

DOUGLAS COUNTY, NV

2018-916094

RPTT:\$1.95 Rec:\$35.00

\$36.95 Pgs=3

06/27/2018 09:58 AM

MITCHELL REED SUSSMAN & ASSOCIATES

KAREN ELLISON, RECORDER

APN# 1319-30-712-001

WHEN RECORDED, MAIL

TAX STATEMENTS TO:

Diamond Resorts Management, Inc.  
10600 W. Charleston Blvd.  
Las Vegas, NV 89135

RETURN ORIGINAL TO:

Jeffrey S. Corcoran  
c/o Law Offices of Mitchell Reed Sussman  
30720 Palmetto Palm Ave.  
Homeland, CA 92548

QUIT CLAIM DEED

This Deed, created this 4th day of June, 2018 between R. Alan Irely (Deceased, Death Certificate Attached) and Beryl L. Irely, as Joint Tenants with Right of Survivorship as "Grantor", whose address is 1950 Palmer Drive, Lake Havasu City, AZ 86406

, for and in consideration of \$500.00 hereby acknowledged as received, does hereby conveys, transfers, relinquishes, and surrenders to Diamond Resorts Management, Inc., a Florida corporation as "Grantee", whose address is 10600 W. Charleston Blvd., Las Vegas, NV 89135 the real property in the

County of Douglas, State of Nevada, more particularly described as:

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 1/2652 interest in and to Lot 160 as designated on Tahoe Village Unit Number 1-14 Amended Map, recorded September 16, 1996 as Document Number 396458 in Book 996, Page 2133, Official Records, Douglas County, Nevada, excepting therefrom that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31°11'12" East, 81.16 feet; thence South 58°48'39" West, 57.52 feet; thence North 31°11'12" West, 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet, the chord of said curve bears North 60°39'00" East, 57.55 feet to the Point of Beginning. Containing 4.633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document Number 0463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions, and Restrictions for The Ridge Pointe recorded November 5, 1997, as Document Number 0425591, and as amended on March 19, 1999 as Document Number 0463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period every other year in Even numbered years in accordance with said Declaration.

Together with the tenements, hereditaments, and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

Subject to any and all matters of record, including taxes, assessments, easements, oil and mineral reservations, leases, if any, rights of way, agreements, and the Declaration of Timeshare Covenants, Conditions, and Restrictions of the Ridge Pointe dated October 8, 1997 and recorded November 5, 1997 as Document Number 0425591, Book 1197, Page 0678, Official Records of Douglas County, Nevada, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein.

To have and to hold all and singular the premises, together with the appurtenances, unto the said Grantee and Grantee's assigns forever.

This being the same property conveyed to Grantor herein by September 23, 2003 and recorded October 30, 2003 in the Official Records of Douglas County, Nevada as Document 0595346, in Book 1003, Page 15830.

IN WITNESS WHEREOF, Grantor has caused its name to be affixed hereto and this instrument to be executed by its general partner thereunto duly authorized.

Dated as of June 19, 2018

"GRANTOR"

Name: Beryl L. Irey  
Beryl L. Irey

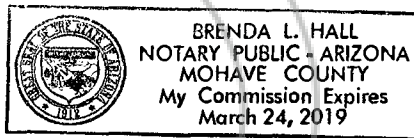
ARIZONA  
STATE OF ~~NEVADA~~  
COUNTY OF MOHAVE

This instrument was acknowledged before me on 6-19-18 (date) by  
Beryl L. Irey (name(s) of person(s)).

