

A portion of Assessor's Parcel #1319-15-000-025



KAREN ELLISON, RECORDER

Recording Requested by:
Michael Dewitt Roberts
3655 Royer Court
Reno, NV 89509

After recording, please return to:
Michael Dewitt Roberts
3655 Royer Court
Reno, NV 89509

AFFIDAVIT – DEATH OF JOINT TENANT

Shirley A. Harrison, of legal age, being first duly sworn, deposes and says: That Byron T. Harrison, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Byron T. Harrison, named as one of the parties in that certain Grant Deed dated August 17, 1999, executed by

Shirley A. Harrison and Byron T. Harrison, wife and husband, as joint tenants with right of survivorship, recorded as:

Instrument No. 0475553, on August 31, 1999 in Book 0899, Page 5698-5699, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

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: 2 bd Phase: 1
Inventory Control No: 17-004-33-81 Alternate Year Time Share: Even

Shirley A. Harrison
Shirley A. Harrison

ACKNOWLEDGMENT

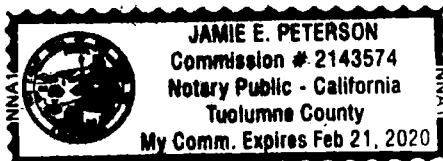
(STATE OF California
(COUNTY OF Tuolumne)

On this 22 day of NOVEMBER, before me personally appeared Shirley A. Harrison, to me known to be the person described herein and who executed the foregoing.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County of Tuolumne State of California the day and year first above written.

Jamie E. Peterson
NOTARY PUBLIC

My Term Expires: Feb 21, 2020



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER COUNTY OF TUOLUMNE SONORA, CALIFORNIA

CERTIFICATE OF DEATH

320095500392

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND CAPSULES, WRITEOUTS OR ALTERATIONS VS-1 (REV 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) BYRON		2. MIDDLE THOMAS		3. LAST (Family) HARRISON	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/27/1946		6. AGE Yrs 62	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 7559		11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. BIRTH STATE/FOREIGN COUNTRY CA		13. EDUCATION - Highest Level Degree (See worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO(AN)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED FIRE CAPTAIN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) FIRE DEPARTMENT		19. YEARS IN OCCUPATION 31	
20. DECEDENT'S RESIDENCE (Street and number or location) 15559 BUENA VISTA AVENIDA					
21. CITY SONORA		22. COUNTY/PROVINCE TUOLUMNE		23. ZIP CODE 95370	
24. YEARS IN COUNTY 20		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP SHIRLEY HARRISON, WIFE		27. INFORMANT'S - FULL ADDRESS (Street and number or rural route number, city or town, state, zip) 15559 BUENA VISTA AVENIDA, SONORA, CA 95370			
28. NAME OF SURVIVING SPOUSE - FIRST SHIRLEY		29. MIDDLE ANN		30. LAST (Maiden Name) STAPP	
31. NAME OF FATHER - FIRST BYRON		32. MIDDLE FORD		33. LAST HARRISON	
34. BIRTH STATE AR		35. NAME OF MOTHER - FIRST ZOELLA		36. MIDDLE ETHEL	
37. LAST (Maiden) AUSTIN		38. BIRTH STATE UT			
39. DISPOSITION DATE mm/dd/yyyy 10/09/2009		40. PLACE OF FINAL DISPOSITION SCATTER OVER HIGH SIERRA MOUNTAINS DOUGLAS COUNTY, NV			
41. TYPE OF DISPOSITION(S) CR/TR/SCAT		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT TERZICH AND WILSON FUNERAL HOME		45. LICENSE NUMBER FD762		46. SIGNATURE OF LOCAL REGISTRAR KEN CAETANO	
47. DATE mm/dd/yyyy 10/08/2009					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, ETC. <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY TUOLUMNE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 15559 BUENA VISTA AVENIDA		106. CITY SONORA	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, 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. (A) UREMIA (B) LIVER FAILURE (C) DIABETES, CHRONIC PANCREATITIS		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FURNAL NUMBER 091008022		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <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 DIABETES, CHRONIC PANCREATITIS	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy 05/25/2006 Decedent Last Seen Alive (B) mm/dd/yyyy 08/24/2009		115. SIGNATURE AND TITLE OF CERTIFIER JAMES DARRELL MOSSON M.D.		116. LIC. # (SEE ANNUAL LIST) G25381	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAMES DARRELL MOSSON M.D. SIERRA INTERNAL MEDICINE 900 GREENLEY RD STE 922, SONORA, CA		118. DATE mm/dd/yyyy 10/08/2009			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" 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 Hours)					
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		FAX AUTH. #	
				CENSUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.



Ken Caetano
KEN CAETANO
TUOLUMNE COUNTY ASSESSOR-RECORDER

DATE ISSUED **10 / 08 / 2009**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Assessor-Recorder.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE