DOUGLAS COUNTY, NV

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2018-920040

\$35.00

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09/25/2018 02:30 PM

CHICAGO TIMESHARE ESCROW
KAREN ELLISON, RECORDER

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

Cynthia J. Lacey 2329 El Rocco Way Rancho Cordova, CA 95670

CTT File Number: DBK5352 Contract Number: DWR-B1202213

AFFIDAVIT OF DEATH

STATE OF CALIFORNIA
COUNTY OF SACRAHEUTO)SS

I, Cynthia J. Lacey, of legal age, being first duly sworn, deposes and says:

That Lynn Allen Lacey, the decedent mentioned in the attached certified copy of Certificate of Death, is Lynn A. Lacey the same person named as one of the parties in that certain document dated April 28, 2006, recorded on May 9, 2006 as Instrument No. 2006-674466, in Book 506, Page 3635, 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.

Cynthia J. Lacey Lacey

STATE OF NEVADA CALIFORNIA

COUNTY OF SACRAHENTO

by Cynthia J. Lacey.

Signature of Notary:

Print Name of Notary:

in Thompson 2021

Commission Expiration:



CAITLIN THOMPSON Notary Public - California Sacramento County Commission # 2195603 My Comm. Expires Jun 1, 2021

(Notary Seal)

SEAL MUST BE PLACED INSIDE BORDER OR THE RECORDER WILL REJECT

Inventory No.: 17-022-13-01

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 1/1989th interest in and to all that real property situate in the County of Douglas, State of Nevada, 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. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, Official records of Douglas County, Nevada.

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, Page 3250 as Document No. 449574, Official Records, Douglas County, Nevada.

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, 0489959, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a **One Bedroom** UNIT each year in accordance with said Declaration.

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

Contract Number: DWR-B1202213



STATE OF CALLED RNIA

CERTIFICATION OF VITAL RECORD:

