

DOUGLAS COUNTY, NV

2019-927182

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CHICAGO TIMESHARE ESCROW

KAREN ELLISON, RECORDER

A Portion of APN: 1319-15-000-020

**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: DBK6362

Contract Number: DWR-CS307817

**AFFIDAVIT OF DEATH**

STATE OF CALIFORNIA  
COUNTY OF SACRAMENTO ) SS

I, **Dale Craig Adams**, of legal age, being first duly sworn, deposes and says:

That **Theresa Ann Adams**, the decedent mentioned in the attached certified copy of Certificate of Death, is **Theresa A. Adams** the same person named as one of the parties in that certain **Grant Bargain Sale Deed** dated **8/7/2005**, recorded on **8/19/2005** as Instrument No. **2005-0652676**, 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

*Dale Craig Adams*  
Dale Craig Adams

STATE OF NEVADA  
COUNTY OF \_\_\_\_\_ ) SS

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by Dale Craig Adams.

Signature of Notary: \_\_\_\_\_  
Print Name of Notary: \_\_\_\_\_  
Commission Expiration: \_\_\_\_\_

**See Attached  
By Notary  
For Required  
California Wording**

(Notary Seal)

SEAL MUST BE PLACED INSIDE BORDER OR THE RECORDER WILL REJECT

# JURAT

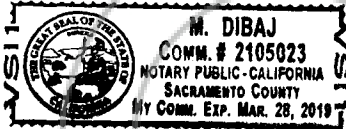
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 3<sup>rd</sup> day of Jan,  
2019, by Dale Craig Adams

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



(Notary Public Seal)

M. D. Dibaj  
Notary Public Signature

## DESCRIPTION OF ATTACHED DOCUMENT:

Title or Type of Document:

Affidavit of Death

Date of Document: \_\_\_\_\_

No. of Pages \_\_\_\_\_

**Inventory No.: 17-078-17-01**

**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 **1/1224th** interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL G as shown on that Record of Survey To Support a Boundary Line Adjustment recorded on September 20, 2002, in the Office of the Douglas County Recorder as Document No. 0552536, adjusting that Record of Survey recorded April 29, 2002 as Document No. 0540898, pursuant to that 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. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, Page 467, as Document No. 0502689, Official Records of 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, 0489957, 0509920 and 0521436, and that Declaration of Annexation of David Walley's Resort Phase III recorded on July 1, 2003 in the Office of the Douglas County Recorder as Document No. 0582120 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a **Two Bedroom** UNIT each year 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 September 20, 2002 in Book 0902, at Page 06242, as Document No. 0552534, Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-020

Contract Number: DWR-CS307817

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### OFFICE OF VITAL STATISTICS

# COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

#### CERTIFICATE OF DEATH

3201831000259

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS <small>VS-1 (REV 3/05)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>THERESA</b>		2. MIDDLE <b>ANN</b>		3. LAST (Family) <b>ADAMS</b>	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>06/24/1959</b>		5. AGE Yrs. <b>58</b> <small>F UNDER ONE YEAR    F UNDER 24 HOURS</small>	
8. BIRTH STATE/FOREIGN COUNTRY <b>IL</b>		10. SOCIAL SECURITY NUMBER <b>7381</b>		12. MARITAL STATUS/SRDP (at Time of Death) <b>MARRIED</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		7. DATE OF DEATH mm/dd/yyyy <b>01/23/2018</b>		8. HOUR (24 Hours) <b>0837</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>CUSTOMER SERVICE REP</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>RADIO BROADCASTING</b>		19. YEARS IN OCCUPATION <b>16</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>516 MULBERRY CRT</b>					
21. CITY <b>ROSEVILLE</b>		22. COUNTY/PROVINCE <b>PLACER</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
23. ZIP CODE <b>95661</b>		24. YEARS IN COUNTY <b>19</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>DALE ADAMS, SPOUSE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>516 MULBERRY CRT, ROSEVILLE, CA 95661</b>		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>DALE</b>		29. MIDDLE <b>CRAIG</b>		30. LAST (BIRTH NAME) <b>ADAMS</b>	
31. NAME OF FATHER/PARENT - FIRST <b>JAMES</b>		32. MIDDLE <b>THOMAS</b>		34. BIRTH STATE <b>IL</b>	
33. LAST <b>STEINDL</b>		35. NAME OF MOTHER/PARENT - FIRST <b>DONNA</b>		36. BIRTH STATE <b>MN</b>	
37. MIDDLE <b>LEA</b>		38. MIDDLE <b>LEA</b>		39. LAST (BIRTH NAME) <b>JEWETT</b>	
36. DISPOSITION DATE mm/dd/yyyy <b>01/25/2018</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF DALE CRAIG ADAMS</b> <b>516 MULBERRY CRT, ROSEVILLE, CA 95661</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>BLUE OAKS CREMATION AND BURIAL SERVICES</b>		45. LICENSE NUMBER <b>FD1987</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ROBERT LEE OLDHAM, MD</b>	
47. DATE mm/dd/yyyy <b>01/25/2018</b>					
101. PLACE OF DEATH <b>OWN RESIDENCE</b>					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>PLACER</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>516 MULBERRY CRT</b>		106. CITY <b>ROSEVILLE</b>	
107. CAUSE OF DEATH <small>Enter the chain of events - diseases, 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.</small>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) CARDIAC ARREST UNDERLYING ISCHAEMIC HEART DISEASE</b>				108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input 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 <b>(B) END STAGE RENAL DISEASE ON HEMODIALYSIS</b>				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>(C) DIABETES MELLITUS, HYPERTENSION</b>				110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>(D)</b>				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>(E)</b>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES MELLITUS, HYPERTENSION</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) <b>-</b>				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <small>Decedent Attended Since    Decedent Last Seen Alive</small>		115. SIGNATURE AND TITLE OF CERTIFIER <b>MUSHFEKA SHARIF M.D.</b>		116. LICENSE NUMBER <b>A122687</b>	
(A) mm/dd/yyyy <b>11/03/2014</b>		(B) mm/dd/yyyy <b>01/11/2018</b>		117. DATE mm/dd/yyyy <b>01/25/2018</b>	
118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MUSHFEKA SHARIF M.D.</b> <b>2261 DOUGLAS BLVD, ROSEVILLE, CA 95661</b>		119. INJURY DATE mm/dd/yyyy	
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		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.#	
				CENSUS TRACT	
*010001003783394*					

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED 02/02/2018



000521268

*Robert L. Oldham MD*  
ROBERT L. OLDHAM, MD  
HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAPLACEROI

