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A Portion of APN 1319-15-000-015

R.P.T.T. \$ _____



KAREN ELLISON, RECORDER

✓

When recorded mail to:
Michele E. LaHue
4358 Mustang Drive
Carson City, NV 89701

Mail tax statements to:
Walley's Property Owners Association
P.O. Box 158
Genoa, NV 89411

AFFIDAVIT OF SURVIVING JOINT TENANT

THE ATTACHED DOCUMENT DOES CONTAIN THE SOCIAL SECURITY NUMBER OF A PERSON AS REQUIRED BY NRS 440.380.

Barbara Van Hise, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in Douglas County, Nevada, more precisely described as:

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: 2bd Phrase: 2 Inventory Control No: 36022027151
Alternate Year Time Share: Odd First Year Use: 2013

If acquiring a Time Share Interest in Phase I, BUYER will receive fee title to a 1/1071th undivided interest (if annually occurring) or a 1/2141th undivided interest (if biennially occurring) in said Phase.

If acquiring a Time Share Interest in Phase II, BUYER will receive fee title to a 1/1989th undivided interest (if annually occurring) or a 1/3978th undivided interest (if biennially occurring) in said Phase.

If acquiring a Time Share Interest in Phase III, BUYER will receive a fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.

If acquiring a Time Share Interest in the Dillon Phase, BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.

was held by Barbara Van Hise and Charles Van Hise, husband and wife as joint tenants, who acquired joint tenancy by 1862 LLC, Deed No. 0822734 recorded in Douglas County, on April 30, 2013.

That Charles Van Hise passed away on December 17, 2016, as identified in Certificate of Death # 1052016037479 issued by the State of Colorado.

That pursuant to the rules of survivorship, Barbara Van Hise is the survivor and now holds this property as a single woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

Date: February 9, 2018

Barbara Van Hise
Barbara Van Hise

State of Colorado)
County of Adams)

This instrument was acknowledged before me on February 9, 2018, by Barbara Van Hise.

CHRIS MURPHY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20034038123
MY COMMISSION EXPIRES SEPTEMBER 26, 2020

Signature [Signature]
Notary Public

{affix seal above; do not cover any text}

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052016037479

DECEDENT'S LEGAL NAME CHARLES WILLIAM VAN HISE				DATE OF DEATH DECEMBER 17, 2016				
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]-0787	AGE-Last Birthday (Years) 80	UNDER 1 YEAR Months: Days:	UNDER 1 DAY Hours: Minutes:	DATE OF BIRTH (Mo/Day/Yr) AUGUST 14, 1936	BIRTHPLACE (State or Foreign Country) NEW JERSEY		
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL NURSING HOME/LONG TERM CARE FACILITY					
Facility Name (If not institution, give street & number) HIGHLINE PLACE			CITY, TOWN OR LOCATION OF DEATH LITTLETON		COUNTY OF DEATH ARAPAHOE			
RESIDENCE - STREET AND NUMBER 5694 E NICHOLS PLACE					APT. NO.	ZIP CODE 80112	INSIDE CITY LIMITS YES	
RESIDENCE STATE COLORADO			COUNTY ARAPAHOE		CITY OR TOWN CENTENNIAL			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TECHNICIAN				KIND OF BUSINESS/INDUSTRY ENGINEERING		DECEDENT'S EDUCATION SOME COLLEGE CREDIT, BUT NO DEGREE		
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White				
EVER IN US ARMED FORCES YES	MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) BARBARA SCHAEFER					
FATHER'S NAME CHARLES FREDERICK VAN HISE				MOTHER'S NAME PRIOR TO FIRST MARRIAGE DOROTHY MAE KREIS				
INFORMANT'S NAME BARBARA VAN HISE				INFORMANT'S RELATIONSHIP TO DECEASED CHILD				
NAME OF FUNERAL HOME ALL STATES CREMATION SERVICES				CITY AND STATE OF FUNERAL HOME WHEAT RIDGE COLORADO		WAS CORONER NOTIFIED YES		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ALL MORTUARY AND CREMATORY			LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO			
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY			DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)								
DESCRIBE HOW INJURY OCCURRED								
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH UNKNOWN		DATE PRONOUNCED DEAD (MO/DAY/YR) DECEMBER 17, 2016		TIME PRONOUNCED DEAD 08 25 MIL		
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?			
CAUSE OF DEATH								
PART I		Enter the chain of events - diseases, injuries, or complications that directly caused the death.					Approximate interval: Onset to death YEARS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a FRONTOTEMPORAL DEMENTIA					_____	
		b _____					_____	
		c _____					_____	
		d _____					_____	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)								
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I								
HYPERTENSION, SLEEP APNEA								
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN DANIELLE A ANDERSON MD 10900 W 44TH AVENUE WHEAT RIDGE CO 80033					DATE SIGNED DECEMBER 29, 2016			
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER					DATE SIGNED			
DATE FILED BY REGISTRAR JANUARY 03, 2017								

DATE ISSUED **JANUARY 30, 2018**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record NOT VALID IF PHOTOCOPIED.

Alex Quintana
A ALEX QUINTANA
STATE REGISTRAR



008781355

HL 10416

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

