

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 TERMINATING JOINT TENANCY

The undersigned, DALE R. SMELSER, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **AMY D. SMELSER** having become deceased on 11/28/2007 pursuant to the attached certified copy Certificate of Death, is the same person **AMY D. SMELSER** named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated August 26, 2000 By Walley's Partners Limited Partnership, a Nevada limited partnership, to **DALE R. SMELSER and AMY D. SMELSER, husband and wife as community property**, and as community property with right of survivorship, recorded on September 15, 2000, as Recorded Document No. 2000-499420 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, DALE R. SMELSER, is the surviving spouse of the named decedent.

Contract # M6673097

OL LV Death of Spouse



I, **DALE R. SMELSER**, 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.

DALE R. SMELSER
Surviving Spouse's Name (Print Name)

Affiant
Title

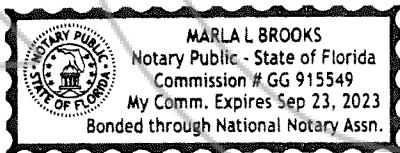
DATED this 18 day of MARCH, 2020.

Dale R. Smelser
Signature

DALE R SMELSER
Print Name of Affiant/Surviving Spouse
Dale R. Smelser

STATE OF FLORIDA)
COUNTY OF PINELLAS) SS

SUBSCRIBED AND SWORN before me this 18 day of MARCH, 2020,
by **DALE R SMELSER**.



Notary Stamp/Seal

Marla A. Brooks
Notary Public Signature

Marla L. Brooks
Notary Public Print Name
My Commission Expires: 9-23-2023

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 N/A

APN: 1319-15-000-022

APN: 1319-15-000-031

APN: 1319-15-000-032

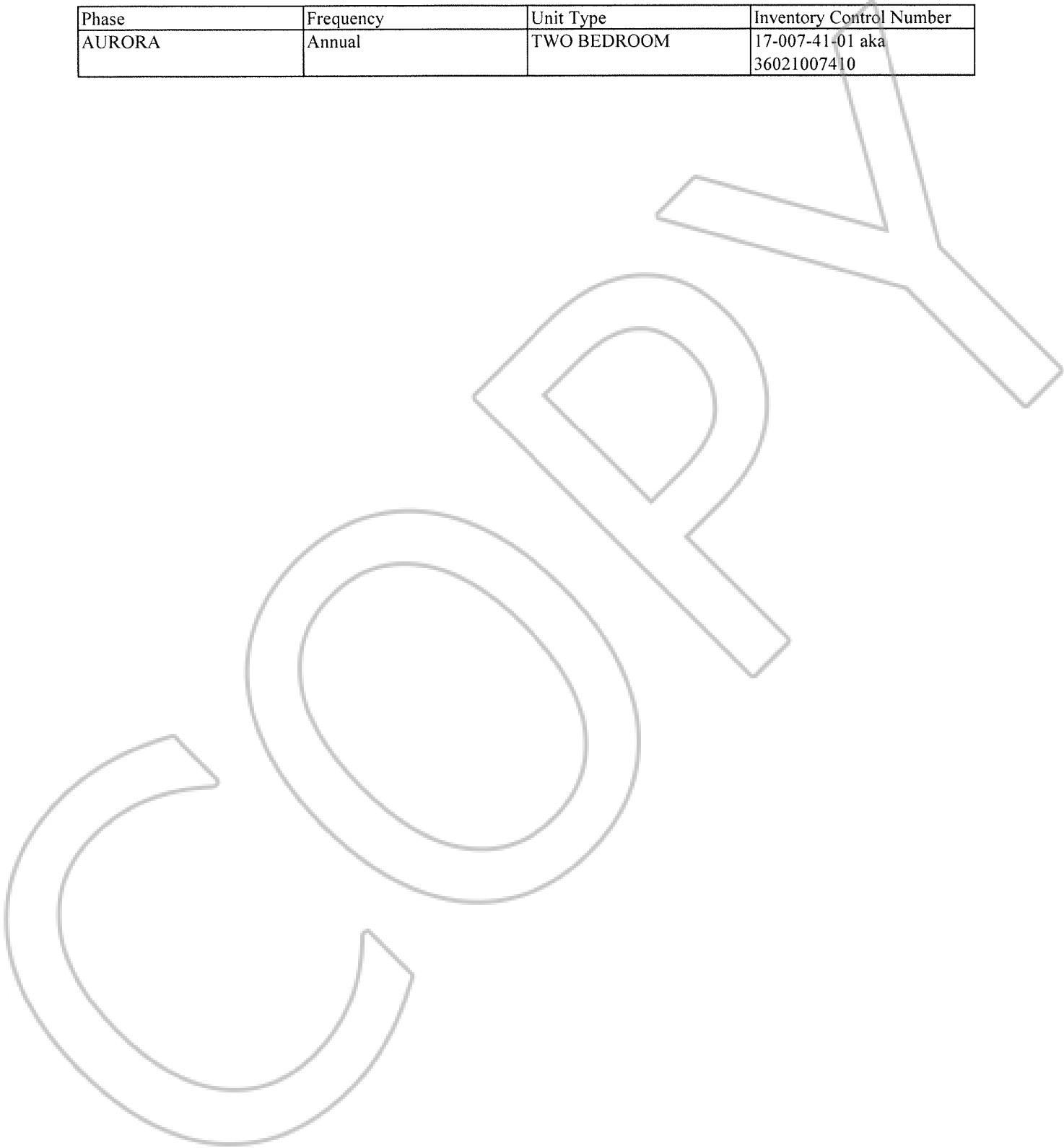
APN: 1319-15-000-023

APN: 1319-15-000-029

APN: 1319-15-000-030

Exhibit "A-1"

Phase	Frequency	Unit Type	Inventory Control Number
AURORA	Annual	TWO BEDROOM	17-007-41-01 aka 36021007410



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

Salinas, California

CERTIFIED COPY OF VITAL RECORDS

CERTIFICATE OF DEATH

3200727001980

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) AMANDA		3. LAST (Family) SMELSER	
2. MIDDLE DELIA		5. AGE Yrs. 56	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST) AMY DELIA SMELSER		4. DATE OF BIRTH mm/dd/ccyy 05/07/1951	
9. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NUMBER [REDACTED] 1312		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION — Highest Level/Degree (see worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/ccyy 11/28/2007	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED PROGRAM MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COMPUTERS	
19. YEARS IN OCCUPATION 11			
20. DECEDENT'S RESIDENCE (Street and number or location) 1506 LAGO VISTA BLVD.			
21. CITY PALM HARBOR			
22. COUNTY/PROVINCE PINELLAS			
23. ZIP CODE 34685			
24. YEARS IN COUNTY 1			
25. STATE/FOREIGN COUNTRY FL			
26. INFORMANT'S NAME, RELATIONSHIP DALE SMELSER, HUSBAND			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1506 LAGO VISTA BLVD, PALM HARBOR, FL 34685			
28. NAME OF SURVIVING SPOUSE — FIRST DALE		29. MIDDLE -	
30. LAST (Maiden Name) SMELSER			
31. NAME OF FATHER — FIRST OSCAR		32. MIDDLE J.	
33. LAST OLEA		34. BIRTH STATE AZ	
35. NAME OF MOTHER — FIRST RACHEL		36. MIDDLE C.	
37. LAST (Maiden) JUFIAR		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/ccyy 12/03/2007		40. PLACE OF FINAL DISPOSITION RESIDENCE 1536 CAMBRIDGE CT, SALINAS, CA	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -			
44. NAME OF FUNERAL ESTABLISHMENT STRUVE LAPORTE FUNERAL HOME		45. LICENSE NUMBER FD322	
46. SIGNATURE OF LOCAL REGISTRAR ▶ HUGH STALLWORTH, MD, MPH		47. DATE mm/dd/ccyy 12/03/2007	
101. PLACE OF DEATH NATIVIDAD MEDICAL CENTER			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY MONTEREY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1441 CONSTITUTION BLVD	
106. CITY SALINAS			
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) GUNSHOT WOUND TO HEAD Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C) (D)		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 20070878 (B) MINS (C) 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
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 Since Decedent Last Seen Alive (A) mm/ds/ccyy (B) mm/ds/ccyy		115. SIGNATURE AND TITLE OF CERTIFIER ▶	
116. LICENSE NUMBER		117. DATE mm/ds/ccyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/ds/ccyy 11/28/2007		122. HOUR (24 Hours) 1730	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) HOME			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SELF INFLICTED GUNSHOT WOUND			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) 1536 CAMBRIDGE COURT, SALINAS, CA 93906			
126. SIGNATURE OF CORONER / DEPUTY CORONER ▶ RUBEN A GARCIA		127. DATE mm/ds/ccyy 11/30/2007	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER RUBEN A GARCIA, DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	
01200700665375			

MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

DATE ISSUED DEC 03 2007

By *[Signature]* Local Registrar.

000210894

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.

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

PBNC (REV) 11/96

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE