



KAREN ELLISON, RECORDER

APN# 1319-15-001-015

Recording Requested by/Mail to:

Name: MICHAEL L STONESTREET

Address: 648 GRIDER DR.

City/State/Zip: ROSEVILLE CA 95678

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

AFFIDAVIT OF DEATH

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Michael L Stonestreet

Signature

MICHAEL L STONESTREET

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Michael L Stone residing at 648 GRIDER DR, ROSEVILLE CA,
95678, being of legal age, depose and say that:

That GEORGIA, DIXON,
SMITH.

died on 09/04/2017 as evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in CALIFORNIA for administration of the descendant's estate.

Oath of Affirmation: REF DOC # 0521853
Deed

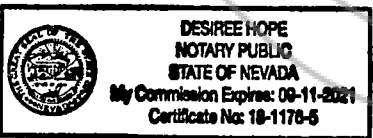
I certify under penalty of perjury under NEVADA law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Michael L Stone

03/18/2019 Date

STATE OF Nevada, COUNTY OF Douglas, ss:

Desiree Hope
Notary Public



Notary Public
Title (and Rank)

My commission expires 9-11-2021

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO
 DEPARTMENT OF PUBLIC HEALTH
 351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH 3201736009873

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (2-line) GEORGIA		2. MIDDLE DIXON	
3. LAST (Family) SMITH		4. DATE OF BIRTH mm/dd/yyyy 08/15/1928	
5. AGE Yrs. 89		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY KS		10. SOCIAL SECURITY NUMBER 9601	
11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SP* (at Time of Death) WIDOWED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) BLACK, NATIVE AMERICAN, IRISH		16. DATE OF DEATH mm/dd/yyyy 09/04/2017	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED NURSE SUPERVISOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTH CARE	
19. YEARS IN OCCUPATION 30		20. DECEDENT'S RESIDENCE (Street and number, or location) 19721 KAURI AVE	
21. CITY RIALTO		22. COUNTY/PROVINCE SAN BERNARDINO	
23. ZIP CODE 92377		24. YEARS IN COUNTY 10	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP BARBARA J. STONESTREET, SISTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 19721 KAURI AVE, RIALTO, CA 92377		28. NAME OF SURVIVING SPOUSE/SDP—FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST GEORGE		32. MIDDLE RICHARD	
33. LAST DIXON		34. BIRTH STATE KS	
35. NAME OF MOTHER/PARENT—FIRST JESSIE		36. MIDDLE ELIZABETH	
37. LAST (BIRTH NAME) KING		38. BIRTH STATE KS	
39. DISPOSITION DATE mm/dd/yyyy 09/11/2017		40. PLACE OF FINAL DISPOSITION ARLINGTON NATIONAL CEMETERY 1 MEMORIAL AVE, ARLINGTON, VA 22211	
41. TYPE OF DISPOSITION CR/TR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT ARLINGTON MORTUARY	
45. LICENSE NUMBER FD1033		46. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD	
47. DATE mm/dd/yyyy 09/11/2017		101. PLACE OF DEATH RESIDENCE - HOSPICE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER-OP <input type="checkbox"/> DGA <input type="checkbox"/> HOSPICE <input type="checkbox"/> NURSING HOME/LTC <input checked="" type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 19721 KAURI AVE	
106. CITY RIALTO		107. CAUSE OF DEATH Enter the chain of events—disease, injury, 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) COLON CANCER WITH METASTASIS TO LIVER, LUNGS AND STOMACH	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. USED AS DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		115. IF FEMALE, PREGNANT AT LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 06/12/2017 Decedent Last Exam A-w: 09/04/2017		115. SIGNATURE AND TITLE OF CERTIFIER GREGORY EDWARD DAHLQUIST M.D.	
116. LICENSE NUMBER G56074		117. DATE mm/dd/yyyy 09/08/2017	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GREGORY EDWARD DAHLQUIST M.D. 412 E VANDERBILT WAY STE 100, SAN BERNARDINO, CA 92408		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
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		129. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR	A	B	C
D	E	F	G
FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS DATE ISSUED
 COUNTY OF SAN BERNARDINO }
 This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

SEP 13 2017

Maxwell Ohikhuare
 MAXWELL OHIKHUARE, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS



This copy not valid unless prepared on engraved border displaying the date, seal and signature of Registrar.
 PBNC0 (Rev.) 06/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Inventory No.: 17-028-15-01

EXHIBIT "A"
(WALLEY'S)

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 STANDARD UNIT each year in accordance with said Declaration.

A Portion of APN 1319-15-000-015

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 AUG 31 AM 10: 27

LINDA SLATER
RECORDER

\$ 8⁵⁰ PAID *K2* DEPUTY

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