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	3052014012885	CERTIFICA STATE O USE BLACK INK ONLY / NO ERA			1. \	0590
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)	2. MIDDLE	1 ₆ (REV 3/06)	3. LAST (Family)	LOCAL REGISTRATION	N NUMBER
ATA	LYNN AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	ALLEN	Ex orange our	LACEY BIRTH mm/dd/ccyy 5, AGE Yes.	IF UNDER ONE YEAR IF	UNDER 24 HOURS J 6 SEX
NAL D	ANA, ALSO KNOWN AS - INCREE THE ANA (FIMS), MIGUILE, CAST)		02/10/		Months Days I	lours Minutes M
DECEDENT'S PERSONAL DATA	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY 1450	position provided		MARITAL STATUS/SROP" (a) Time of D	01/20/2014	d/coyy 8. HOUR (24 Hours
SMTS	13. EDUCATION ~ Highest Level/Degree 14/15, WAS DECEDENT HISPANK (see worksheet on back)	Serviced Company	neet on back) 16.	DECEDENT'S RACE - Up to 3 rac	The second secon	Associated and the second of the second
ECEDI	Sign worksheed to back) DOCTORATE VES VES VES VES VES VES VES V					
۵	JOB DEVELOPMENT SPECIALIST	EDUCA	and the same of			12
Ж	20. DECEDENT'S RESIDENCE (Street and number, or location) 2329 EL ROCCO WAY					
USUAL. RESIDENCE	21, CITY 22, G	OUNTY/PROVINCE	23, ZIP CO		DUNTY 25. STATE/FOREIGN	COUNTRY
	RANCHO CORDOVA SA 26. INFORMANT'S NAME, RELATIONSHIP	CRAMENTO	95670	26	[CA	etata and viril
MANT	26. INFORMANT'S NAME, RELATIONSHIP CYNTHIA LACEY, WIFE 27. INFORMANT'S NAME, RELATIONSHIP 23.29 EL ROCCO WAY, RANCHO CORDOVA, CA 95670					
SPOUSE/SRDP MID PARENT INFORM THON	28. NAME OF SURVIVING SPOUSE/SRDP"-FIRST CYNTHIA	29 MIDDLE JANE		80 LAST (BIRTH NAME) BREEDON		ver and a comment
	31. NAME OF FATHER/PARENT-FIRST	38, MIDDLE		29 Fv61.		34. BIRTH STATE
	JEWIS 35. NAME OF MOTHER/PARENT-FIRST	36 MIDDLE		LACEY 37. LAST (BIRTH NAME)		KS 38. BIRTH STATE
	DOROTHY			SWENSON		KS
FUNERAL DIRECTOR/ LOCAL REGISTRAR	38. DISPOSITION DATE mm/gd/cc/yy 40. PLAGE OF FINAL DISPO	SCATTERED A	T SEA OF	THE COAST OF	MONTEREY CO	., CA
	41. TYPE OF DISPOSITION(S) 42. SIGNATURE OF EMBALMER 43. LICENSE NUMBER					
	CR/SEA	▶ NOT EMI	9189	OF LOCAL REGISTRAR	/ · · · · · · · · · · · · · · · · · · ·	47. DATE :mm/dd/ccvv
	44. NAME OF FUNERAL ESTABLISHMENT LIND BROTHERS	FD1141	100	A KASIRYE, MD	50	01/23/2014
PLACE OF DEATH	101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102.1F)d	prompt prompt to the second	HOSPICE HOSPITAL, S HOSPICE HOSPICE	Decedent's
	104 COUNTY 105 FACILITY ADDRESS	OR LOCATION WHERE FOUND (Sins	- Simond	(ation)	106. CITY	
	SACRAMENTO 2025 MORSE AVENUE 107. CAUSE OF DEATH Enter the chain of events — diseases, tracks, or complications — that directly caused disetly, DO NOT enter terminal events such as parties carries, respiratory larget, or ventrifugar throllation velhous abovering the etiology, DO NOT ABBREVIATE.				Tune Interval Between	SACRAMENTO Type Interval Between TOB DEATH REPORTED TO CORONE
CAUSE OF DEATH	IMMEDIATE CAUSE (A) ACUTE ST ELEVATED			NOT ABBREVIATE.	Onset and Death (AT)	YES X NK
	(Final disease or condition resulting in death)	that are and the first that the firs			MINS	109. BIOPSY PERFORMED?
	Sequentially, list conditions: if any,		-45		<u> </u>	YES X NK
	leading to cause on Line A. Enter (C) UNDERLYING CAUSE (disease or				(CT)	110. AUTOPSY PERFORMED? YES X NX
	Injury that initiated the events (0) resulting in death) LAST				on	111. USED IN DETERMINING CAUSE
		BUT NOT RESULTING IN THE UNDERS	LYING CAUSE GIVEN	IN.107		YES NO
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, DIABETES MELLITUS TYPE II, HYPERLIPIDEMIA					
		107 OR 1127 (If yes, list type of operatio	on and date.)		113A	IFFEMALE PREGNANTIN LAST YEA YES NO UNI
	NO				e el maleria de la lace	1.100
S N	NO 114 LOSRITEY THAT TO THE BEST OF MY INCOMEDIAS DEATH COCCUPIED 134 THE HOLD RICHTER AND IN ACT STATES FROM THE DAY STS STATES 134 THE ROLL STS STATES FROM THE DAY STS STATES 134 THE ROLL STS STATES FROM THE DAY STS STATES 134 THE ROLL STS STATES FROM THE DAY STATES FROM	115. SIGNATURE AND TITLE OF CERT	STATES AND LESS	FS		J LJ LJ BER 117: DATE mm/dd/coyy
SICIAN'S	NO 114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUPRED AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED. Described I Herryfer Street. Described I heart Sea Allan.	JASKARAM SANDI	HU M.D.	DRESS, ZIP CODE NEE LAA	A102600	01/23/2014
PHYSICIAN'S CEVATIFICATION	NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OLOUPRED AT THE HOUR DATE, AND PLACE STRIED FROM THE CAUSES STATED. Decedent Afferded Since Decedent Last Seen Alive (A) mm/dd/csyy (B) mm/dd/csyy 0.1/20/2014	JASKARAM SANDI 118. type attending physician's 2025, MORSE AVEN	HU M.D. NAME MAILING AD UE, SACP	AMENTO, CA 9581	A102600 RIKA CHOUDHR 25	01/23/2014 Y M.D.
CEL/TIFICATION	NO 114. I CERTIFY THAT TO THE BEST OF MY INDIVIDUOE DEATH-OCCURRED AT THE HOUR, DRIE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Allive (A) mm/dd/csyy (B) mm/dd/csyy	► JASKARAM SANDI THE TYPE ATTENDING PHYSICIAN'S I 2023 MORSE AVEN! ANDPLACES PRINCIPPOMITIE CALASSIS.	HU M.D. NAME MAILING AD UE, SACP. STATED COMMITTEE		A102600 RIKA CHOUDHR 25	01/23/2014
CENTIFIC	NO 114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUPRED AT THE HOUR, DRIE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Leaf Seen Alive (A) mm/dd/ccpy (B) mm/dd/ccpy 0.1/20/2014 01/20/2014 118 I CERTIFY THAT IN MY OPNION DEATH OCCUPRED AT THE HOUR, DATE	► JASKARAM SANDI THE TYPE ATTENDING PHYSICIAN'S I 202.5 MORSE AVEN! AND PLACES RIPED FROM THE CALLESS OF SUCCESS IN PROPERTY INVESTIGATION	HU M.D. NAME MAILING AD UE, SACP.	AMEINTO, CA 9581	A102600 RIKA CHOUDHR 25	01/23/2014 Y M.D.
CENTIFIC	NO 114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUPRED AT THE HOUR DRIE, AND PLACE STATED FROM THE CAUSES STATED DECEDENT LEAST SEAR Alive (A) mm/dd/ccyy (B) mm/dd/ccyy 0.1/2.0/2.0.1.4 0.1/2.0/2.0.1.4 118. I CERTIFY THAT IN MY OPINION DEATH OCCUPRED AT THE HOUR DATE MANNER OF DEATH NISTURE Accident Hemocide	► JASKARAM SANDI 118 TYPE ATTENDING PHYSICIANS I 202.5 MORSE AVEN ANDPLAC SINIDPROMITE CAUSES SICIOS SICIOS (Investigation)	HU M.D. NAME MAILING AD UE, SACP. STATED COMMITTEE	AMEINTO, CA 9581	A102600 RIKA CHOUDHR 25	01/23/2014 Y M.D.
CENTIFIC	NO 114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH-OCCUPRED AT THE HOUR ONE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Leaf Seen Alive (A) mm/dd/cpsy (B) mm/dd/cpsy 0.1/20/-0.14 + 0.1/20/20.14 119. I CERTIFY THAT IN MY OFFINION DEATH-OCCUPRED AT THE HOUR DATE MANNER OF DEATH Neture Accident Hornoide 123. PLACE OF INJURY (e.g., horne, construction site, wooded area, 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in	JASKARAM SANDI 118 TYPE ATTENDING PHYSICIAN'S 2023 MORSE AVEN! ADPLACE SINID PROMITE CAUSES SICIAL STATES Investigation into)	HU M.D. NAME MAILING AD UE, SACP. STATED COMMITTEE	AMEINTO, CA 9581	A102600 RIKA CHOUDHR 25	01/23/2014 Y M.D.
CORONER'S USE ONLY CE/71FICATION	NO 114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH-OCCUPRED AT THE HOUR ONE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Leaf Seen Alive (A) mm/sdr/cepy (B) mm/sdr/cepy 0.1/20/20.14 0.1/20/20.14 118 I CERTIFY THAT IN MY OF NON DEATH OCCUPRED AT THE HOUR DATE MANNER OF DEATH Nature Accident Hemode 123. PLACE OF INJURY (e.g., home, construction site, wooded area.	JASKARAM SANDI 118 TYPE ATTENDING PHYSICIAN'S 2023 MORSE AVEN! ADPLACE SINID PROMITE CAUSES SICIAL STATES Investigation into)	HU M.D. NAME MAILING AD UE, SACP. STATED COMMITTEE	AMEINTO, CA 9581	A102600 RIKA CHOUDHR 25	01/23/2014 Y M.D.
CORONER'S USE ONLY CERTIFICATION	NO 114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH-OCCUPRED AT THE HOUR ONE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Leaf Seen Alive (A) mm/dd/cpsy (B) mm/dd/cpsy 0.1/20/-0.14 + 0.1/20/20.14 119. I CERTIFY THAT IN MY OFFINION DEATH-OCCUPRED AT THE HOUR DATE MANNER OF DEATH Neture Accident Hornoide 123. PLACE OF INJURY (e.g., horne, construction site, wooded area, 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in	▶ JASKARAM SANDI 118 TYPE ATTENDING PHYSICIANS I 2023 MORSE AVEN AND PLACE STRIED FROM THE CALASS (Suicide howestigetion injury) and zip)	HU M.D. NAME MAILING AD UE, SACP. STATED COMMITTEE	AMEINTO, CA 9581	A102600 RIKA CHOUDHR 25	01/23/2014 Y M.D.
CENTIFIC	NO 114. I CERTIFY THAT TO THE BEST OF MY PNOWLEDGE DEATH-OCCUPRED AT THE HOLR DRIE, MODIFACE STRIED FROM THE COLASS STATED. Decedent Altered Since Decedent Leaf Seen Alive (A) mm/dd/csyy (B) mm/dd/csyy 0.1/2.0/2.0.1.4	▶ JASKARAM SANDI 118 TYPE ATTENDING PHYSICIANS I 2023 MORSE AVEN AND PLACE STATED FROM THE CALASS (SUICIDE THE STATE CALASS (Injury) and zip) 127, DATE	HU M.D. NAME MAILING AD UE, SACP. SAVED. Outding the desermined essermined	AMENTO, CA 958:	A102600 RIKA CHOUDHR 25	01/23/2014 Y M.D.

STATE OF CALIFORNIA COUNTY OF SACRAMENTO

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This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Olive Kange MD LOCAL REGISTRAR G

DATE ISSUED: January 27, 2014 LOCAL REGIST This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

