

RECORDING REQUESTED BY:  
**DocStar Services, LLC.**

MAIL TAX STATEMENTS AND  
AND WHEN RECORDED MAIL TO:

**Jeffery S. Moffat**  
17580 Redbud Street  
Hesperia, CA 92345

Order No.: 25351-1 EM

Escrow No.: n/a

APN: a portion of 1319-15-000-023



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT – DEATH OF JOINT TENANT

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380 (state specific law).

Jeffery S. Moffat  
Signature

JOINT TENANT  
Title

JEFFERY S. MOFFAT  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 NRS 239B.030 Section 4.

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**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF California )  
 ) SS.  
COUNTY OF San Bernardino )

Jeffery S. Moffat of legal age, being first duly sworn, deposes and says:

William C. Moffat is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain Quitclaim Deed dated February 11, 2017, executed by Lorraine Moffat, Trustees of The Moffat Family Trust, dated April 27, 2001 to William C. Moffat and Wilma L. Moffat, Husband and Wife and Jeffery S. Moffat, a Married Man and Janet S. Walker, a Married Woman as joint tenants, recorded on March 03, 2017, as Instrument No. 2017-895454, Official Records of Douglas County, Nevada, describing the following real property:

Legal Description attached hereto as Exhibit "A" and made a part hereof.

Commonly known as: Timeshare at David Walley's Resort, Dillon Building, Genoa, NV 89411  
Odd Year Use, Week #17-090-12-71

**ATTACH CERTIFIED COPY OF DEATH CERTIFICATE**

Dated: April 7, 2021

Jeffery S. Moffat  
Jeffery S. Moffat

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 Bernardino

Subscribed and sworn to (or affirmed) before me on this  
19th day of April, 2021, by  
Jeffery S. Moffat \*\*\*\*\*,

proved to me on the basis of satisfactory evidence to  
be the person(s) who appeared before me.



Signature EJM

(This area for notary stamp)

Inventory No.: 17-090-12-71

**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 1/408<sup>ths</sup> interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

**PARCEL I** as shown on that Record of Survey for **DAVID WALLEY'S RESORT** (a commercial subdivision), **WALLEY'S PARTNERS LTD. PARTNERSHIP**, filed for record With the Douglas County Recorder on May 26, 2006, in Book 0506, at Page 10742, as Document No. 0676009, Official Records of 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 that Declaration of Annexation of David Walley's Resort Phase V recorded on May 26, 2006 in the Office of the Douglas County Recorder as Document No. 0676055 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a **TWO BEDROOM UNIT** every other year in Odd -numbered years in accordance with said Declaration.

Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Relocation Deed recorded May 26, 2006 in Book 0506, at Page 10729, as Document No. 0676008, Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-023

**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**

3202136003564

1. NAME OF DECEDENT - FIRST (Given) <b>WILLIAM</b>		2. MIDDLE <b>C</b>		3. LAST (Family) <b>MOFFAT</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>02/11/1931</b>					
5. AGE yrs. <b>90</b>		6. CHECK ONE YEAR IF UNDER 18: <input type="checkbox"/> MONTHS <input type="checkbox"/> DAYS		7. CHECK ONE YEAR IF UNDER 18: <input type="checkbox"/> MONTHS <input type="checkbox"/> DAYS	
8. BIRTH STATE/FOREIGN COUNTRY <b>PA</b>		9. SOCIAL SECURITY NUMBER <b>3424</b>		10. SEX <b>M</b>	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS-SADP (at Time of Death) <b>MARRIED</b>		13. DATE OF DEATH mm/dd/yyyy <b>02/17/2021</b>	
14. EDUCATION - Highest Level/Degree <b>HS GRADUATE</b>		15. DECENT'S RACE - Up to 3 races may be listed (see work-sheet on back) <b>CAUCASIAN</b>		16. HOUR (24 Hours) <b>1230</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>N.D.I FOREMAN</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) <b>CIVIL SERVICE</b>		19. YEARS IN OCCUPATION <b>35</b>
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>17580 REDBUD ST.</b>					
21. CITY <b>HESPERIA</b>		22. COUNTY/TERRITORY <b>SAN BERNARDINO</b>		23. ZIP CODE <b>92345</b>	
24. AGE IN COUNTY <b>68</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>WILMA MOFFAT, WIFE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>17580 REDBUD ST, HESPERIA, CA 92345</b>		
28. NAME OF SURVIVING SPOUSE/SADP-FIRST <b>WILMA</b>		29. MIDDLE <b>L.</b>		30. LAST (BIRTH NAME) <b>COTTRELL</b>	
31. NAME OF FATHER/PARENT-FIRST <b>WILLIAM</b>		32. MIDDLE <b>A.</b>		33. LAST <b>MOFFAT</b>	
34. BIRTH STATE <b>PA</b>		35. NAME OF MOTHER/PARENT-FIRST <b>MARGARET</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>RAUSCHER</b>		38. BIRTH STATE <b>PA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>03/03/2021</b>		40. PLACE OF FINAL DISPOSITION <b>VICTOR VALLEY MEMORIAL PARK 17150 C STREET, VICTORVILLE, CA 92395</b>			
41. TYPE OF DISPOSITIONS <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>VICTOR VALLEY MORTUARY, INC.</b>		45. LICENSE NUMBER <b>FD1452</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MICHAEL A SEQUEIRA, MD</b>	
47. DATE mm/dd/yyyy <b>03/03/2021</b>					
101. PLACE OF DEATH <b>RESIDENCE/HOSPICE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IN <input type="checkbox"/> ER/ICU <input type="checkbox"/> OTHER		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> TC <input type="checkbox"/> Other	
104. COUNTY <b>SAN BERNARDINO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>17580 REDBUD ST</b>		106. CITY <b>HESPERIA</b>	
107. CAUSE OF DEATH <b>CARDIAC ARREST</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>MULTIPLE ORGAN FAILURE</b>		111. AUTOMATED PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. UNDERLYING CAUSE (Underlying cause of injury that initiated the events resulting in death) LAST <b>CANCER OF THE BLADDER</b>		114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>ACUTE KIDNEY FAILURE, ANEMIA, DEMENTIA, HEMATURIA</b>			
115. WAS ORGANOPIECE OBTAINED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date) <b>-</b>		116. IF FEMALE, PRECINCT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
117. I CERTIFY TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <b>02/05/2021</b> Decedent Last Seen Alive: <b>02/15/2021</b>		118. SIGNATURE AND TITLE OF CERTIFIER <b>FRANCISCO A JIMENEZ M.D.</b>		119. LICENSE NUMBER <b>A40305</b>	
120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>FRANCISCO A JIMENEZ M.D. 12550 HESPERIA RD. STE 250, VICTORVILLE, CA 92395</b>		121. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown <input type="checkbox"/> Other		122. INJURY DATE mm/dd/yyyy <b>02/17/2021</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>-</b>		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>-</b>			
125. LOCATION OF INJURY (Street and number, or location, and city, state and zip) <b>-</b>		126. SIGNATURE OF CORONER, DEPUTY CORONER <b>-</b>			
127. DATE mm/dd/yyyy <b>03/03/2021</b>		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER <b>-</b>			

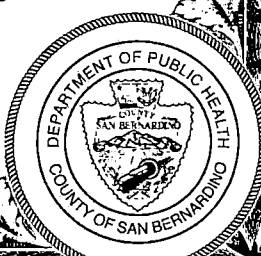
**CERTIFIED COPY OF VITAL RECORD**

STATE OF CALIFORNIA } SS DATE ISSUED *Michael A. Sequeira*  
 COUNTY OF SAN BERNARDINO

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.

COUNTY HEALTH OFFICER  
 REGISTRAR OF VITAL STATISTICS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE