DOUGLAS COUNTY, NV

Rec:\$35.00 Total:\$35.00 DEBI ROBERTS 2019-936684

10/15/2019 02:45 PM

Pgs=4

A portion of APN: 1319-15-000-015 R.P.T.T.: \$ 0.00

R.F.1.1.1 \$ 0.00

Send Subsequent Tax Bills To:

OLCC Nevada, LLC.

8505 W Irlo Bronson Mem. Hwy

Kissimmee, FL 34747

00100080201909366840040041

KAREN ELLISON, RECORDER

After Recording Mail To: Deborah Roberts 3415 Arbor Dr Fenton, MI 48430-3126

Inventory Control No: 36022032112

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, <u>Deborah Roberts</u> of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

- 1. That James Allan Johnson, having become deceased on <u>04/12/2018</u>, pursuant to the attached certified copy Certificate of Death, is the same person <u>James Johnson</u>, named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated <u>10/04/2016</u> By Walley's Partners Limited Partnership, a Nevada limited partnership, to: <u>Deborah Roberts and James Johnson, Wife and Husband, as Joint Tenants with Right of Survivorship, not as Tenants in Common</u>, recorded on <u>08/20/2019</u>, as Recorded Document No. <u>0933948</u> of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
- 2. The real property subject hereof is situated in the Douglas of Clark, State of Nevada, bounded and described as follows:

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

MORE commonly known as: 2001 Foothill Road, Genoa, Nevada 89411

3. That the undersigned affiant, <u>Deborah Roberts</u>, the surviving joint tenant of the named decedent.





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 1/3,978th 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 1/2 NE 1/4) 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 Section 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" 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.

Per NRS 111.312 – The Legal Description appeared previously in that certain David Walley's Resort Grant, Bargain, Sale Deed recorded on <u>08/20/2019</u>, as Recorded Document No. 0933948 of Douglas County Records, Douglas County, Nevada.

I, <u>Deborah Roberts</u>, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license numbers or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

| | Deborah Roberts, Affiant |
|---|--|
| | Surviving Joint Tenant (Print Name), Title |
| DATED thisday of | Dortoner, 20 19. |
| , | |
| | Deborah Roberto |
| | Signature of Surviving Joint Tenant |
| | |
| | |
| | |
| STATE OF MICHIGAN | $\overline{\smile}$ |
| COUNTY OF <u>Knesses</u> | |
| | |
| SUBSCRIBED AND SWORN before me | this give day of |
| <u>XtoBER</u> , 20 19, t | DEBORDE ROBURTS. |
| | |
| | / / _ |
| | |
| DOMONIC LORENZO GENOVESI Notary Public – State of Michigan | tary Public Signature |
| County of Genesee My Commission Expires Mar 24, 2024 | The Samuel |
| Acting in the County of Ansac Not | Pomonic Seneres! ary Public Print Name |
| | Commission Expires: 3-24-2024 |
| N | |
| Notary Stamp/Seal | |

