DOUGLAS COUNTY, NV

2019-928040

Rec:\$35.00

\$35.00 Pas=3

04/19/2019 11:49 AM

TIMESHARE CLOSING SERVICES KAREN ELLISON, RECORDER

APN: 1319-15-100-015 PTW

Recording Requested by: M.Ellis and

when recorded, Mail To: Timeshare Closing Services

With recorded , with 10, Trineshare Clo 8545 Commodity Circle Orlando, FL 32819 42020519004

Mail Tax Statements To: Thomas Moore, Post Office Box 197, Boulder Creek, California 95006

AFFIDAVIT OF DEATH

STATE OF COUNTY OF COUNTY OF

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Clarence Laverne Groves, Jr., the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Clarence L. Groves a/k/a Clarence L. Groves Jr., named as one of the parties in that certain deed dated May 30,2003, executed by Clarence L. Groves a/k/a Clarence L. Groves Jr, and Ellenor A. Groves, Husband and Wife to Clarence L. Groves a/k/a Clarence L. Groves Jr, and Ellenor A. Groves, Husband and Wife and James H. Garing and Mary D. Garing, husband and Wife, together as joint tenants with right of survivorship, recorded as instrument No. 0579240 on June 9, 2003 in Book Book 0603. Page 03475-03476, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

Legal Description of Property: A Timeshare Estate described as David Walley's Resort, a Commercial Subdivision Annual Usage, 2 Bedroom lockoff 2 Bathroom, Gold Season Floating Weeks 1-52. Douglas County, Nevada being more particularly described on the exhibit "A" attached to the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

Melissa Ellis Affiant

Dated this Y day of

20 1 Ct

Subscribed and Swom before me, Notary Public, On ________, personally appeared, Melissa Ellis, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

1-16-2020



MELANIE PROW

MY COMMISSION # FF932454 EXPIRES January 16, 2020

FrontaNouryService con-

Exhibit "A"

(WALLEY'S)

File number: 42020519004

Inventory No.: 17-035-19-01

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 1/1989th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL E-1 of the final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at page 3464, as Document No. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of Parcel E-1, as set forth in Quitclaim Deed recorded September 17, 1998 in Book 998, Page 3250 as Document No. 449574, Official Records, 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, 0489959 and 0509920, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a STANDARD UNIT each year in accordance with said Declaration.

