

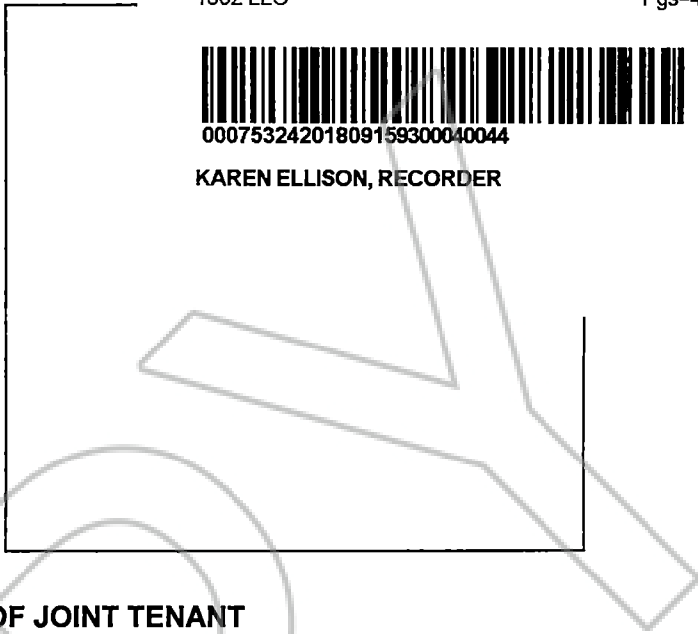
A portion of Assessor's Parcel #1319-15-000-015

Recording Requested by:
1862, LLC
2001 Foothill Road
Genoa, Nevada 89411

After recording, please return to:
1862, LLC
3179 N. Gretna Road
Branson, MO 65616



KAREN ELLISON, RECORDER



AFFIDAVIT – DEATH OF JOINT TENANT

Vernon L. Jensen, of legal age, being first duly sworn, deposes and says: That Dorothy A. Jensen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorothy A. Jensen, named as one of the parties in that certain Grant Deed dated December 6, 2014, executed by

Vernon L. Jensen and Dorothy A. Jensen, Husband and Wife, as Joint Tenants with Right of Survivorship, recorded as:

Instrument No. 867373, on August 5, 2015, 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: 36021001270 Alternate Year Time Share: Annual

Vernon L. Jensen

ACKNOWLEDGMENT

(STATE OF _____)
(COUNTY OF _____)

On this ____ day of _____, 2017, before me personally appeared Vernon L. Jensen, 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 Douglas, State of Nevada, the day and year first above written.

NOTARY PUBLIC
My Term Expires: _____

CALIFORNIA JURAT

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 }

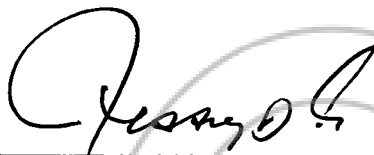
COUNTY OF Fresno }

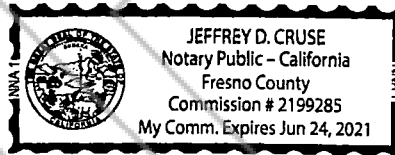
Subscribed and sworn to (or affirmed) before me on this 4th day of Aug, 2017
Date Month Year

by Vernon L. Jensen JR.

Name of Signers

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 attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH



CERTIFICATE NO. 151 2015 - 009902

Name of Decedent

DOROTHY ANNE JENSEN

City, Town or Location of Death

LIHUE

County of Death

KAUAI

Island of Death

KAUAI

Actual or Presumed Date of Death

November 18, 2015

Actual or Presumed Time of Death

11:35 AM

Date of Birth

October 05, 1945

Age at Death

70 YEAR(s)

Sex

FEMALE

Race

Caucasian

Citizenship

USA

Ever in Armed Forces?

NO

Social Security Number

██████████ 6642

Marital Status

MARRIED

Surviving Spouse (If Wife, Name Prior to First Marriage)

Vernon L Jensen Jr.

Father's Name

Henry Wallace Enns

Mother's Name (Prior to First Marriage)

Clara Stutzman

Disposition

REMOVAL

Date: November 27, 2015

Permit #: 124947

Cemetery/Crematory: Darling-Fischer Campbell Memorial Chapel

Location: Campbell, CA 95008

Funeral Home: KAUAI MEMORIAL GARDENS & FUNERAL HOME

Certifier: Alvin Omori MEDICAL EXAMINER/CORONER

Date Certified: November 23, 2015

Original Date Certified: November 23, 2015

Date Pronounced Dead: November 18, 2015

Time Pronounced Dead: 11:35 AM

Cause of Death:

a. Acute septicemia Interval:Unknown

Part II: Sjogren syndrome

Manner of Death: NATURAL CAUSES

Date Filed by State Registrar: November 24, 2015

OHSM 1.2 (Rev.1/2013)

This copy serves as prima facie evidence of the fact of death in any court proceeding. [HRS 338-13(b), 338-19]

1216054

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

COPY

DEC 10 2015

I CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.
STATE REGISTRAR