DOUGLAS COUNTY, NV Rec:\$40.00

2024-1010218

07/19/2024 11:27 AM

Pgs=4

Total:\$40.00 PATTI JO PETERS

______ and is correcting

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APN# 1319-15-000-023	00183985202410102190040040							
Recording Requested by/Mail to:	SHAWNYNE GARREN, RECORDER							
Name: Patti Jo Peters	\ \							
Address: 32140 Chipper Ln	\ \							
City/State/Zip: Palo Cedro, Ca 96073	_ \ \							
Mail Tax Statements to:								
Name: Patti To Peters								
Address: <u>P.O. Box 31</u>								
City/State/Zip: <u>Palo Cedro</u>								
California 96073								
Affidavit of Death	_							
Title of Document (required)								
Please complete the Affirmation Statement belo	òw:							
The undersigned hereby affirms that the document submitted								
DOES contain personal information as required by law: (che								
Affidavit of Death – NRS 440.380 (1)(A) & NRS 40.525 (5) Militar	y Discharge – NRS 419.020 (2)							
Other NRS (state specific law)								
-OR-								
I the undersigned hereby affirm the attached document, including an for recording does NOT contain the personal information of any pers	y exhibits, hereby submitted on(s). (Per NRS 239B.030)							
Latte a Later								
Signature /								

This document is being (re-)recorded to correct document #_

Affidavit of Death
STATE OF COUNTY OF
I, <u>Patti To Peters</u> , residing at <u>22140</u> Chipper In, <u>Palo Cedro</u> , being of legal age, depose and say that:
That Roy 5. Peters, 22140 Chipper Lan, Palo Cedro, CA died on February 3rd as evidence by a certified copy of that Certificate of Death, attached hereto; 2024
evidence by a certified copy of that Certificate of Death, attached hereto; 12024
That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;
That no proceeding is being or has been conducted in <u>shasta county</u> for administration of the descendant's estate.
Oath of Affirmation:
I certify under penalty of perjury under law that I know the contents of this Affidavit signed by me and that the statements are true and correct.
Signed and sworn to before me on July 19th, 2024 Yolf Jo Peters by Dutte go Detern
Patti Jo Peters
STATE OF <u>nevada</u> , COUNTY OF <u>Louglas</u> , ss:
Notary Public
NOTARY PUBLIC STATE OF NEVADA of Douglas County 18-1058-5 ANA BRANTMEYER My Appointment Expires March 2, 2026 Title (and Rank)

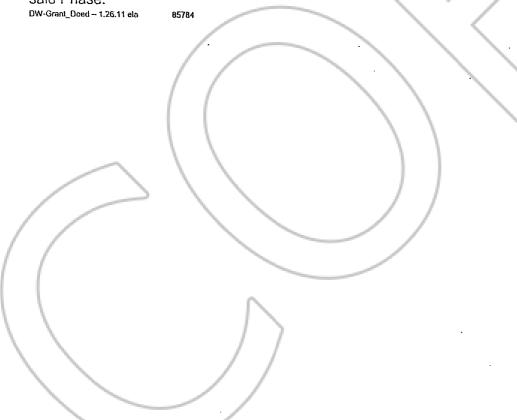
My commission expires March 2,2026

EXHIBIT "A"

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at 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: <u>2bd</u> Phase: <u>5</u> Inventory Control No: <u>36025092030</u> Alternate Year Time Share: <u>Annual</u> First Year Use: 2015

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 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.



CERTIFICATION OF VITAL RECORD

COUNTY OF SHASTA

2650 BRESLAUER WAY REDDING, CALIFORNIA 96001

	3052024031613		CERTIFICATE OF DEATH STATE OF CULTOPINA USE BLACK INK ONLY / NO BHASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 2006)				3202445000222			
	STATE FILE NUMBER						LOCAL REGISTRATION NUMBER			
_	NAME OF DECEDENT-FIRST (Given) ROY		2. MIDDLE FRANK	3. LAST (Family) PETERS, III				1	\	
IAL DATA	AKA, ALSO KNOWN AS - include full AKA (FIRS		4. DATE OF 8 10/02/1	943	5. AGEYIS.	IF UNDER ONE YEAR IN Months Days I	UNDER 24 HO	OURS 6. SEX Unutes M		
DECEDENT'S PERSONAL DATA	LA	D. SOCIAL SECURITY NUME -5415	X YES	NO [UNK V	IARRIED	A77000	7. DATE OF DEATH mm/d 02/03/2024		0959	
CEDENT	13. EDUCATION - Highest LevisDegries LATIS, WAS DECEDENT HISPANICATINO(AVSPANISH? (if yes, see worksheet on back) 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE									
<u>D</u> E	17. USUAL OCCUPATION - Type of work for most of Sie, DO NOT USE RETIRED 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocey store, read construction, omp LAWYER						ion, employment agency, et	:,) 19, YE	58	
AL ENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 22.140 CHIPPER LANE									
USUAL RESIDENCE	PALO CEDRO	/PROVINCE 23. 2/P CODE 24. YEARS IN COUNTY 51			CA					
INFOR-										
AND	28. NAME OF SURVIVING SPOUSE/SRDP*-FIF PATTI	J(30, LAST (BIRTH I		\			
SPOUSE/SRDP AND ARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST ROY	F	22. MIDDLE 33, LAST PETEL			RS, JR		NC		
SPOUS	35. NAME OF MOTHER/PARENT-FIRST DOROTHY	L	OUISE		37, LAST (BIRTH I SPARGO	- /		38 D	C. BIRTH STATE	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy 40. PL 02/15/2024 118 41. TYPE OF DISPOSITION(S)	ACE OF FINAL DISPOSITION BOO GAS POIN	T ROAD, IGO,	CALIFORNIA CA 96047	VETERA	N'S CEME	TERY	Lieurge	NSE NUMBER	
AL DIR	CREMATE/BURIAL			EMBALMED	\/	/		-	43E NUMBEN	
FUNER/	44. NAME OF FUNERAL ESTABLISHMENT ALLEN & DAHL FUNERAL CHAPEL FD1558 46. SIGNATURE OF LOCAL REGISTRAR FD1558 JAMES C. MU, M.D.				53	47. DATE: mm/dd/ccyy 02/15/2024				
	TOS. IF HOSPITAL SPECIFY ONE TOS. IF OTHER THAN HOSPITAL SPECIFY ONE TOS. IF OTHER THA									
PLACE OF DEATH	164. COUNTY 105, FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and sumber, or location) SHASTA 22140 CHIPPER LANE					106. CITY				
	TOT, CAUSE OF DEATH Enter the dhain of events — diseases, injuries, or complications — that directly caused clears, DO NOT enter terminal events such as cardiac arrest, respiratory errest, or ventifocial fortilation will noun showing the studiegy. DO NOT ASSREVATE. IMMEDIATE CAUSE (IN RESPIRATORY ARREST condition resulting —)					Time Interval Between Onset and Death (AT) HOURS	(AT) YES X			
-	In death Bequentially, list Sequentially, list Conditions, if any					(en) YEAR	109. BIOPS	SY PERFORMED?		
SAUSE OF DEATH	leading to cause (C) Unio A. Enter UNDERLYING CAUSE (disease or			1		-	(CI)	110, AUTO:	PSY PERFORMED?	
CAUSE	Injury that Initiated the events (D) resulting in death) LAST						(PO)	111. USED IN	DETERMINING CAUSE? S NO	
	GASTROESOPHAGEAL REFLUX DISEASE, ATRIAL FIBRILLATION, DIABETES MELLITUS TYPE 2, HYPERTENSION									
	113, WAS OPERATION PERFORMED FOR ANY NO	The state of the s						YES X	GNANT IN LAST YEAR?	
PHYSICIAN'S CERTIFICATION			SIGNATURE AND TITLE OF IMOTHY DOUG	OLAC DETER	S, MD	V	116. LICENSE NUM! G76391	00/	10/0004	
PHYSI	Decaderi Attorded Since Decaderi Liss Seen Also PTIMOTHY DOUGLAS PETERS, IND G76391 IQZ/13/Z024 [6] mm/dd/ccyy ID mm/dd/ccyy ID MCM/dd/ccyy									
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURR	RED AT THE HOUR, DATE, AND P	PLACE STATED FROM THE CALL	JSES STATED,	120. INJURED	AT WORK?		ren/dd/ccyy	122. HOUR (24 Hours)	
ONEY	MANNER OF DEATH Natural Accident Homicode Suicade Pending 123. PLACE OF INJURY (6.g., home, construction at a weeded area, etc.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and kip) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ccyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
R'S USE										
CORONE										
STA	ATE A B	C D	E	um ion our mondificatio		O D CONTRIBUTOR	FAX AUTH.#	_	CENSUS TRACT	

JAMES C. MU, M.D.
REGISTRAR OF VITAL STATISTICS
SHASTA COUNTY HHSA/PUBLIC HEALTH

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SHASTA

This is to certify that the above is a true and correct copy of facts recorded regarding the above named individual as registered in this office.

DATE ISSUED FEB / 1 5 / 2024

000324310

KAREN C. RAMSTROM DO, MSPH REGISTRAR OF VITAL STATISTICS

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



