

APN#: 1319-15-000-015
1319-15-000-020
1319-22-000-021
1319-15-000-022
1319-15-000-023
1319-15-000-029
1319-15-000-030
1319-15-000-031
1319-15-000-032

R.P.T.T.:

Recording Requested By:

After Recording Mail To:

Send Subsequent Tax Bills To:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, Florida 32819

AFFIDAVIT OF DEATH OF SPOUSE

The undersigned, CHERYL BAILAR, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That RICHARD BAILAR having become deceased on 9-11-01 in CA, pursuant to the attached certified copy Certificate of Death, is the same person RICHARD BAILAR named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 07/21/2001 By Walley's Partners Limited Partnership, a Nevada limited partnership, to Cheryl Bailar as community property with right of survivorship, recorded on 10/16/2001, as Recorded Document No. 0525139 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:
The real property more particularly described in Exhibit "A" attached hereto and made a part (the "Property").

MORE commonly known as: 2001 Foothill Road, Genoa, Nevada 89411
3. That the undersigned affiant, CHERYL BAILAR, is the surviving spouse of the named decedent.

Contract # M6674661

OL LV Death of Spouse



I, CHERYL BAILAR, 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.

CHERYL BAILAR

Affiant

Cheryl Bailar
Surviving Spouse's Name (Print Name)

Title

DATED this 4th day of November, 20 19,

Cheryl Bailar
Signature

Cheryl Bailar
Print Name of Affiant/Surviving Spouse

STATE OF California)

SS

COUNTY OF El Dorado)

SUBSCRIBED AND SWORN before me this 4th day of November, 20 19,
by Cheryl Bailar.

Lorna Kalua
Notary Public Signature

Lorna Kalua
Notary Public Print Name
My Commission Expires: 10.22.2022

Notary Stamp/Seal



EXHIBIT "A"
LEGAL DESCRIPTION

The Time Shares estates set forth in **Exhibit "A-1"** attached hereto and incorporated herein by this reference, as said term "Time Share" is defined in that certain Sixth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's dated September 24, 2014 and filed and recorded as Document Number 0849819 in Book 0914, Page 4388 in the Official Records of Douglas County, as corrected by the recording of the Corrected Sixth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's dated November 2, 2018, in the Official Records of Douglas County, Nevada as Document Number 2018-921717, and all exhibits, amendments, and annexations thereto (collectively the "**Declaration**"), which Time Share consists of an undivided interest as a tenant in common in and to those certain parcels of real property as set forth below:

Aurora Phase

An undivided 1/1,071st, or 1/2,142nd interest in and to all that real property situate in the County of Douglas, State of Nevada more fully described on Exhibit A (Parcel II) to the Declaration.

APN: 1319-22-000-021

Bodie Phase

An undivided 1/1,989th or 1/3,978th interest in and to all that real property situate in the County of Douglas, State of Nevada more fully described on Exhibit A (Parcel I) to the Declaration.

APN: 1319-15-000-015

Canyon Phase

An undivided 1/1,224th or 1/2,448th interest in and to all that real property situate in the County of Douglas, State of Nevada more fully described on Exhibit A (Parcel III) to the Declaration.

APN: 1319-15-000-020

Dillon Phase

An undivided 1/1,224th, 1/2,448th, 1/204th, or 1/408th interest in and to all that real property situate in the County of Douglas, State of Nevada more fully described on Exhibit A (Parcel IV) to the Declaration, which such undivided interest is indicated in that certain grant, bargain, and sale deed to Grantor, as grantee, filed and recorded as NIA

APN: 1319-15-000-022

APN: 1319-15-000-031

APN: 1319-15-000-032

APN: 1319-15-000-023

APN: 1319-15-000-029

APN: 1319-15-000-030

Exhibit "A-1"

Phase	Frequency	Unit Type	Inventory Control Number
BODIE	Annual	TWO BEDROOM	17-056-02-01 aka 36022039020

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3-2001-09000651

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Richard		2. MIDDLE Lee		3. LAST (FAMILY) Bailar			
4. DATE OF BIRTH MM/DD/CCYY 02/08/1936		5. AGE YRS. 65		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 09/13/2001	
9. STATE OF BIRTH NE		10. SOCIAL SECURITY NO. ██████ 2004		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Allstate Insurance Co.			
17. OCCUPATION Insurance Agent		18. KIND OF BUSINESS Insurance		19. YEARS IN OCCUPATION 25			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3441 Green Valley Road							
21. CITY Rescue		22. COUNTY El Dorado		23. ZIP CODE 95672		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Cheryl Bailar, Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 29, Rescue, CA 95672			
28. NAME OF SURVIVING SPOUSE—FIRST Cheryl		29. MIDDLE Jean		30. LAST (MAIDEN NAME) Buell			
31. NAME OF FATHER—FIRST Melvin		32. MIDDLE Arnold		33. LAST Bailar		34. BIRTH STATE NE	
35. NAME OF MOTHER—FIRST Marti		36. MIDDLE Marie		37. LAST (MAIDEN) Bodenstaab		38. BIRTH STATE NE	
39. DATE MM/DD/CCYY 09/19/2001		40. PLACE OF FINAL DISPOSITION RES of Cheryl Bailar: 3441 Green Valley Road, Rescue, CA 95672					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER <i>Scott Benton</i>		43. LICENSE NO. 8541			
44. NAME OF FUNERAL DIRECTOR Green Valley Mortuary		45. LICENSE NO. FD-1551		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen S. Dugan</i>		47. DATE MM/DD/CCYY 09/18/2001 DH	
101. PLACE OF DEATH Marshall Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY El Dorado	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1095 Marshall Way		108. CITY Placerville					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)				TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORNER	
(A) Cardiac Arrest				Minutes		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
(B) Acute Myocardial Infarction				Minutes		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(C) Respiratory Insufficiency				Days		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) Lung Cancer				Months		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Anemia, COPD, Pneumonia							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. None							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINGLE DECEDENT LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY 09/08/2001 09/13/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jm</i>		116. LICENSE NO. G061453		117. DATE MM/DD/CCYY 09/17/2001	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 5006		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **NOV 04 2019**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER-CLERK.

* 000299822 *
Janette K. Stone
 EL DORADO COUNTY RECORDER-CLERK

THIS COPY NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING SEAL AND SIGNATURE OF COUNTY RECORDER-CLERK.
 PRCO (Rev. 12/15)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

