	Total:\$40.00	07/20/2020 10:47 AM
APN# 13/9-15-000-015	CATHERINE CHEEK	Pgs=6
Recording Requested by/Mail to:		
Name: Catherine Scheek	0011482920200949410 KAREN ELLISON, RECO	0060063 DRDER
Address: PO Box 436	,	\\
City/State/Zip: Willow Creek CA 95573	_	\ \
Mail Tax Statements to:		7 /
Name: Catherine Scheek		
Address: PO Boy 436		
City/State/Zip: Willow Creek CA 955	73	
	1	
	1/ / 7:	+ 700-5+
Affidorit of Des	th of Join	1 1813011
Title of Document (required)		
(Only use if applicable)		
The undersigned hereby affirms that the document sul	bmitted for recording	
DOES contain personal information as required by lav	v: (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)		
Signature Catherine Scheck		
Signature		
Catherine S Cheek		
Printed Name		
This document is being (re-)recorded to correct document #	, and	is correcting

DOUGLAS COUNTY, NV

Rec:\$40.00

2020-949410

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF _	Nevada }	
COUNTY O	Nevada } F Douglas }	
Cather	ORE ME, the undersigned Nota tine S Cheek, "Affiant", who his or her oath or affirmation, the following:	
1.	3541 Campbell Ridge	Scheek and I reside at Rd, Salyer CA 95563
2.	I owned real property as a joint tenant wi such real property located in _i, described as	th Henry T Ruspil Douglas County, State of follows:
	See Attached Legal Description. Title deed is recorded in Book <u>0909</u> the register of deeds in the county and state	
3.	Henry TRuspil, my this life on the 30 day of may certificate of Henry John Ruspi.	joint tenant identified above, departed , 20 <u>20</u> . A copy of the death is attached.
4.	On the date of the death of <u>Henry</u> described real estate was owned by	John Ruspil, the above Henry J Ruspil and as joint tenants and the joint tenancy
5.	Affiant is the sole surviving joint tenant of	
Dated	this the 14 day of July	, 20 <i>20</i>
		<u>Catherine SCheek</u> Affiant

20	before me this the,
See production of the following whose	NOTARY PUBLIC My Commission Expires:

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 <u>Humboldt</u>
Subscribed and sworn to (or affirmed) before me on this 14th day of July, 20 20 , by Catherine Sue Cheek
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
TRINA CARDOZA COMM. # 2166160 O NOTARY PUBLIC-CALIFORNIA MY HUMBOLOT COMM. EXP. Oct. 27, 2020 TO (Seal) Signature

COLDWELL SAN CAF

BK- 0909 PG- 2842

0750635

Page: 3

3 Of 3

09/14/2009

Inventory No.: 17-056-27-01

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, 1958 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. 0465255, 0485265, 0489959, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a PREMIUM UNIT each year in accordance with said Declaration.

A Portion of APN 1319-15-000-015

REQUESTED BY. Siewari Title of Boughts County

IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2802 JAN 25 AM 10: 42

LINDA: SLATER REGORDER

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s 15 pain Kamedity



COUNTY of TRINITY

WEAVERVILLE, CALIFORNIA

		CERTIFICATE OF DEATH 3202053000028 STATE FILE NUMBER USE BLACK NK ONLY KING DEATH SHAPEN WITHOUTS OR ALTERATIONS VEH. HER VISION VEH. HER VISI								
	STATE FILE NUMBE			VS-114(REV 3/06)			LOCAL REGISTRATI	ON NUMBER	-	
ž	1 NAME OF DECEDENT- FIRST (GAVE HENRY		JOHN		RUS		riano aurietia I	F UNDER 24 HOL	Inc. V.	
DECEDENT'S PERSONAL DATA	HENRI JEAN BERNA		_	04/04		69	F UNDER ONE YEAR Months Days	Hours Me	M	
PERSO	BIRTH STATE/FOREIGN COUNTRY CA	10 SOCIAL SECURITY N	UMBER 11 EVER IN		12 MARITAL STATUS MARRIED	/SRDP" (at Time of Death)	7. DATE OF DEATH mas 05/20/2020		HOUR (24 Hours)	
DENTS	13 EDUCATION - Highest Level/Degree 14 SOME COLLEGE	715 WAS DECEDENT HISPANICA VES	atinopayspanisht byes.		6. DECEDENT'S RA WHITE	CE - Up to 3 races m	ay be listed (see workshe	st on back)		
DEC	17 USUAL OCCUPATION - Types of wo SUPERVISOR	rk for most of life. DO NOT USE		KIND OF BUSINESS OR IN		ALC: U	lion, employment agency.	1 1	RS IN OCCUPATION 45	
	20. DECEDENT'S RESIDENCE (Street a		-		-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i			7 /	
USUAL	3541 CAMPBELL RIDGE ROAD 21. CITY 22. COUNTY/PROVINCE SALYER TRINITY			23. ZIP CODE 24 YEARS IN COUNTY 95563 11			25 STATE/FOREIG	25 STATE/FOREIGN COUNTRY		
MANT	26 INFORMANT'S NAME, RELATIONS CATHERINE CHEEK			P.O. BOX 4:	UNG ADOPESS (SM	W CREEK,	CA 95573	n, state and Exp)	1	
	28. NAME OF SURVIVING SPOUSE/S		29. MIDDLE SUE		30. LAST (BIRTH	(NAME)	\.			
SPOUSE/SRDP AND PARENT INFORMATION	31, NAME OF FATHER/PARENT-FIRST	т	32 MIDDLE		33. LAST RUSPIL	1	\		BIRTH STATE	
	GASTON 35. NAME OF MOTHER/PARENT-FIRST	ST	PIERRE 36. MIDOLE		37. LAST (BIRTH	1.0		38	BIRTH STATE	
	JEANNE 39 DISPOSMON DATE mm/dd/ccyy	40. PLACE OF FINAL DISPO	- SITION CATHERIN	NE CHEEK RE	SIDENCE	=RO		ļr r	RANCE	
DIRECTOR/ EGISTRAR	05/27/2020 41. TYPE OF DISPOSITION(S)	3541 CAMPBEI		AD, SALYER, C	CA 95563	/	+	43 LICENS	SE NUMBER	
۳,	CR/RES			T EMBALMED	ORE OF LOCAL REG	ISTRAR	<u> </u>	47. DATE	mm/dd/ccyy	
FUNER	TRINITY ALPS FUN	ERAL HOME	FD90	N SHA	NNA WHIT	E \	OTHER THAN HOSPITAL		6/2020	
EOF			OR LOCATION WHERE FO		P ☐ BVOP		tospice Nursing Home/L	D∞	ederd's V Orner	
PLACE OF DEATH		- CAMPBELL I	RIDGE ROAD	\	7	7	SALYE		PORTED TO CORONEP?	
-	107. CAUSE OF DEATH IMMEDIATE CAUSE W CARD	Entire the chan of events — de as corduc arrest, respectory ar IAC ARREST	eases, injuries, or complication viest, or ventricular florification v	rts that directly caused de inhaut showing the atiology. (sth. DO NOT enter ter 20 NOT ABBREVIATE	നടൻ സൗവ ചാറ്	Time Interval Betwee Onset and Death (AT)	IN THE DEATH RE		
	(Final disease or condition resulting in death)	CARDIAL INFARC	TION			7	: MIN	1 —	PERFORMED?	
DEATH	Sequentially, list conditions, if any,			/ /	\ <u> </u>	- 1	HRS	110 AUTOP	SY PERFORMED?	
50F DE	LINDERLYING CAUSE (disease or injury that			_	\downarrow		DAYS	111 USED IN C	ETERMANG CAUSE?	
CAUSEOF	resulting in death) LAST			E LINOCOLVINIC CALLES CA	5N N 107			☐ YES	<u> </u>	
N.	112. OTHER SIGNERCANT CONDITION CARDIOMYOPATH									
	NO PERFORMED I	FOR ANY CONDITION IN ITEM 1	D7 OR 1127 DI yes, kat type:	of operation and date.)			1 [YES	GNANT IN LAST YEAR?	
NAN'S	114 I CERTIFY THAT TO THE BEST OF MYX AT THE HOUR, DATE, AND PLACE STATED F Decadest Atlanded Since	ROM THE CAUSES STATED.	15. SIGNATURE AND TITLE ROBERT WA	LLACE HENRI	QUES M.D	. <i>58</i>	116. LICENSE NU G75329	05/2	2/2020	
PHYSICIAN'S CERTIFICATION	(B) 03/30/2015 05	mm/dd/coyy 1 5/17/2020 N	18 TYPE ATTENDING PHY	SICIAN'S NAME, MAILING PORTLAND, O	ADDRESS, ZIP COO R 97203	ROBERT	WALLACE HE	NRIQUE	ES M.D.	
	TILLIDERTEY THAT IN MY OPPHION DEAT MANNER OF DEATH X Natural	H OCCUPATED AT THE HOUR, DATE,	AND PLACE STATED FROM THE	CAUSES STATED	120. INJURE	D AT WORK?	121, INJURY DATE	rnen/dd/ccyy 1	22. HOUR (74 Hours)	
ONLY.	123. PLACE OF INJURY (e.g., home.									
CORONER'S USE ON	124. DESCRIBE HOW INJURY OCCU	RRED (Events which resulted in	injury)							
PRONE	12S. LOCATION OF INJURY (Street and number, or location, and oby, and up)									
ŏ	126. SIGNATURE OF CORONER / DE	PUTY CORONER		127, DATE mm/dd/ocyy	128. TYPE NAM	AE, TITLE OF CORON	ER / DEPUTY CORONER	<u> </u>		
	<u> </u>	1 1 -		**************************************			FAX AUTH.		CENSUS TRACT	
ST	ATE A B	/ C / D	E					Į	CERSOS INACI	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF TRINITY

This is a true and exact reproduction of the document officially registered and placed on file in the office of the TRINITY COUNTY CLERK-RECORDER-ASSESSOR.





