

DOUGLAS COUNTY, NV

2018-922992

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11/29/2018 11:18 AM

CHICAGO TIMESHARE ESCROW

KAREN ELLISON, RECORDER

A Portion of APN: 1319-15-000-029

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

Walley's Property Owners Association
c/o Trading Places International
25510 Commercentre Dr. Ste. 100
Lake Forest, CA 92630

CTT File Number: DBK5744

Contract Number: DWR-DS609510-E

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF California
COUNTY OF Sacramento) SS


I, **Jose Luis Avila, Jr.**, of legal age, being first duly sworn, deposes and says:

That **Khamphay Avila**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as one of the parties in that certain **Grant Bargain Sale Deed** dated **Ocotber 23, 2007**, recorded on **November 8, 2007** as Instrument No. **2007-712743**, in **Book 1107, Page 2233**, 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.

Dated: September 24, 2018



Jose Luis Avila, Jr.

STATE OF NEVADA
COUNTY OF _____) SS

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____
by **Jose Luis Avila, Jr.**

Signature of Notary: _____
Print Name of Notary: _____
Commission Expiration: _____

(Notary Seal)

SEAL MUST BE PLACED INSIDE BORDER OR THE RECORDER WILL REJECT

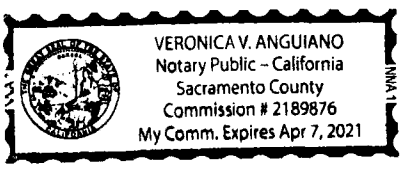
See Attached Jurat

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 SACRAMENTO

Subscribed and sworn to (or affirmed) before me on this 26
day of October, 2018, by JOSE LUIS AVILA JR.

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



(Seal)

Signature Veronica Anguiano

See attached Affidavit of death of joint tenant

Inventory No.: 06-095-10-C

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 **1/408th** interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL J as shown on that Record of Survey for David Walley's Resort, a Commercial Subdivision, Walley's Partners Ltd. Partnership, filed for record with the Douglas County Recorder on July 26, 2006 in Book 0706 at Page 9384 as Document No. 0680634, Official Records of Douglas County, Nevada.

Together with those easements appurtenant thereto and such easements and use rights described in 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 that Declaration of Annexation of David Walley's Resort Phase VI recorded on August 8, 2006 in the Office of the Douglas County Recorder as Document No. 0681616 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a **Two Bedroom** 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 Abandonment Deed recorded May 26, 2006 in Book 0506 at Page 10729 as Document No. 0676008; and Access Easement recorded July 26, 2006 in Book 0706 at Page 9371 as Document No. 0680633, all of Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-029

Contract Number: DWR-DS609510-E

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052018139443

CERTIFICATE OF DEATH

3201834006327

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS 1 (REV 3/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) KHAMPHAY		2. MIDDLE -		3. LAST (Family) AVILA	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/05/1972		5. AGE Yrs. 46	
9. BIRTH STATE/FOREIGN COUNTRY LAOS		10. SOCIAL SECURITY NUMBER 4993		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIAGE STATUS/SDOP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 06/30/2018		8. HOUR (24 Hours) 2314	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/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) ASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COURT ROOM CLERK		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) CA SUPERIOR COURT		19. YEARS IN OCCUPATION 21	
20. DECEDENT'S RESIDENCE (Street and number, or location) 8080 DEER LAKE DR.					
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95823	
24. YEARS IN COUNTY 36		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JOSE AVILA JR., HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8080 DEER LAKE DR., SACRAMENTO, CA 95823		
28. NAME OF SURVIVING SPOUSE/SDOP - FIRST JOSE		29. MIDDLE LUIS		30. LAST (BIRTH NAME) AVILA JR.	
31. NAME OF FATHER/PARENT - FIRST LOUNE		32. MIDDLE -		33. LAST THONGTHIP	
34. BIRTH STATE LAOS		35. NAME OF MOTHER/PARENT - FIRST CHOUH		36. MIDDLE -	
37. LAST (BIRTH NAME) LADKHAM		38. BIRTH STATE LAOS			
39. DISPOSITION DATE mm/dd/yyyy 07/09/2018		40. PLACE OF FINAL DISPOSITION RES. JOSE AVILA JR. 8080 DEER LAKE DR., SACRAMENTO, CA 95823			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT AFFORDABLE CREMATION & BURIAL CENTER, INC.		45. LICENSE NUMBER FD1655		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD	
47. DATE mm/dd/yyyy 07/09/2018					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 8080 DEER LAKE DRIVE		106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the chain of events - disease, 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. (A) LUNG CANCER		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER MOS		109. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
IMMEDIATE CAUSE (First disease or condition resulting in death) (B)		100. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C)		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PERIPHERAL NEUROPATHY					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) 06/16/2017 LUNG LEFT CORE BIOPSY OF MASS; POORLY DIFFERENTIATED ADENOCARCINOMA					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive 06/28/2018 06/30/2018		115. SIGNATURE AND TITLE OF CERTIFIER KIRILL V BEREJNOI M.D.		116. LICENSE NUMBER A102844	
117. DATE mm/dd/yyyy 07/05/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KIRILL V BEREJNOI M.D. 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823			
119. 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 REGISTRAR		A B C D E		FAX AUTH.#	
				GENSUS TRACT	
				010001003927884	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

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.

DATE ISSUED **July 11, 2018**

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

Olivia Kasirye MD
LOCAL REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

