DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00

WILLIAM J. GYORGY

2019-938615 11/21/2019 03:28 PM



KAREN ELLISON, RECORDER

A portion of APN: 1319-15-000-020 R.P.T.T.: \$ 0.00 Send Subsequent Tax Bills To: OLCC Nevada, LLC. 8505 W Irlo Bronson Mem. Hwy Kissimmee, FL 34747

After Recording Mail To: William J. Gyorgy 5290 Rocky Ridge Rd Placerville, CA 95667-8517

Inventory Control No: 36028101020

## AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, William J. Gyorgy of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

- 1. That Shirley Ann Gyorgy, having become deceased on 05/12/2017, pursuant to the attached certified copy Certificate of Death, is the same person Shirley A. Gyorgy, named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 10/19/2005 By Walley's Partners Limited Partnership, a Nevada limited partnership, to: William J. Gyorgy and Shirley A. Gyorgy, husband and wife, as joint tenants with right of survivorship, recorded on 11/04/2005, as Recorded Document No. 0659858 of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
- COUNTY 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, William J. Gyorgy, the surviving joint tenant of the named decedent.





Inventory No.: 17-077-42-02

## EXHIBIT "A" (Walley's)

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 1/1224<sup>th</sup> 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 as Document No. 0532120 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

PG- 2054 11/04/2005 I, <u>William J. Gyorgy</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.

	William J. Gyorgy, Affiant
	Surviving Joint Tenant (Print Name), Title
	outviving to invite the control of t
DATED this 21 day of	November , 2019,
DATED this day or	.,,
`	
	William \ Syrongu
	Signature of Surviving Joint Tenant
	Signature of Scienting Committee of Scienting
/ /	
A / - 10 - 12	
STATE OF NEVADA	_)\ \
SS	
COUNTY OF DOUGLAS	)
SUBSCRIPED AND SWORN before me	e this 2137 day of
SUBSCRIBED AND SWORN before m. NOVEMBER, 20 19,	by WILLIAM I. GYORGY
<u></u>	
	N.A. 0.1/ D.
	Anthony L. Vickers
ANTHONY L. VICKERS NO	otary Public Signature
NO IARY PUBLIC	-
STATE OF NEVADA No. 14.15368-5 My Appt. Exp. Nov. 14, 2022	ANTHONY L. VICKERS
CHICKEROCKERCECCECCCCCCCCCCCCCCCCCCCCCCCCCC	tary Public Print Name
	Commission Expires:
Wiy	Commission Expires.

Notary Stamp/Seal

## **EL DORADO COUNTY**

## **HEALTH AND HUMAN SERVICES AGENCY**

PLACERVILLE, CALIFORNIA

	3052017103561  CERTIFICATE OF DEATH STATE OF CULFORMA STATE FILE NUMBER STATE FILE NUMBER STATE FILE NUMBER STATE FILE NUMBER SEBLACK NR ONLY NO BEAS RES WHITCOTS OF AUTENTIONS VIS. TIMES		ITENNS	3201709000511				
	STATE FILE NUMBER  1. NAME OF DECEDENT- FIRST (Given)  SHIRLEY	2 MIDOLE ANN	2 MIDDLE 3. LAST (Family)			IBEA		
DECEDENT'S PERSONAL DATA	AKA ALSO KNOWN AS - Include full AKA (FIRST, M/DDLF, LAS	it)	4 DATE OF BIRTH 03/08/1943		UNDER ONE YEAR IF UNDER this Days Hours	Mnutes F		
	9 BIRTH STATE/FOREIGN COUNTRY  CA 10 SOCIAL SECU		X NO UNK MAF		5/12/2017	1609		
CEDENT	TS EDUCATION - Inspect Law Dogwel  14.15. WAS DECEDENT HISPANICIATINO/A/SPANISH? (it yes see information back)  HS GRADUATE  YES  VES  VES  VES  VES  VES  VES  VE							
· H	17. USUAL OCCUPATION - Type of work for most of life DO NO GARDEN SALES	T USE RETIRED 18. KING RET		(e.g., grocery atore, road construction	employment agency, etc.)	19. YEARS IN OCCUPATION		
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number, or location) 5290 ROCKY RIDGE ROAD	22. COUNTY/PROVINCE	23 ZIP CODE	24 YEARS IN COUNTY	25 STATE FORE GN COUN	TIEN.		
		EL DORADO	95667	42	CA			
INFOR-	26 NFORMANT'S NAME, RELATIONSHP  WILLIAM GYORGY, HUSBAND  27, NFORMANT'S MAUN'S ADDRESS (SINGLE AND ADDRES							
FUMERAL DIRECTOR/ LOCAL REGISTRAR PARENT INFORMATION	WILLIAM 31 NAME OF FAIHER/PARENT-FIRST	JOSEPH 32 MIDDLE	487	YORGY		34 BIRTH STATE		
	WILLIAM  35 NAME OF MOTHER/PARENT-FIRST	OSCAR 38 MIDDLE	PE	RIETZEL AST (BIRTH NAME)		CA 38 BIRTH STATE		
	KATHERINE  39. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL	DISPOSITION WESTWOOD		IAL PARK	<del>/</del>	CA		
	05/22/2017 2720 COLD SPRINGS ROAD, PLACERVILLE, CA 95667 41 TYPE OF DISPOSITION(S) 42 SIGNATURE OF EMPALMEN					LICENSE NUMBER		
	CR/BU  44 NAME OF FUNERAL ESTABLISHMENT EL DORADO FUNERAL AND CR	45 LICENSE N	EMBALMED		F	DATE mm/dd/ccyy		
_	SERVICES 101 PLACE OF DEATH	FD2299	755	WILLIAMS, MD, M  AL SPECIFY ONE 103 IF OT  TROP DOA Hos	HER THAN HOSPITAL SPEC	Decedents December		
PLACE OF DEATH		MESS OR LOCATION WHERE FOUND			106 CITY PLACERVIL			
CAUSE OF DEATH	107 CAUSE OF DEATH Enter the chain of every as cardiac arrest respire (MMEDIATE CAUSE W) MULTIORGAN FAIL	s — diseases, injunes, or complications - atory arrest, or ventricular forfletion without	that directly caused deems DO N ut showing the eticlogy, DO NOT A	IOT enter lemmal events such ABDREVIATE.	Time Averyal Relation 108. I Unred and Death	DEATH REPORTED TO CORONER?  YES X NO		
	(Final disease or condition resulting in death)  (B) ACUTE CONGEST		E \	<del>\</del>	DYS 109	BIOPSY PERFORMED?		
	Sequentially, list conditions if any, leading to cause on Line A. Einter UNDERLYING.			<del>\</del>	DYS L	AUTOPSY PERFORMED?		
	CAUSE (deesse or njury that nifitated the events (2) resulting in death) LAST				DYS L	USED IN DETERMINING CAUSE?  YES NO		
3	THE OWNER SCHIFFCANT CONDITIONS CONTRIBUTINGS TO DEATH BUT INOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE							
And the second	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM 107 OR 112 <sup>9</sup> If yee, last type of operation revisible in 05/03/2017 CHOLECYSTECTOMY				113A IF FEN	IALE PREGNANT IN LAST YEAR?		
AN'S	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURR AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  Decedent Attended Since  Decedent List Seen Alive	LATINDED SING	CHANA M D	F 7	A79913	05/10/2017		
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy 05/03/2017 05/12/2017	1100 MARSHALL	. WAT, PLACERV	S.ZIP CODE JATINDER	SINGH CHANA	M.D.		
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR MANNER OF DEATH NIGHT ACCIDENT HOT	, DATE, AND PLACE STATED FROM THE CAL Ecide Suicide Pending Investigation	USES STATED.	20. INJURED AT WORK?		Vccyy 122. HOUR (24 Hours)		
	123 PLACE OF INJURY (e.g. home construction site woosed area etc.)							
	124 DESCRIBE HOW MUURY OCCURRED (Events which resulted in repry)  125 DESCRIBE HOW MUURY OCCURRED (Events which resulted in repry)							
800	125 LOCATION OF INJURY (Street and number or location) and city and app.  126 SIGNATURE OF CORONER / DEPUTY (OF ONER 127 DATE minutal copy 128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER							
STA	ATE A B C	D E II		EN THIS BUILD THAN INDICATED TO BE WITH 1918	FAX AUTH.#	CENSUS TRACT		
REGIS			*010001003		<u> </u>			
CERTIFIED COPY OF VITAL RECORDS								
	STATE O	F CALIFORNIA, COUN	NTY OF EL DORAD	" (	0018078			

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agenc

2 2 2017 DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Of