

DOUGLAS COUNTY, NV **2019-927176**
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\$35.00 Pgs=4 03/28/2019 02:00 PM
CHICAGO TIMESHARE ESCROW
KAREN ELLISON, RECORDER

A Portion of 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
Walley's Property Owners Association
Orange Lake Resorts
8505 W. Irlo Bronson Memorial Hwy.
Kissimmee, FL 34747

CTT File Number: DBK5552
Contract Number: DWR-B1202627

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF SONOMA) SS

I, **Christine Vincent**, of legal age, being first duly sworn, deposes and says:

That **Tommy Frank Vincent**, the decedent mentioned in the attached certified copy of Certificate of Death, is **Tom Vincent** the same person named as one of the parties in that certain **Grant Bargain Sale Deed** dated **3/19/2005**, recorded on **4/1/2005** as Instrument No. **2005-0640644**, in 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: December 27, 2018

Christine Vincent
Christine Vincent

STATE OF ~~NEVADA~~ CALIFORNIA
COUNTY OF SONOMA) SS

Signed and sworn to (or affirmed) before me on this 8th day of JANUARY, 2019
by Christine Vincent.

Signature of Notary: [Signature]
Print Name of Notary: Laurie R. Kneeland
Commission Expiration: 3-20-2019



(Notary Seal)

SEAL MUST BE PLACED INSIDE BORDER OR THE RECORDER WILL REJECT

Inventory No.: 17-026-27-01

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.

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Contract Number: DWR-B1202627

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN
SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3201321001061

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) TOMMY		3. LAST (Family) VINCENT	
2. MIDDLE FRANK		4. DATE OF BIRTH mm/dd/ccyy 01/07/1936	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) TOM FRANK VINCENT		5. AGE Yrs. 77	
6. BIRTH STATE/FOREIGN COUNTRY KS		10. SOCIAL SECURITY NUMBER ██████-7251	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. DATE OF DEATH mm/dd/ccyy 07/18/2013	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) 0015	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED STEAM FITTER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEATING AND VENTILATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 219 PORTOFINO WAY			
21. CITY CLOVERDALE		22. COUNTY/PROVINCE SONOMA	
23. ZIP CODE 95425		24. YEARS IN COUNTY 4	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP CHRISTINE VINCENT, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, rural route number, city or town, state and zip) 219 PORTOFINO WAY, CLOVERDALE, CA 95425		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST CHRISTINE	
29. MIDDLE HELENE		30. LAST (BIRTH NAME) BAIER	
31. NAME OF FATHER/PARENT - FIRST LOUIS		32. MIDDLE R.	
33. LAST (BIRTH NAME) VINCENT		34. BIRTH STATE OK	
35. NAME OF MOTHER/PARENT - FIRST CLARA		36. MIDDLE -	
37. LAST (BIRTH NAME) WAYMIRE		38. BIRTH STATE OK	
39. DISPOSITION DATE mm/dd/ccyy 07/22/2013		40. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY 5810-MIDWAY ROAD, DIXON, CA 95620	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT ADOBE CREEK FUNERAL HOME	
45. LICENSE NUMBER FD1646		46. SIGNATURE OF LOCAL REGISTRAR ▶ MATTHEW WILLIS, MD MPH	
47. DATE mm/dd/ccyy 07/19/2013		101. PLACE OF DEATH PINE RIDGE NURSING	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> TRNGP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY MARIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 45 PROFESSIONAL CENTER PARKWAY	
106. CITY SAN RAFAEL		107. CAUSE OF DEATH ALZHEIMER'S DEMENTIA	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 STROKE, TYPE 2 DIABETES MELLITUS			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NONE			
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: <input type="checkbox"/> (A) mm/dd/ccyy <input type="checkbox"/> (B) mm/dd/ccyy 01/08/2013 07/18/2013		115. SIGNATURE AND TITLE OF CERTIFIER ▶ NOEL SERRANO M.D.	
116. LICENSE NUMBER A108658		117. DATE mm/dd/ccyy 07/19/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NOEL SERRANO M.D. 500 DOYLE PARK DR # 303, SANTA ROSA, CA 95405			
119. I 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/ccyy 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/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C
D	E	FAX AUTH.#	
CENSUS TRACT		CENSUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORD SECTION, MARIN COUNTY PUBLIC HEALTH DEPARTMENT.

07 / 28 / 2013

DATE ISSUED

Matthew Willis MD, MPH
Marin County, California

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



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