A portion of APN: 1319-15-000-015



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

RSONAL DATA	STATE FILE NUMBER NAME OF DECEDENT — FIRST (GIVE CLARENCE KA ALSO KNOWN AS — Include full AI BIRTH STATE/FCREIGN COUNTRY ILLINOIS 3 EDUCATION — Higher Lay-Dograe [148 Worksheel by back] BACHELOR	(A) (A) (FIRST, MIDDLE, LA)	ST)	2. MIDDL	ERNE	STATE OF GALI NLY / NO ERASURE: VS-114(NEV	s, whiteouts 1,104)	OR ALTERA	3. LAST (LO	CAL REGISTRA	ATION NUMBE	R .	
، ا	CLARENCE KA ALSO KNOWN AS — Include full AI BIRTH STATE/FCREIGN COUNTRY ILLINOIS 3 EDUCATION — Higher Lay-choopie Lay- Case worksheed in back 100-	KA (FIRST, MIDDLE, LA	(ST)		-	Ξ.									
PERSONAL DATA	KA ALSO KNOWN AS — Include full AI BIRTH STATE/FCREIGN COUNTRY ILLINOIS BUDCATION — Higher Lay-Dograe 14/ 1289 worksheld in back)		(ST)		_, ,, ,,	-	GROVES JR								
PERSONAL	ILLINOIS 3. EDUCATION — Highest Level/Degree (14/) (388 worksheel on back)	to social esci		TEXACIMAL			4. DATE OF BIRTH mouldd/ccyy 5. AGE Yrs.			IF UHD	ER ONE YEAR	IF UNDER:	HOURS	8. SEX	
PERSO	ILLINOIS 3. EDUCATION — Highest Level/Degree (14/) (388 worksheel on back)	In social sect						6/04/1923		85	Months	Days	Hours	Minutes	M
<u>ب</u> ا ب	3. EDUCATION Highest Level/Degree (see worksheet on back)	10. SOCIAL SECT	URITY NUM	BER		N U.S. ARMED F	ORCES7	12. MARI	TAL STATUS	(at Time of Death)	7. DATE	OF DEATH ms	n/dd/ccyy	8. HOUR	
8						X YES NO			UNK MARRIED			04/28/2009 00:			7
EN T		15. WAS DECEDENT H	IISPANIC/LA	ATINO(A)/SF	PANISH? (l'yes, see worksheel				E — Up to 3 races	may be list	led (sae workshi	el on back)		
ECEL	7. USUAL OCCUPATION - Type of wo		OT USE DE	TIPED	- 1:	a KINO OF BUG	·	WHIT							
	SPECIAL NEEDS TEACHER							NESS OR INDUSTRY (e.g., grocery store, road constru NEEDS EDUCATION			uction, employment agency, stc.) 19, YEARS IN OCCUPATION				OCCUPATION T
2	0. DECEDENT'S RESIDENCE (Street or	J. ESTAL MELDO EDUCATION									41	-			
USUAL RESIDENCE	1456 EAST PHILADELPHIA STREET			#244											The second name of
nsn 2	1		1	INTY/PROVINCE			23. ZIP CODE 24. YEARS IN COL			UNTY 25. STATE/FOREIGN COUNTRY					
	ONTARIO SAN 25. INFORMANT'S NAME, RELATIONSHIP		SAN	BERNARDINO			91761 15			15	CALIFORNIA				
5 × 1	ELLENOR A. GROV	1456 EA				IT'S MAILING ACURESS (Street and number of fl AST PHILADELPHIA STF			ural route number, city or town, trafe, ZIF), REET #244, ONTARIO, CA						
	8. NAME OF SURVIVING SPOUSE		1:	29 MIDDLE		9176	51		ST (Maiden			-		7	
E K	ELLENOR			ANN			RYAN			1 1					
AATA 3	31. NAME OF FATHER — FIRST			32. MIDDLE			33, LAST			34:BIRTH STATE				STATE	
USE AND PAR	CLARENCE			LAVERNE			GROVES SR			IL IIL					
8 -	33. NAME OF MOTHER — FIRST			36. MIODLE			37. LAST (Malden)			38. BIRTH STATE			STATE		
	GRACE 39. DISPOSITION DATE mm/dd/coyy 40. PLACE OF FINAL DISPOSIT			ELIZABETH TION RES:ELLENOR A.			CRO	ROHR				IL			
	05/06/2009	1456 EAS	T PHIL	ADEL	PHIA	STREET	. GRU [#244.	ONT.	ARIO.	CA 9176	1	1	/	/	
DIRECTOR	1. TYPE OF DISPOSITION(S)	L				ATURE OF EMB.				1	-	7	43. Li	CENSE NUA	6ER
8 H	CR/RES			▶ NOT EMBALMED					7%			1			
	44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY RIVERSIDE			45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAR						L_	27. DATE mm/dd/ccyy 04/30/2009				
	INEPTONE SOCIETY	RIVERSID	Ε	_	FD 1	307			1901	LDING, N	. 1964		T	/30/20	009
₽±	TOTAL POPULATION OF THE POPULA													Other	
EAL	104. COUNTY 105. FACILITY ADDRESS OR LOC					OCATION WHERE FOULD (Street and number of Loality)						106, CITY			
	LOS ANGELES 1798 NORTH GAREY AVENUE									POMONA					
	107. CAUSE OF DEATH	Enter the chain of eye as cardiac arrest, resp	ints — disea piratory arres	ises, injuries st, or ventric	, ar compile ular fibriliat	ations — that dire ion without showin	clly caused d g tha etiology	eath, DO N , DO NOT /	OT enter ten	minal events such E.		Time interval Be Onset and De	theen for DEA		TO CORONER?
	IMMEDIATE CAUSE (4) MYOCARDIAL INFARCTION (Final disease of according resulting							١.	(AT) YES X NO S TO STANLING THE						
ļ:	n death)	CUTE BACT	EDIA	END	OCAI	PITIE				\	ᠰ	(81)		OPSY PERF	ORMED?
	Sequentially, list conditions, if eny.				L					1	١.	3 WKS		YES	XNo
DEAG	leading to cause (C) on Line A. Enter UNDERLYING											(CT)	110. AL	TOPSY PE	
EOF	CAUSE (disease or injury that									_		-		YES	XNO
CAUSE OF DEATH	initiated the events (D) resulting in death) LAST				\							(DT)	111.08	YES	INING CAUSE?
	1/2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT	T NOT RES	JLTING IN	THE UNDERLYIN	IG CAUSE G	VEN IN 10	,			<u> </u>			
- 1.	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 11 PERTENSION 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (If yes, lie), type of operation and date.)														
- 4	NO	OR ANY CONDITION IF	N ITEM 107	OR 1127 (K	yes, list ty	pa of operation and	d date.)			/	7		13A IF FEMALE		
10 3	114. I CENTIFY THAT TO THE BEST OF MY KI	OWLEDGE DEATH OCCUR	BEO 115.	SIGNATUR	E AND TIT	LE OF CERTIFIE	3		-			16. LICENSE I	YES	7. CATE M	UNK
PHYSICIALI'S CERTIFICATION	AT THE HOUR, GIPT, AND PLACE STATED FR	i im THE CAUSES STATED. Decedent East Sean Aliv		SHAND	E ME	et ev er	VIEC	M.D.		F	A)		- 1-		
THE	(A) mni/dd/acyy (B)	mmldd/ccyy	118.	TYPE ATT	ENDING P	MAN BYAICIEY	E, MAILING A	DDRESS.	ZIP CODE	DUANE V	VESI	EV STV	LES M	n D	000
		27/2009	1 10	אוויטנ	ントロコ	MONE	VISTA	, CLA	HEIVIC	JIVI, CAS	1711			٥.	
	149. I CERTIFY (HAT IN ITY OF INION DEATH) MANNER OF DEATH Natural		nicida	PLACE STATE Suicide	Per	nding	Could not	be [O. INJURED	AT WORK?	UNK	121. INJURY DA	TE mm/dd/cc	yy 122, HO	UR (24 Hours)
ا خ	123. PLACE OF INJURY (e.g., hon.e, co		araa, atc.)		LImv	estigation	determine	<u>ا ا ا</u>							
8	A SECOND CONTRACTOR OF TOWNS HIRE HOLY														
SS CS	124 DESCRIBE HOW INJURY OCCUR	RED (Events which resul	ited in injury	1)	7	7								<u> </u>	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	125. LOCATION OF INJURY (Streat and					/_									
CORCNER'S USE ONLY	123. COOK TON OF INJUNY (SHEAF THE	i number, or location, an	d city, and Z	aP)	/	/									
76.	128. SIGNATURE OF CORONER / DEP	UTY CORONER		-/		127. DATE m	middiscyy	128.	TYPE NAME	TITLE OF CORC	NER / DF	PUTY CORONE	R		
	<u> </u>			p. Committee of the com		4									
STAT		C	D	E	1						Т	FAX AUTH. #		CEN	SUS TRACT
REGISTI	run					, tea table	*01	0001001	209197			***************************************			

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

fon a man & Fieldingo ME ISSUED

MAY - 4 2009

Director of Public Health and Registrar

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

