

DOUGLAS COUNTY, NV

2019-928041

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\$35.00

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04/19/2019 11:49 AM

TIMESHARE CLOSING SERVICES

KAREN ELLISON, RECORDER

APN: 1319-15-000-015 P5W

Recording Requested by: M.Ellis and
when recorded, Mail To: Timeshare Closing Services
8545 Commodity Circle
Orlando, FL 32819
42020519004

Mail Tax Statements To: Thomas Moore, Post Office Box 197, Boulder Creek,
California 95006

AFFIDAVIT OF DEATH

STATE OF Florida) SS
COUNTY OF Orange)

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Elenor Ann Groves, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Elenor A. Groves, named as one of the parties in that certain deed dated May 30, 2003, executed by Clarence L. Groves a/k/a Clarence L. Groves Jr., and Elenor A. Groves, Husband and Wife to Clarence L. Groves a/k/a Clarence L. Groves Jr., and Elenor A. Groves, Husband and Wife and James H. Garing and Mary D. Garing, husband and wife, together as joint tenants with right of survivorship, recorded as Instrument No. 0579240 on June 9, 2003 in Book Book 0603, Page 03475-03476, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

Legal Description of Property: A Timeshare Estate described as David Walley's Resort, a Commercial Subdivision Annual Usage, 2 Bedroom lockoff 2 Bathroom, Gold Season Floating Weeks 1-52, Douglas County, Nevada being more particularly described on the exhibit "A" attached to the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

Melissa Ellis
Melissa Ellis Affiant

Dated this 10 day of April, 2019

Subscribed and Sworn before me, Notary Public, On 4-10-19, personally appeared. Melissa Ellis, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official Seal
SIGNATURE [Signature]
My Commission Expires: 1-10-2020



Exhibit "A"
(WALLEY'S)

File number: 42020519004

Inventory No.: 17-035-19-01

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 and 0509920, 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

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

3201236005319

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 10-1 (REV. 5/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ELLENOR		2. MIDDLE ANN		3. LAST (Family) GROVES	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) ELENOR ANNA GROVES					
4. DATE OF BIRTH mm/dd/yyyy 06/29/1925		5. AGE Yrs 86		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CANADA		10. SOCIAL SECURITY NUMBER 9589		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDPH (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 05/29/2012		8. HOUR (24 hours) 0718	
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) WHITE	
17. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED. BOOKKEEPER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BOOKKEEPING		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number or location) 1456 EAST PHILADELPHIA #107					
21. CITY ONTARIO		22. COUNTY/PROVINCE SAN BERNARDINO		23. ZIP CODE 91761	
24. YEARS IN COUNTY 20		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP MARY D. GARING, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1456 EAST PHILADELPHIA #107, ONTARIO, CA 91761			
28. NAME OF SURVIVING SPOUSE/SPD - FIRST SCOTT		29. MIDDLE MUIR		30. LAST (BIRTH NAME) RYAN	
31. NAME OF FATHER/PARENT - FIRST MARY		32. MIDDLE CONNERY		33. BIRTH STATE IRELAND	
34. NAME OF MOTHER/PARENT - FIRST MARY		35. MIDDLE CONNERY		36. BIRTH STATE IRELAND	
39. DISPOSITION DATE mm/dd/yyyy 06/06/2012		40. PLACE OF FINAL DISPOSITION RES MARY D. GARING 1456 EAST PHILADELPHIA #107, ONTARIO, CA 91761			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF RIVERSIDE AND SAN BERNARDINO COUNTY		45. LICENSE NUMBER FD1307		46. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD	
47. DATE mm/dd/yyyy 06/04/2012		50. LOCAL REGISTRAR'S OFFICE			
101. PLACE OF DEATH THE GARDENS AT HILLBOROUGH VILLAGE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11918 CENTRAL AVENUE		106. CITY CHINO	
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) PULMONARY FIBROSIS		108. DEATH REPORTED TO CORNER? Time interval between onset and death (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO YRS 701204002		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		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 (Decedent's Attended Since) Decedent Last Seen Alive 05/23/2012 05/28/2012	
115. SIGNATURE AND TITLE OF CERTIFIER TIMOTHY DAUWALDER, D.O.		116. LICENSE NUMBER 20A7875		117. DATE mm/dd/yyyy 06/01/2012	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TIMOTHY DAUWALDER, D.O. 150 WEST FIRST STREET, CLAREMONT, CA 91711					
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"/> Homicide <input type="checkbox"/> 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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 hours)		123. INJURY DATE mm/dd/yyyy	
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		010001002075439			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

Jun 7, 2012

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.

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



002142549

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

