

APN#: 1319-15-000-015
 1319-15-000-020
 1319-22-000-021
 1319-15-000-022
 1319-15-000-023c
 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, CAROL ANNE GOLBRANSON, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That CARL LENNART GOLBRANSON having become deceased on June 4, 2011 pursuant to the attached certified copy Certificate of Death, is the same person CARL LENNART GOLBRANSON named as one of the parties in that certain David Walley's Resort Grant. Bargain, Sale Deed dated September 1, 2010 By Walley's Partners Limited Partnership, a Nevada limited partnership, to Carl Lennart Golbranson and Carol Anne Golbranson, Trustees of The Golbranson Revocable Family Trust, dated May 7, 1999 as community property with right of survivorship, recorded on September 26, 2007, as Recorded Document No. 0709963 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, CAROL ANNE GOLBRANSON, is the surviving spouse of the named decedent.



I, CAROL ANNE GOLBRANSON, 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.

CAROL ANNE GOLBRANSON
Surviving Spouse's Name (Print Name)

Affiant
Title

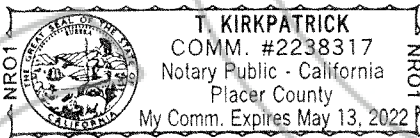
DATED this 18th day of March, 20 20/20,

Carol Anne Golbranson
Signature

CAROL ANNE GOLBRANSON
Print Name of Affiant/Surviving Spouse

STATE OF California
COUNTY OF Placer) SS

SUBSCRIBED AND SWORN before me this 18th day of March, 20 20,
by CAROL ANNE GOLBRANSON.



Notary Stamp/Seal

T. Kirkpatrick
Notary Public Signature

T. Kirkpatrick, Notary Public
Notary Public Print Name
My Commission Expires: 5-13-2022

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 **0709963**

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
DILLON	ANNUAL	TWO BEDROOM	36028102340 aka: 17-102-34-01

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

3201131001471

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WRITINGS OR ALTERATIONS VS 1 (REV. 9/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CARL		2. MIDDLE LENNART		3. LAST (Family) GOLBRANSON	
AKA, ALSO KNOWN AS - Include full AKA, FIRST, MIDDLE, LAST		4. DATE OF BIRTH mm/dd/ccyy 07/29/1941		5. AGE Yrs. Mths. Ds. Hrs. MIN. SEC. 69	
9. BIRTH STATE/FOREIGN COUNTRY NEW YORK		10. SOCIAL SECURITY NUMBER ██████-██-2112		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIAGE STATUS (at time of death) MARRIED		7. DATE OF DEATH mm/dd/ccyy 06/04/2011		8. HOUR (24 hours) 1348	
13. EDUCATION - Highest Level/Degree (Use worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BANKING		19. YEARS IN OCCUPATION 38	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1946 GRAND PHEASANT LANE					
21. CITY LINCOLN		22. COUNTY/PROVINCE PLACER		23. ZIP CODE 95648	
24. YEARS IN COUNTY 8		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP CAROL A GOLBRANSON, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1946 GRAND PHEASANT LANE, LINCOLN, CA 95648		
28. NAME OF SURVIVING SPOUSE (SRDP) - FIRST CAROL		29. MIDDLE ANNE		30. LAST (BIRTH NAME) ERICKSON	
31. NAME OF FATHER/PARENT - FIRST CARL		32. MIDDLE LENNART		33. LAST GOLBRANSON	
34. BIRTH STATE MA		35. NAME OF MOTHER/PARENT - FIRST EVELYN		36. MIDDLE MAE	
37. LAST (BIRTH NAME) WINSHIP		38. BIRTH STATE MA			
39. DISPOSITION DATE mm/dd/ccyy 06/10/2011		40. PLACE OF FINAL DISPOSITION RESIDENCE CAROL A GOLBRANSON 1946 GRAND PHEASANT LANE, LINCOLN, CA 95648			
41. TYPE OF DISPOSITION(S) CRURES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT LAMBERT FUNERAL HOME		45. LICENSE NUMBER FD 734		46. SIGNATURE OF LOCAL REGISTRAR ▶ RICHARD J. BURTON, MD	
47. DATE mm/dd/ccyy 06/07/2011					
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/CP <input type="checkbox"/> COA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/Etc. <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1600 EUREKA ROAD		106. CITY ROSEVILLE	
107. CAUSE OF DEATH Enter the chain of events -> (Stages, phases, or complications) -> that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation or without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) SEPTIC SHOCK					
Sequitally, 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) BACTERIAL PERITONITIS- ETIOLOGY UNKNOWN					
108. DEATH REPORTED TO CORONER (Specify 24-Hour) (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DYS					
109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DYS					
110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ALCOHOLIC LIVER CIRRHOSIS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
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: <input type="checkbox"/> (A) mm/dd/ccyy <input type="checkbox"/> (B) mm/dd/ccyy		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ANANDRAY B. PATEL D.O.		116. LICENSE NUMBER 20A8911	
117. DATE 06/06/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANANDRAY B. PATEL D.O. 1600 EUREKA ROAD, ROSEVILLE, CA 95661			
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 type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/ccyy					
122. HOUR (24 hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER ▶		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH.#		CENSUS TRACT		010001061790076	



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER

* 000342958 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

06/28/2011

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

PHNCO (Rev.) 06/09

Richard J. Burton, M.D.
Richard J. Burton, M.D.

HEALTH OFFICER AND LOCAL REGISTRAR

