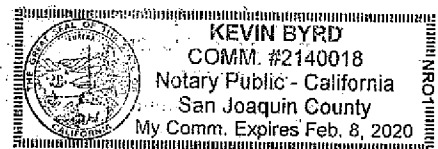
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CA  
COUNTY OF San Joaquin

**Kevin Byrd**  
Notary Public

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME  
NOTARY PUBLIC ON THIS 22 DAY OF Aug 2016, BY Calvin C. Michener,  
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO  
APPEARED BEFORE ME.

SIGNATURE Kevin Byrd  
NOTARY PUBLIC



**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 1/1224<sup>th</sup> interest** in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

**ADJUSTED PARCEL G** as shown on that Record of Survey To Support a Boundary Line Adjustment recorded on September 20, 2002 in the Office of the Douglas County Recorder as Document No. 0552536, adjusting that Record of Survey recorded April 29, 2002 as Document No. 0540898, pursuant to that 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, Page 467, as Document No. 0502689, Official Records of 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 that Declaration of Annexation of David Walley's Resort Phase III recorded on July 1, 2003 in the Office of the Douglas County Recorder as Document No. 0582120 and subject to said Declaration; with the exclusive right to use said interest for **One Use Period** within a **TWO BEDROOM UNIT Every Year** 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.: 17-062-41-01**

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF STANISLAUS  
MODESTO, CALIFORNIA

3052014079544

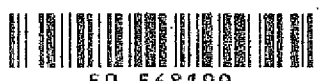
CERTIFICATE OF DEATH

3201450001409

STATE FILE NUMBER LOCAL REGISTRATION NUMBER  
1. NAME OF DECEDENT - FIRST (Print)  
KATHLEEN  
2. MIDDLE  
JANE  
3. LAST (Print)  
MICHENER  
4. DATE OF BIRTH mm/dd/yyyy  
12/08/1946  
5. AGE Yrs.  
67  
6. UNDER ONE YEAR Month Day  
7. UNDER 24 HOURS Hour Minute  
8. SEX  
F  
9. BIRTH STATE (Foreign Country)  
CALIFORNIA  
10. SOCIAL SECURITY NUMBER  
4034  
11. EVER IN U.S. ARMED FORCES  
NO  
12. MARITAL STATUS (at Time of Death)  
MARRIED  
13. DATE OF DEATH mm/dd/yyyy  
04/26/2014  
14. HOUR (24 Hours)  
1815  
13. EDUCATION - Highest Level (Degrees) (see worksheet on back)  
ASSOCIATE  
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)  
NO  
15. DECEDENT'S RACE - (Up to 3 races may be listed) (see worksheet on back)  
WHITE  
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED  
LOAN OFFICER  
17. IND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)  
BANK  
18. YEARS IN OCCUPATION  
12  
19. DECEDENT'S RESIDENCE (Street and number, or location)  
1524 GALVEZ AVENUE  
20. CITY  
MODESTO  
21. COUNTY/PROVINCE  
STANISLAUS  
22. ZIP CODE  
95355  
23. YEARS IN COUNTY  
35  
24. STATE/FOREIGN COUNTRY  
CALIFORNIA  
25. INFORMANT'S NAME, RELATIONSHIP  
CALVIN MICHENER, HUSBAND  
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city of town, state and zip)  
1524 GALVEZ AVENUE, MODESTO, CA 95355  
27. NAME OF SURVIVING SPOUSE/GRUP - FIRST  
CALVIN  
28. MIDDLE  
GENECA  
29. LAST (BIRTH NAME)  
MICHENER  
30. NAME OF FATHER/PARENT - FIRST  
RICHARD  
31. MIDDLE  
N.  
32. LAST  
SHANNON  
33. NAME OF MOTHER/PARENT - FIRST  
RUTH  
34. MIDDLE  
.  
35. LAST (BIRTH NAME)  
FARBER  
36. BIRTH STATE  
UNKNOWN  
37. BIRTH STATE  
UNKNOWN  
38. DISPOSITION DATE mm/dd/yyyy  
04/29/2014  
39. PLACE OF FINAL DISPOSITION RESIDENCE - CALVIN MICHENER  
1524 GALVEZ AVENUE, MODESTO, CA 95355  
40. TYPE OF DISPOSITION(s)  
CR/RES  
41. SIGNATURE OF EMBALMER  
NOT EMBALMED  
42. LICENSE NUMBER  
.  
43. NAME OF FUNERAL ESTABLISHMENT  
CUNNINGHAM'S AFFORDABLE BURIAL & CREMATION CENTER  
44. LICENSE NUMBER  
FD1563  
45. SIGNATURE OF LOCAL REGISTRAR  
JOHN WALKER, MD  
46. DATE mm/dd/yyyy  
04/29/2014  
47. PLACE OF DEATH  
MEMORIAL MEDICAL CENTER  
48. HOSPITAL, SLEEPY ONE, GROUP, DCA, Hospice, Home, Hospice Home, Other  
49. COUNTY  
STANISLAUS  
50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)  
1700 COFFEE ROAD  
51. CITY  
MODESTO  
52. CAUSE OF DEATH  
IMMEDIATE CAUSE (Final disease or condition resulting in death)  
RENAL FAILURE  
OPIOID DRUG DEPENDENCE  
53. SEQUENTIALLY, list conditions, if any, leading to the cause on Line A. Enter UNDERLYING CAUSE (disease or injury) and list the events resulting in death) LAST  
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107  
NONE  
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)  
NO  
56. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (AND) OCCURRED AT THEIR HOME, DATE AND PLACE LISTED FROM THE CHLDS STATE  
02/18/2003 04/26/2014  
57. SIGNATURE AND TITLE OF CERTIFIER  
MIGUEL HERNANDEZ M.D.  
58. LICENSE NUMBER  
A67811  
59. DATE mm/dd/yyyy  
04/29/2014  
60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE  
MIGUEL HERNANDEZ M.D.  
1448 FLORIDA AVE, MODESTO, CA 95350  
61. CERTIFY THAT MY OPINION (AND) OCCURRED AT THEIR HOME, DATE AND PLACE LISTED FROM THE CHLDS STATE  
62. MANNER OF DEATH  
63. INJURED AT WORK?  
64. INJURY DATE mm/dd/yyyy  
65. HOUR (24 Hours)  
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)  
67. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)  
68. LOCATION OF INJURY (Street and number, or location, and city, and zip)  
69. SIGNATURE OF CORONER/DEPUTY CORONER  
70. DATE mm/dd/yyyy  
71. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER  
72. STATE REGISTRAR  
73. FAX AUTH#  
74. CENSUS TRACT

*L. L. Rodriguez*  
LIE LINDRIGAN, CLERK-RECORDER  
STANISLAUS COUNTY, CALIFORNIA

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF STANISLAUS



DATE ISSUED OCT 25 2016

BY Gail Pilgrim Deputy

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder. This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASIANISOR