

DOUGLAS COUNTY, NV

2018-910951

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02/28/2018 12:06 PM

CHICAGO TIMESHARE ESCROW

KAREN ELLISON, RECORDER

A Portion of APN:1319-15-000-015

RECORDING REQUESTED BY:

Fidelity National Timeshare  
A Division of Chicago Title Company  
10805 Rancho Bernardo Rd Suite 150  
San Diego, CA 92127

WHEN RECORDED MAIL TO:

Erlinda R. Cundey  
106 Duperu Dr.  
Corckett, CA 94525

CTT File Number: TQ5232

Contract Number: DWR- BS204038-E

**AFFIDAVIT OF DEATH**

STATE OF CALIFORNIA  
COUNTY OF CONTRA COSTA ) SS

I, **Erlinda R. Cundey**, of legal age, being first duly sworn, deposes and says:

That **Thomas Edward Cundey**, the decedent mentioned in the attached certified copy of Certificate of Death, is **Thomas E. Cundey** the same person named as one of the parties in that certain document dated **12/27/2001**, recorded on **1/18/2002** as Instrument No. **0532576**, in **Book: 0102, Page: 4980**, of Official Records of **Douglas** County, **Nevada**, covering the following described property situated in said County and State:

See Exhibit "A" attached hereto and made a part hereof.

THIS INSTRUMENT FILED FOR RECORD BY CHICAGO TITLE COMPANY AS AN ACCOMODATION ONLY. IT HAS NOT BEEN EXAMINED AS TO ITS EXECUTION OR AS TO ITS EFFECT UPON THE TITLE.

FEBRUARY 9, 2018  
Dated: ~~January 31, 2018~~

Erlinda R. Cundey  
Erlinda R. Cundey

STATE OF NEVADA  
COUNTY OF \_\_\_\_\_ ) SS

Signed and sworn to (or affirmed) before me on this 9TH day of FEBRUARY, 20 18  
by **Erlinda R. Cundey**.

Signature of Notary: \_\_\_\_\_  
Print Name of Notary: \_\_\_\_\_  
Commission Expiration: \_\_\_\_\_

(Notary Seal)

SEAL MUST BE PLACED INSIDE BORDER OR THE RECORDER WILL REJECT

**Please see attached  
Notary Certificate.**

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

\_\_\_\_\_  
Signature of Document Signer No. 1

\_\_\_\_\_  
Signature of Document Signer No. 2 (if any)

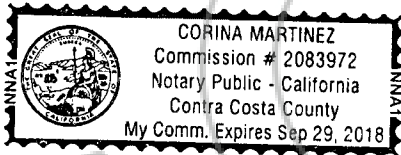
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Contra Costa

Subscribed and sworn to (or affirmed) before me  
on this 9 day of February, 2018  
by \_\_\_\_\_  
Date Month Year

(1) Evilinda B. Condey

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence  
to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
Signature of Notary Public

Seal  
Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Affidavit of Death Document Date: 2-9-18

Number of Pages: 1&D Signer(s) Other Than Named Above: No other signers

Inventory No.: 17-040-38-81

EXHIBIT "A"

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/3978<sup>th</sup> interest in and to all that real property situate in the Douglas, State of NV, 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, NV.

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, NV.

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, NV.

A Portion of APN: 1319-15-000-015

Contract Number: DWR- BS204038-E

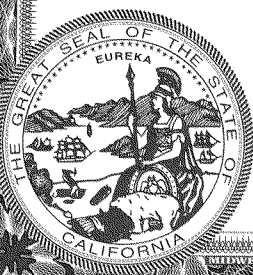
**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of CONTRA COSTA**  
**MARTINEZ, CALIFORNIA**

**CERTIFICATE OF DEATH**

3200907003141

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS. 1 (REV. 1/04)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT — FIRST (Given) <b>THOMAS</b>		2. MIDDLE <b>EDWARD</b>		3. LAST (Family) <b>CUNDEY</b>	
	AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>09/26/1946</b>		5. AGE Yrs. <b>62</b> IF UNDER ONE YEAR: Months Days; IF UNDER 24 HOURS: Hours Minutes	
	9. BIRTH STATE/FOREIGN COUNTRY <b>PA</b>		10. SOCIAL SECURITY NUMBER <b>7167</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/16/2009</b>		8. HOUR (24 Hours) <b>1020</b>	
USUAL RESIDENCE	13. EDUCATION — Highest Level/Degree (see worksheet on back) <b>MASTER'S</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
	17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>SOILS ENGINEER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CIVIL ENGINEERING</b>		19. YEARS IN OCCUPATION <b>30</b>	
	20. DECEDENT'S RESIDENCE (Street and number or location) <b>2928 HILLSDALE DRIVE</b>					
	21. CITY <b>PLEASANT HILL</b>		22. COUNTY/PROVINCE <b>CONTRA COSTA</b>		23. ZIP CODE <b>94523</b>	
SPOUSE AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP <b>ERLINDA CUNDEY, SPOUSE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>2928 HILLSDALE DRIVE, PLEASANT HILL, CA 94523</b>			
	28. NAME OF SURVIVING SPOUSE — FIRST <b>ERLINDA</b>		29. MIDDLE <b>CARAANG</b>		30. LAST (Maiden Name) <b>RAMIL</b>	
	31. NAME OF FATHER — FIRST <b>THOMAS</b>		32. MIDDLE <b>EARLE</b>		33. LAST <b>CUNDEY</b>	
	34. BIRTH STATE <b>KS</b>		35. NAME OF MOTHER — FIRST <b>LAURA</b>		36. MIDDLE <b>RUTH</b>	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>06/18/2009</b>		40. PLACE OF FINAL DISPOSITION <b>RES. OF RUTH CUNDEY 61 EFT ROAD, ELMER, NJ 08318</b>			
	41. TYPE OF DISPOSITION(S) <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT <b>OAKMONT MORTUARY</b>		45. LICENSE NUMBER <b>FD875</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>WENDEL BRUNNER, MD</b>	
	47. DATE mm/dd/yyyy <b>06/18/2009</b>		48. SIGNATURE OF LOCAL REGISTRAR (Seal)			
PLACE OF DEATH	101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
	104. COUNTY <b>CONTRA COSTA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>2928 HILLSDALE DRIVE</b>		106. CITY <b>PLEASANT HILL</b>	
	107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, 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. <b>(A) NON-HODGKIN'S LYMPHOMA</b>		Time Interval Between Onset and Death <b>(A) 1 YR</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(B)</b>		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	Secuentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>(C)</b>		111. USED IN DETERMINING CAUSE? <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 <b>-</b>	
	<b>(D)</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	<b>(E)</b>		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <b>06/05/2008</b> Decedent Last Seen Alive: <b>06/15/2009</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>ARAM ROY CANIN M.D.</b>	
	116. LICENSE NUMBER <b>G56309</b>		117. DATE mm/dd/yyyy <b>06/17/2009</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ARAM ROY CANIN M.D. 1425 SOUTH MAIN ST, WALNUT CREEK, CA 94596</b>	
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input 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 OF CALIFORNIA  
COUNTY OF CONTRA COSTA

CERTIFIED COPY OF VITAL RECORDS

} SS DATE ISSUED

JUN 22 2009

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

*Wendel Brunner MD*  
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

