



KAREN ELLISON, RECORDER

35'

A portion of APN: 17-212-05

WHEN RECORDED RETURN TO:

Melissa Hartman
140 West Huffaker Lane, Suite 510
Reno, NV 89511

GRANTEE – Mail Tax Statements To:

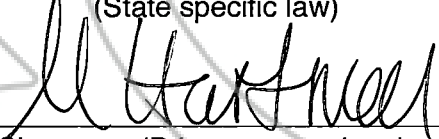
Diane Rolfs
110 Mankato Drive
Reno, NV 89511

AFFIDAVIT TERMINATING JOINT TENANCY
TITLE OF DOCUMENT

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030)
- I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 440.380(i)(a)

(State specific law)



Signature (Print name under signature)
MELISSA HARTMAN

A Portion of APN: 17-212-05
RECORDING REQUESTED BY: }
Richard P. Schulze }
140 West Huffaker Lane, Suite 510 }
Reno, NV 89511 }
PH: 775-853-5700 }
AFTER RECORDING MAIL TO: }
Richard P. Schulze }
140 West Huffaker Lane, Suite 510 }
Reno, NV 89511 }
MAIL TAX STATEMENT TO: }
Diane Rolfs }
110 Mankato Drive }
Reno, NV 89511 }

RPTT: \$0.00 Exempt (4): A transfer of title without consideration from one joint tenant or tenant in common to one or more remaining joint tenants or tenants in common.

AFFIDAVIT TERMINATING JOINT TENANCY
(Death of Theodore C. Rolfs)

The undersigned, **DIANE ROLFS**, of legal age, being first duly sworn, deposes and states the following as required by **NRS 111.365**.

1. That **THEODORE C. ROLFS** having become deceased on **December 20, 2017**, pursuant to the certified copy of the Certificate of Death, attached hereto, is the same person as **THEODORE C. ROLFS**, named as one of the parties in that certain **GRANT, BARGAIN, SALE DEED**, and further ordering ownership of a **timeshare estate comprised of an undivided 1/1071st interest** be held by **THEODORE C. ROLFS** and **DIANE ROLFS**, as **Joint Tenants with right of survivorship**, recorded on **June 8, 1999**, as Recorded Document No. **0469812** of Official Records of the **Douglas County Recorder's Office, Douglas County, State of Nevada**.
2. The real property subject hereof is located at **DAVID WALLEY'S RESORT**, and is legally described as follows:

**SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE
MADE A PART HEREOF.**

3. That the undersigned affiant, **Diane Rolfs** is the surviving spouse and joint tenant of the named decedent.

DATED this 27th day of June, 2018




DIANE ROLFS

STATE OF NEVADA }
 } ss:
COUNTY OF WASHOE }

NOTARY STAMP/SEAL

This instrument was acknowledged before me, this 27th day of June, 2018 by Diane Rolfs

WITNESS my hand and official seal



Notary Public
My Commission Expires: 12/26/2020

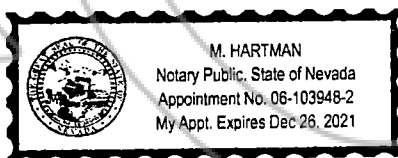


EXHIBIT "A"
LEGAL DESCRIPTION

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 1/1072st interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W ½ NE ¼) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57° 32' 32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80° 00' 00" East, 93.93 feet; thence North 35° 00' 00" East, 22.55 feet; thence North 10° 00' 00" West, 92.59 feet; thence North 80° 00' 00" East, 72.46 feet; thence South 10° 00' 00" East, 181.00 feet; thence South 80° 00' 00" West, 182.33 feet; thence North 10° 00' 00" West, 72.46 feet to the POINT OF BEGINNING.

(reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)

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 No. 0466255, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year 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 and leases, if any, rights of way, agreements and the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded on September 23, 1998, in Book 998 at Page 4404 as Document Number 449993, 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 said Grantee and Grantee's successors and assigns forever.

A Portion of APN: 17-212-05

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 3994686

2017024187
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Theodore Conrad ROLFS		2. DATE OF DEATH (Mo/Day/Year) December 20, 2017		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and No) 110 Mankato Drive		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 07, 1949	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Diane Louise HIPENBECKER			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-5626		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
DISPOSITION	15d. STREET AND NUMBER 110 Mankato Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Harlan C ROLFS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Belva J MILLER		18a. INFORMANT- NAME (Type or Print) Diane Louise ROLFS			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 110 Mankato Drive Reno, Nevada 89511		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory	
	19c. LOCATION City or Town State Reno Nevada 89503		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTINE A SWEENEY		20b. FUNERAL DIRECTOR LICENSE NUMBER FD895	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations - Ross, Burke		20d. SIGNATURE AUTHENTICATED			
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) KAREN S MCDERMOTT MD		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)			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) December 22, 2017		21c. HOUR OF DEATH 21:03		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)	
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Karen S McDermott MD 1625 E Prater Way Sparks, NV 89434		23b. LICENSE NUMBER 6450	
	24a. REGISTRAR (Signature) BLAIR J HEDRICK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 27, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Small Cell Lung Cancer Metastatic To Liver And Brain		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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

000286566 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.

12/29/2017

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:

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

[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]

