

APN: 1319-30-519-001



00132357202109651770050051

KAREN ELLISON, RECORDER

When Recorded, Please Return To:

HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:

Betty J. Gallagher
702 1ST Street
Manhattan, IL 60442

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

BETTY J. GALLAGHER, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That DAVID J. GALLAGHER, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as DAVID J. GALLAHER, Grantee in that certain Grant, Bargain, Sale Deed dated February 9, 1987, and recorded on February 27, 1987, as Document No. 150748 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 311 Tramway Drive, Unit 1, APN 1319-30-519-001, Douglas County, Nevada, and more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 150748 of Official Records of Douglas County, State of Nevada, on February 27, 1987.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: March 25, 2021.

Betty J. Gallagher
BETTY J. GALLAGHER, Surviving Grantee and
Surviving Joint Tenant

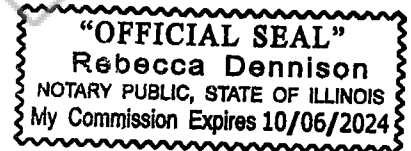
STATE OF ILLINOIS)
) : ss.
COUNTY OF Will)

On March 25, 2021, before me, a Notary Public, personally appeared BETTY J. GALLAGHER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

Rebecca Dennison
Signature of Notary Public

CSR
Title or Rank

My Commission Expires: 10/06/2024



(Seal)

APN: 1319-30-519-001

**EXHIBIT "A"
LEGAL DESCRIPTION**

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

(a) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828 Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(b) Unit No. 001 as shown and defined on said 7th Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "winter use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