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS

State File Number

| STATE COFT | | CERTIFICA | ATE OF DEA | TH | | | 102-2018-018338 |
|---|---------------------------|--|-----------------|--------------|--|--|--|
| 1. DECEDENT'S LEGAL NAME (FIRST, MID | DLE, LAST, SUFFIX) | | 2. AKA'S (| IF ANY) | | | 3 DATE OF DEATH |
| JAMES, ALLAN, JOHNSON | | | | | | | 04/12/2018 |
| 4 SEX | 5 SOCIAL SECURITY NUMB | ER | 8 DATE OF BIRTH | | | 7. AGE | 0 17 12/2010 |
| | 1562 | 04/22/1953 | | | 64 YEAR | . \ \ | |
| MALE 8. CITY/TOWN, COUNTY AND ZIP OR LOCA | 5 | | | | | | |
| | | | | | | | \ \ |
| KINGMAN, MOHAVE, 86401 | DELTH LINE ELON POLICION | 2000000 | | <u></u> | | | |
| 9 PLACE OF DEATH (TYPE OF PLACE OF | DEATH AND FACILITY NAMED | (DDK622) | | | | The same of the sa | \ \ |
| RESIDENCE - 3389 ISADOR | | | | | | | |
| 10. BIRTHPLACE (CITY AND STATE OR FO | REIGN COUNTRY) | 11. MARITAL STATU | IS | 12. NAM | | POUSE PRIOR TO | O FIRST MARRIAGE (FIRST, MIDDLE, |
| NORFOLK, VIRGINIA | | MARRIED | | DEBO | RAH, LYNN, I | BOWREN | |
| 13. DECEDENT'S USUAL RESIDENCE ADD | RESS (STREET, CITY, COUNT | Y, STATE, ZIP) | | | The state of the s | | |
| 3389 ISADOR AVENUE, KIN | GMAN MOHAVE A | Z 86401 | and the second | | 7 | | |
| 14. DECEDENT'S HISPANIC ORIGIN(S) | | DECEDENT'S RACE(S) | | _ | ~ \ | 16 EVER IN | ARMED FORCES |
| | | | | | 1 | NO | |
| | | | | | 1 | 17. OCCUPA | TION |
| NO. NOT SPANISH/HISPAN | IC/LATINO WH | ITE 🤇 | | | 1 | SERVICE C | COUNTER |
| 18 FATHER'S NAME (FIRST, MIDDL | | | 19 MOTHER'S | NAME PI | RIOR TO FIRST M | ARRIAGE (FI | RST, MIDDLE, LAST. SUFFIX) |
| WESLEY, ALLAN, JOHNSOI | NI | , | IACOUELIA | IE IOA | N, MIHELCIC | / | |
| 20. INFORMANT'S NAME (FIRST, MIDDLE, | LAST. SUFFIX) | | JON CO GOLLIN | 2,007 | III, WILLEGIC | | 21 RELATIONSHIP |
| DEBODALI I VAINI BOREDT | ·c | | 1 | N. | | e | POUSE |
| DEBORAH, LYNN, ROBERT 22. INFORMANT'S MAILING ADDRESS | 3 | | | - 4 | | اه | P003E |
| | | The state of the s | . 1 | V | | | |
| 3389 ISADOR AVENUE, KIN | | PSON | 24 FUNERAL DIE | SECTOR'S | NAME OR RESPONS | IRLE PERSON | 25 LICENSE NUMBER |
| MOHAVE MEMORIAL FUNE | | The same of the sa | 21 TONEIGE DI | (LOTOR O | MANAGON NEOF ONG | IIOCE I CINOON | 25 CIOCHOE HOWBER |
| 4764 STOCKTON HILL ROA | | | JEROME, J. | | | | F1581 |
| 26 METHOD(S) OF DISPOSITION | 27 NAME AND LOCATION | NOF 1ST DISPOSITION FA | CILITY | 28. NAN | ME AND LOCATION O | if 2ND DISPOSI | HON FACILITY |
| CREMATION | MOHAVE MEMORIAL FUNER | | | The second | | | |
| | MEDICAL | CERTIFICATION S | ECTION CAUSI | E OF DE | ATH PART I | | |
| 29. A. IMMEDIATE CAUSE OF DEATH | | | / | \ | | | 30 APPROXIMATE INTERVAL |
| ATHEROSCLEROTIC CARDIOV | | | \ | | | | YEARS |
| 31. B. DUE TO OR AS A CONSEQUENCE C | Æ | | 1 | | | | 32 APPROXIMATE INTERVAL |
| | \ \ | | 1 | | | | |
| 33. C DUE TO OR AS A CONSEQUENCE | OF: | | | | | | 34 APPROXIMATE INTERVAL |
| | | | | / | | | |
| 35 D. DUE TO OR AS A CONSEQUENCE | OF: | - | | / _ | | | 36. APPROXIMATE INTERVAL |
| | 1 | | | | | | |
| | | CAUSE O | F DEATH PART | II . | | \$24 B-7 | |
| 37 OTHER SIGNIFICANT CONDITIONS CO | NTRIBUTING TO THE DEATH | BUT NOT RESULTING IN | THE 38 INJURY | ′? | 39 INJURY AT W | ORK? 40 M | MANNER OF DEATH |
| UNDERLYING CAUSE GIVEN IN PART I | | | NO | | | NAT | TIDAL DEATH |
| \ | ^ | | 41 TIME O | F DEATH | 42. WAS AN AUTO | OPSY 43 W | URAL DEATH VERE AUTOPSY FINDINGS AVAILABLE |
| | | N | 00.00 | | PERFORMED? | TOC | OMPLETE THE CAUSE OF DEATH? |
| DIABETES MELLITUS, HYPERTEN | ISION, HYPERLIPIDEMI | CAUSE AND MA | 22:00 | CATION | INO | 1961 5 77 | |
| | 44. NAME OF | PERSON COMPLETING C. | | رين. درين | Minn e in the life | eta Estas Lite. | 45 DATE CERTIFIED |
| TO THE BEST OF MY KNOWLEDGE, THE IN ABOVE IS CORRECT AND THE DEATH OCC | URRED DUE | ICARDO CANO | | | | | 0.4/4.0/004.0 |
| TO THE CAUSE(S) AND MANNER STATED 46. CERTIFIER'S ADDRESS | JEFKEN, K | ICARDO, CANO | | | | | 04/13/2018 |
| | | | | | | | |
| 3269 STOCKTON ROAD, KII | NGMAN, AZ, 86409 | | | | | | |

Date Registered: 04/17/2018

J1079556

Date Issued: 04/25/2018

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07 2016

KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.