Brenda L. Hall  
Notary Public

Printed Name: BRENDA L. HALL

My Commission Expires:  
3-24-19



DO NOT STAMP OVER TEXT  
INK STAMP REQUIRED

AZ

## CERTIFICATION OF VITAL RECORDS

## STATE OF ARIZONA

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File NO. 102- 2016-042092

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) ROBERT ALAN IREY				2. AKA'S (IF ANY)				3. DATE OF DEATH 09/25/2016																			
4. SEX MALE		5. SOCIAL SECURITY NUMBER [REDACTED] 1699		6. DATE OF BIRTH 07/07/1946		7. AGE 70		8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY		10. HOURS		11. MINUTES													
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER																							
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 1950 PALMER DR								15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH LAKE HAVASU CITY 86406				16. COUNTY OF DEATH MOHAVE															
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) BURBANK, CALIFORNIA				18. MARITAL STATUS AT TIME OF DEATH MARRIED				19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) BERYL LOUISE WARNER																			
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 1950 PALMER DR				21. CITY AND COUNTY LAKE HAVASU CITY, MOHAVE				22. STATE ARIZONA		23. ZIP CODE 86406		24. EVER IN THE ARMED FORCES? YES															
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)				26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:																			
28. OCCUPATION: DOCTOR				29. FATHER'S NAME (FIRST, MIDDLE, LAST) ROBERT HUNTER IREY				30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) MABELLE MATTWATER																			
31. INFORMANT'S NAME BERYL LOUISE IREY				32. RELATIONSHIP SPOUSE				33. INFORMANT'S MAILING ADDRESS: 1950 PALMER DR, LAKE HAVASU CITY, ARIZONA 86406																			
34. NAME AND ADDRESS OF FUNERAL FACILITY: LIETZ-FRAZE FUNERAL HOME 21 RIVIERA BLVD., LAKE HAVASU CITY, AZ				35. FUNERAL DIRECTOR: KRISTEN L. WESTWOOD, FUNERAL DIRECTOR				36. LICENSE NUMBER: F0968																			
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: LAKEVIEW CREMATORY, LAKE HAVASU CITY, ARIZONA				39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE																					
IMMEDIATE CAUSE OF DEATH												40. A CARDIOPULMONARY ARREST				41. APPROXIMATE INTERVAL: UNKNOWN											
DUE TO OR AS A CONSEQUENCE OF:												42. B METASTATIC SQUAMOUS CELL TO THE BONE				43. APPROXIMATE INTERVAL: UNKNOWN											
DUE TO OR AS A CONSEQUENCE OF:												44. C				45. APPROXIMATE INTERVAL:											
DUE TO OR AS A CONSEQUENCE OF:												46. D				47. APPROXIMATE INTERVAL:											
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:												49. INJURY? NO				50. INJURY AT WORK? NO				51. MANNER OF DEATH: NATURAL DEATH				52. TIME OF DEATH: 0701			
												53. WAS AN AUTOPSY PERFORMED? NO				54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?											
CAUSE AND MANNER OF DEATH CERTIFICATION																											
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated												55. NAME OF PERSON COMPLETING CAUSE OF DEATH: PAUL F. O'NEILL, M.D.				56. DATE CERTIFIED: 09/26/2016											
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated												57. CERTIFIER'S ADDRESS: 101 CIVIC CENTER LN, LAKE HAVASU CITY, AZ 86403-5771				58. NAME OF REGISTRAR: PATTY MEAD				59. DATE REGISTERED: 10/04/2016							

DATE ISSUED: 10/05/2016

H 0626573



This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,  
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA  
Revised 07/2015

*Kristal Colburn*  
KRISTAL COLBURN  
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 1319-30-712-001  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

2. Type of Property:  
 a.  Vacant Land      b.  Single Fam. Res.  
 c.  Condo/Twnhse    d.  2-4 Plex  
 e.  Apt. Bldg          f.  Comm'l/Ind'l  
 g.  Agricultural       h.  Mobile Home  
 Other Timeshare

**FOR RECORDERS OPTIONAL USE ONLY**  
 Book \_\_\_\_\_ Page: \_\_\_\_\_  
 Date of Recording: \_\_\_\_\_  
 Notes: \_\_\_\_\_

3.a. Total Value/Sales Price of Property      \$ 500.00  
 b. Deed in Lieu of Foreclosure Only (value of property) ( 0.00 )  
 c. Transfer Tax Value:                              \$ 500.00  
 d. Real Property Transfer Tax Due              \$ 1.95

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Beryl L. Irey Capacity: Grantor / Seller

Signature \_\_\_\_\_ Capacity: Grantor / Seller

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: Beryl L. Irey  
 Address: 1950 Palmer Drive  
 City: Lake Havasu City  
 State: Arizona      Zip: 86406

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: Diamond Resorts Management, Inc.  
 Address: 10600 W. Charleston Blvd.  
 City: Las Vegas  
 State: Nevada      Zip: 89135

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**  
 Print Name: c/o Law Offices of Mitchell Reed Sussman      Escrow # \_\_\_\_\_  
 Address: 30720 Palmetto Palm Ave  
 City: Homeland      State: California      Zip: 92548