

RECORDING REQUESTED BY:
Laurie McPherson

AND WHEN RECORDED MAIL TO:
Laurie McPherson
1002 Alexandra Lane
Encinitas, CA 92024

Order No.:
Escrow No.:

APN: 1319-15-000-020 (a portion of)

SPACE ABOVE THIS LINE FOR RECORDER'S USE



00117366202009516550030030

KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH By Surviving Spouse

LAURIE MCPHERSON of legal age, being first duly sworn, deposes and says:

1. MICHAEL CARL MCPHERSON is the decedent mentioned in the attached certified copy of Certificate of Death, who died on November 15, 2018, at Douglas County, Nevada.
2. I am the surviving spouse of Decedent and was married to Decedent on the date of death.
3. Decedent and I are the same persons who are named as grantees in that certain grant deed dated August 26, 2012, executed by 1862, LLC, a Nevada Limited Liability Company in favor of the grantees as husband and wife, recorded on March 21, 2013, as Instrument No. 0820432, Official Records of Douglas County, Nevada, describing the following real property:

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created by David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the Recorder in and for Douglas County, Nevada in Book 0801 Page 6980, as amended:

**Unit type: 2bd Phase: 3 Inventory Control No.: 36023066051
Alternate Year Time Share: Odd First Year Use: 2013**

If acquiring a Time Share Interest in Phase I, BUYER will receive fee title to a 1/1071th undivided interest (if annually occurring) or a 1/2142th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase II, BUYER will receive fee title to a 1/1989th undivided interest (if annually occurring) or a 1/3978th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase III, BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in the Dillon Phase, BUYER will receive fee title to a 1/2224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.

Dated: July 29, 2020

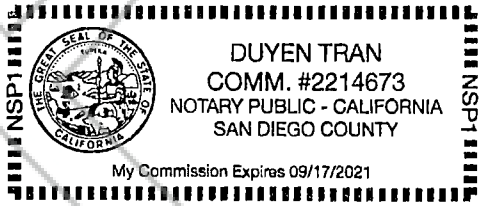

LAURIE MCPHERSON

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 San Diego) SS.

Subscribed and sworn to (or affirmed) before me on this 04th day of August, 2020, by LAURIE MCPHERSON, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Duyen Tran



(This area for notary stamp)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4050904

CERTIFICATE OF DEATH

2018021855
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Michael Carl MCPHERSON		2 DATE OF DEATH (Mo/Day/Year) November 15, 2018		3a. COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Genoa		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 2456 Genoa Springs Drive		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
3d SEX Male		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 74	
5 RACE (Specify) White		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) July 17, 1944		9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 19		11. MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Laurie Jean THOMPSON	
13. SOCIAL SECURITY NUMBER ██████████-8801		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Coach		14b KIND OF BUSINESS OR INDUSTRY Gymnastics	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Genoa	
15d STREET AND NUMBER 2456 Genoa Springs Drive		15e INSIDE CITY LIMITS? (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Carl Michael MCPHERSON			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Nadia V		
18a INFORMANT- NAME (Type or Print) Laurie MCPHERSON		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) P.O. Box 1054 Genoa, Nevada 89411			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - NAME Genoa Cemetery		19c LOCATION City or Town State Genoa Nevada	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD304		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED		22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
21b DATE SIGNED (Mo/Day/Yr) November 16, 2018		21c HOUR OF DEATH 13:16		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d PRONOUNCED DEAD (Mo/Day/Yr)		22e PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b LICENSE NUMBER 9114	
24a REGISTRAR (Signature): FRED QUIHUIS SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 16, 2018		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Non Small Cell Lung Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST (Specify)		28b DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY	
28d DESCRIBE HOW INJURY OCCURRED					
28e INJURY AT WORK (Specify Yes or No)		28f PLACE OF INJURY - At home, farm, street factory office building, etc (Specify)		28g LOCATION STREET OR R F D No CITY OR TOWN STATE	

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

12/4/2018

DATE ISSUED:

Julie Katchear
SIGNATURE AUTHENTICATED
STATE REGISTRAR

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