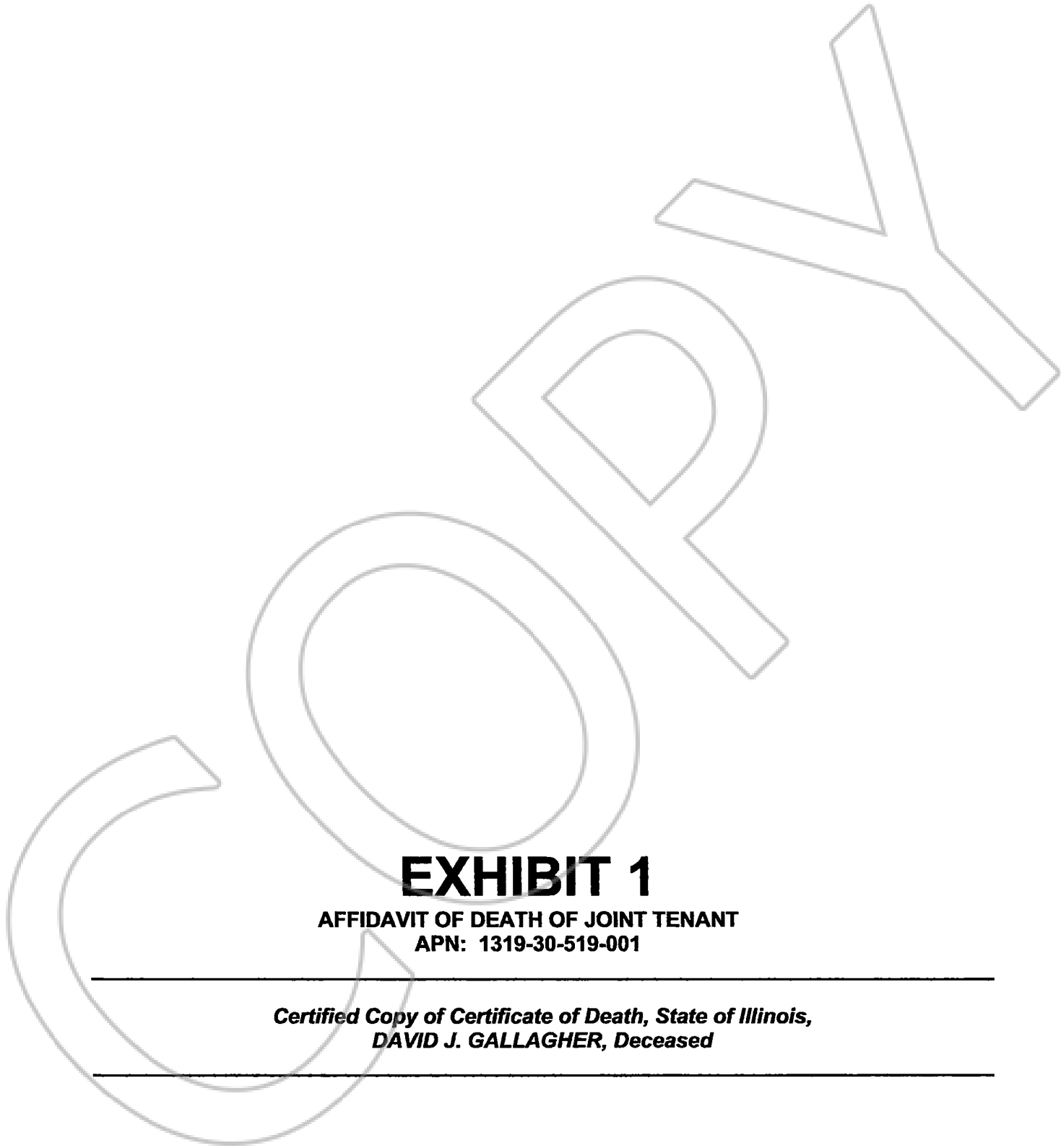


EXHIBIT 1

**AFFIDAVIT OF DEATH OF JOINT TENANT
APN: 1319-30-519-001**

***Certified Copy of Certificate of Death, State of Illinois,
DAVID J. GALLAGHER, Deceased***

CERTIFICATION OF DEATH RECORD

WILL COUNTY LOCAL REGISTRAR JOLIET, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0051755

DATE ISSUED 6/30/2017

DECEDENT'S LEGAL NAME DAVID EUGENE GALLAGHER			SEX MALE	DATE OF DEATH JUNE 23, 2017	
COUNTY OF DEATH WILL		AGE AT LAST BIRTHDAY 77 YEARS		DATE OF BIRTH MARCH 06, 1940	
CITY OR TOWN NEW LENOX			HOSPITAL OR OTHER INSTITUTION NAME SILVER CROSS HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE JOLIET, IL		SOCIAL SECURITY NUMBER [REDACTED] 9145	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BETTY WANDLESS
RESIDENCE 702 1ST STREET			APT. NO.	CITY OR TOWN MANHATTAN	
INSIDE CITY LIMITS? YES					
COUNTY WILL	STATE IL	ZIP CODE 60442	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EUGENE M GALLAGHER		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY KAY MCHUGH
INFORMANT'S NAME BETTY GALLAGHER		RELATIONSHIP SPOUSE		MAILING ADDRESS 702 1ST STREET, MANHATTAN, IL, 60442	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION WOODLAWN CREMATORY		LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION JUNE 27, 2017
FUNERAL HOME NEPTUNE SOCIETY, 1628 OGDEN AVENUE, DOWNERS GROVE, IL, 60515					
FUNERAL DIRECTOR'S NAME CHRISTOPHER RICHARD TAVONATTI				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016660	
LOCAL REGISTRAR'S NAME SUSAN OLENEK				DATE FILED WITH LOCAL REGISTRAR JUNE 27, 2017	
CAUSE OF DEATH PART I. MULTI ORGAN FAILURE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. SEPTIC SHOCK _____ Due to (or as a consequence of): c. MULTIPLE ACUTE ISCHEMIC STROKES _____ Due to (or as a consequence of):					
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 22, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:35 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 26, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VLAD BADESCU, 540 W NORTH ST, SUITE 206, MANHATTAN, ILLINOIS, 60442				PHYSICIAN'S LICENSE NUMBER 036-091635	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Susan Olenek
Susan Olenek

Executive Director and Local Registrar
Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK