

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.350



00096229201909334780050059

KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:

Kalicki Collier, LLP
401 Ryland Street, Suite 200
Reno, NV 89502

WHEN RECORDED MAIL TO:

Kalicki Collier, LLP
401 Ryland Street, Suite 200
Reno, NV 89502

MAIL TAX STATEMENTS TO:

Walley's Property Owners Association
P.O. Box 158
Genoa, NV 89423

A portion of APN: 1319-15-000-020

AFFIDAVIT OF DEATH OF JOINT TENANT

The undersigned PHILIP W. BROWN, Chief Operations Officer of Alliance Trust Company as Administrator for the Estate of Linda J. Goeringer, Deceased, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct and affects the real property described on Exhibit A attached hereto:

- (1) That Linda J. Goeringer, a single woman and Lisa A. Goeringer, a single woman, together as joint tenants with full right of survivorship, are the same person named in that certain David Walley's Resort Grant, Bargain, Sale Deed recorded as Instrument No. 0660515, on November 14, 2005, in Book 1105, Page 5376, of Official Records of Douglas County, Nevada.

(2) That on November 14, 2006, joint tenant, Lisa Goeringer died, in Douglas County, Nevada. A certified copy of the Certificate of Death is attached as Exhibit B.

Executed on this 2 day of July, 2019.

**ALLIANCE TRUST COMPANY AS
ADMINISTRATOR FOR THE ESTATE
OF LINDA J. GOERINGER, DECEASED**



Philip W. Brown, CFP, TEP
Chief Operations Officer

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

On this 2 day of July, 2019, before me, a Notary Public, personally appeared **PHILIP W. BROWN**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity as Chief Operations Officer of **ALLIANCE TRUST COMPANY**, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

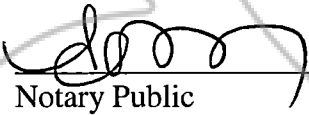
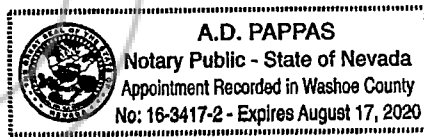

Notary Public

EXHIBIT "A"

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 1/224th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL G as shown on that Record of Survey To Support a Boundary Line Adjustment recorded on September 20, 2002, in the Office of the Douglas County Recorder as Document No. 0552536, adjusting that Record of Survey recorded April 29, 2002, as Document No. 0540898, pursuant to that 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. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, Page 467, as Document No. 0502689, 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 III recorded on July 1, 2003, in the Office of the Douglas County Recorder of Document No. 0582120 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a TWO BEDROOM UNIT every year 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 Abandonment Deed recorded September 20, 2002, in Book 0902, at Page 06242, as Document No. 0552534, Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-020.

Reference David Walley's Resort Grant, Bargain, Sale Deed recorded as Document No. 0660515 on November 14, 2005.

EXHIBIT B

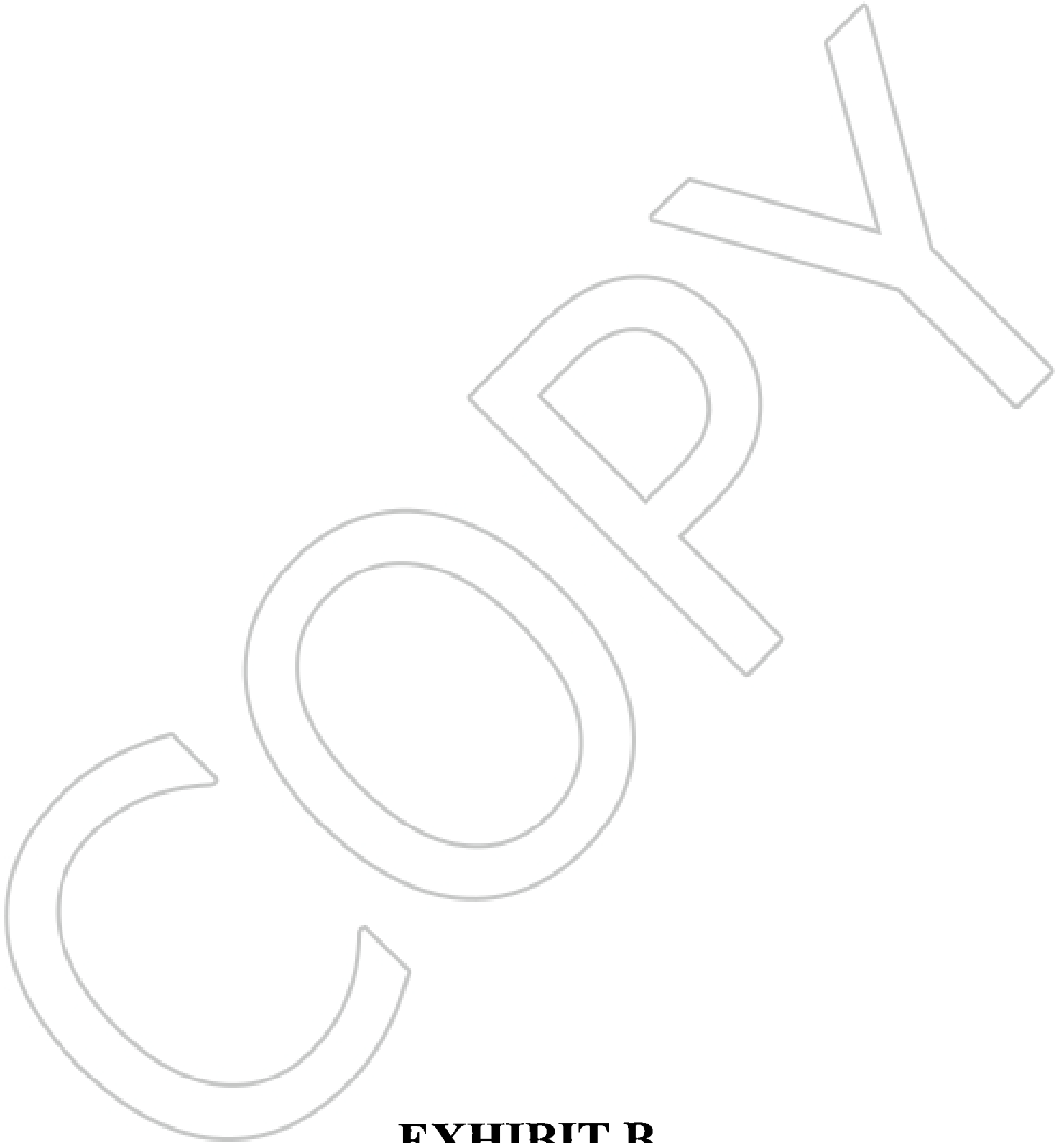


EXHIBIT B

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2006004050
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME FIRST Lisa	1b. MIDDLE A	1c. LAST GOERINGER	2. DATE OF DEATH (Mo/Day/Year) November 14, 2006	3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street) 1282 Halter Court		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)
5. RACE - (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No	7a. AGE-Last birthday (Years) 51	7b. UNDER 1 YEAR MOS
9a. STATE OF BIRTH (If not U.S.A.,) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
13. SOCIAL SECURITY NUMBER [REDACTED]-5288		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Owner/partner		14b. KIND OF BUSINESS OR INDUSTRY Finance Company
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1282 Halter Court	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME (First Middle Last Suffix) Norm GOERINGER			17. MOTHER - NAME (First Middle Last Suffix) Anita SIMS	
18a. INFORMANT - NAME (Type or Print) Norm GOERINGER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 110 Mineral Drive Ely, Nevada 89301		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1360 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS				
21a. To the best of my knowledge, death occurred at the time, date and place and due to the		22a. On the basis of examination and/or investigation, in my opinion death occurred at the date and place and due to the cause(s) stated. (Signature & Title) JESSE MCKONE SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) November 29, 2006		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) November 29, 2006
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 14, 2006		22e. PRONOUNCED DEAD AT (Hour) 15:48
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner JESSE MCKONE P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER 301
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2006	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART (a) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
PART (b) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
PART (c) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Restrictive Lung Disease with Pulmonary Hypertension			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

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.

DATE ISSUED: **6/4/2019**

Lois Shugh
SIGNATURE AUTHENTICATED
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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