

Recording Requested By:  
Go Properties, Inc.  
(Without Title Examination)  
Eric Wyatt Space  
48 Lusscroft Rd.  
Wantage, NJ 07461  
Escrow # 10656

APN: 1319-15-000-015  
Mail Tax Statement To :  
Walley's Property Owners Assoc.  
P.O. Box 158  
Genoa, NV 89411

DOUGLAS COUNTY, NV      **2021-959527**  
Rec:\$40.00  
\$40.00      Pgs=4      01/07/2021 08:30 AM  
GO PROPERTIES  
KAREN ELLISON, RECORDER

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AFFIDAVIT OF DEATH – CONTINUOUS MARRIAGE

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THOMAS K. WATSON is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. BARBARA L. WATSON is the person referenced in the attached certified copy of the Certificate of Death who died on June 11, 2010 in Reno, Nevada.
2. BARBARA L. WATSON, Trustee, is the same person who was named as a Grantee in that certain Grant, Bargain, Sale Deed dated July 8, 2004, and recorded July 30, 2004 as Instrument #0620184, of Official Records of Douglas County, Nevada, legally described as follows:

SEE ATTACHED HERETO AS "EXHIBIT "A" AND "EXHIBIT B"  
AND INCORPORATED HEREIN BY THIS REFERENCE

3. That BARBARA L. WATSON and THOMAS K. WATSON were continuously married to each other from the date that they acquired the above property, up to and including the date of the death of BARBARA L. WATSON.

Date: 4/30/2020

AFFIANT(S):

Thomas K. Watson  
THOMAS K. WATSON

*Signed, Sealed and Delivered in the Presence Of:*

STATE OF: California

COUNTY OF: Riverside

ON THE 30th DAY OF April, 20 20, before me, Candice Nicole McGowan, a Notary Public, personally appeared THOMAS K. WATSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons(s) whose names(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 signatures(s) on the instrument the persons(s) or the entity upon behalf of which the person(s) acted, executed the instrument.


WITNESS my hand and official seal:

Signature: Candice Nicole McGowan

A Notary Public in and for said State

My Commission Expires: July 21, 2021

*Press Notarial Seal/Stamp Here*



**CANDICE NICOLE MCGOWAN**  
 COMM. #2202687  
 NOTARY PUBLIC - CALIFORNIA  
 RIVERSIDE COUNTY  
 My Comm. Expires July 21, 2021

Inventory No.: 17-036-09-82

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 1/3978th 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. 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 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. 0449574, 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, 0489957, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a STANDARD UNIT every year in accordance with said Declaration.

A Portion of APN 1319-15-000-015

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

201008699  
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) <b>Barbara Lee WATSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 11, 2010</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>St Mary's Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA/OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 04, 1935</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Thomas King WATSON JR</b>	
13. SOCIAL SECURITY NUMBER <b>5515</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Administrative Assistant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>University System</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lyon</b>		15c. CITY, TOWN OR LOCATION <b>Fernley</b>	
15d. STREET AND NUMBER <b>1285 Mesa Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>E William GUY</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Lucile CLEVENGER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Thomas King WATSON JR</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1285 Mesa Drive Fernley, Nevada 89408</b>			
19a. BURIAL, CREMATION, REMOVAL; OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Smith Family Crematory</b>		19c. LOCATION City or Town State <b>Fallon Nevada 89407</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TROY M SMITH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>47</b>		20c. NAME AND ADDRESS OF FACILITY <b>Smith Family Funeral Home</b> <b>PO BOX 1545 Fallon NV 89407</b>	
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) <b>STEPHEN MONROE EDNEY M.D.</b> 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) <b>June 15, 2010</b>		21c. HOUR OF DEATH <b>00:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>Stephen Monroe Edney M.D. 730 Willow Street Reno, NV 89502</b>		23b. LICENSE NUMBER <b>6981</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 16, 2010</b>		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				Interval between onset and death	
(a) <b>Respiratory Failure</b>				<b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Pulmonary Fibrosis</b>				<b>Years</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)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

3541647

VRS-Rev-20090607

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.

DATE ISSUED: 06/16/2010

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

*Christina Griffith*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

