

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.: \$ 0.00

Recording Requested By:
Wilson Title Service, LLC
4045 Spencer Street, Suite A62
Las Vegas, NV 89119

After Recording Mail To:
Wilson Title Service, LLC
4045 Spencer Street, Suite A62
Las Vegas, NV 89119

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

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

The undersigned, MARIA C. GARRETT of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That MICHAEL DENNIS GARRETT having become deceased on FEBRUARY 7, 2019 at WASHOE COUNTY, NEVADA, pursuant to the attached certified copy Certificate of Death, is the same person as MICHAEL GARRETT named as one of the parties in that certain **David Walley's Resort Grant, Bargain, and Sale Deed** dated FEBRUARY 10, 2001 by **Walley's Partners Limited Partnership, a Nevada limited partnership** to Michael Garrett and Maria C. Garrett, husband and wife as joint tenants with right of survivorship, recorded on February 23, 2001, as Recorded Document No. 2001-509201, 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 County of Douglas, 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, MARIA C. GARRETT, is the surviving joint tenant of the named decedent.

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange


s.s.

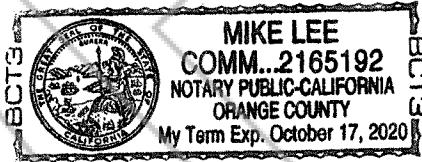
Subscribed and sworn to (or affirmed) before me on this 11 day of June

2020, by Maria Garrett and

_____, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.


Signature of Notary Public



For other required information (Notary Name, Commission No. etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
 form(s) of identification credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

Affiant(s) Thumbprint(s) Describe: _____

Exhibit "A"

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.

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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.

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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

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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	17-021-15-01 aka 36021021150

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

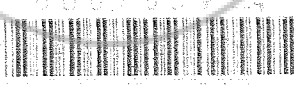
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4065879

CERTIFICATE OF DEATH

2019002775
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Michael Dennis GARRETT		2. DATE OF DEATH (Mo/Day/Year) February 07, 2019		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 6065 Sunrise Meadows Loop		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 55		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 05, 1963		9a. STATE OF BIRTH (If not US/CA, name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 18		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 8998		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
DISPOSITION	15d. STREET AND NUMBER 6065 Sunrise Meadows Loop		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) James Wendel GARRETT	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eunice ANDERBERY		18a. INFORMANT - NAME (Type or Print) Robert P GARRETT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 154 Seep Rock Cove Driftwood, Texas 78619	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LAURA D KNIGHT MD SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) April 15, 2019	
REGISTRAR	22c. HOUR OF DEATH 11:19		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 07, 2019		22e. PRONOUNCED DEAD AT (Hour) 11:19	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laura D Knight MD 990 E Ninth St Reno, NV 89512		23b. LICENSE NUMBER 15930		24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 16, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Complications Of Chronic Alcoholism	
	25a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DUE TO, OR AS A CONSEQUENCE OF:		25e. DUE TO, OR AS A CONSEQUENCE OF:		25f. DUE TO, OR AS A CONSEQUENCE OF:	
	25g. DUE TO, OR AS A CONSEQUENCE OF:		25h. DUE TO, OR AS A CONSEQUENCE OF:		25i. DUE TO, OR AS A CONSEQUENCE OF:	
25j. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertensive Cardiovascular Disease		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

4/16/2019

Jan Shugh
Interim Administrator

STATE REGISTRAR

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

