

A portion of Assessor's Parcel #1319-15-000-020

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



AFFIDAVIT – DEATH OF JOINT TENANT

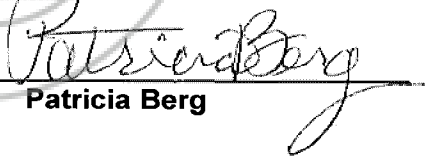
Patricia Berg, of legal age, being first duly sworn, deposes and says: That Steven L. Berg, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Steven L. Berg named as one of the parties in that certain Grant Deed dated June 17, 2014, executed by

1862, LLC to Steven L. Berg and Patricia Berg, Husband and Wife, as Joint Tenants with Right of Survivorship, not as Tenants in Common, recorded as:

Instrument No. 2014-852243 on November 6, 2014 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: 3
Inventory Control No: 36023081252 Alternate Year Time Share: Even


Patricia Berg

ACKNOWLEDGMENT

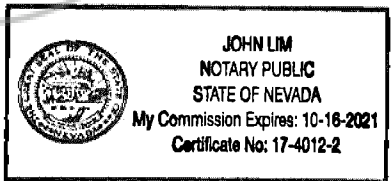
(STATE OF NEVADA)
(COUNTY OF WASHOE)

On this 27th day of JUNE, 2018 before me personally appeared Patricia Berg, 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 WASHOE, State of NEVADA, the day and year first above written.


NOTARY PUBLIC

My Term Expires: 10/16/2021



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 3992502

CERTIFICATE OF DEATH

2017023355
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Steven Lee BERG		2. DATE OF DEATH (Mo/Day/Year) December 08, 2017		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street, apt. no.) Northern Nevada Medical Center		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65	
9a. STATE OF BIRTH (if not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED]-1045		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Patricia BAYLESS	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Moving Business		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks	
15d. STREET AND NUMBER 675 Paranti Lane #38		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Keith BERG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Joy May STARMER		
18a. INFORMANT - NAME (Type or Print) Patricia BERG		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 675 Paranti Lane #38 Sparks, Nevada 89434			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL C FICKE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD928		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - John Sparks 844 Pyramid Way Sparks NV 89431	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROBERT D DALRYMPLE MD			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) December 14, 2017		21c. HOUR OF DEATH 09:47		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Robert D Dalrymple MD - 748 S Meadows Pkwy Reno, NV 89521				23b. LICENSE NUMBER 13136	
24a. REGISTRAR (Signature) BLAIR J HEDRICK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 15, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
PART I (a) Alcoholic Cirrhosis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic Alcohol Abuse				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HCM, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000286766 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

12/29/2017

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

