



KAREN ELLISON, RECORDER

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, Diane Goodfellow, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That having become deceased on Michael Allen Wescott pursuant to the attached certified copy Certificate of Death, is the same person Michael Wescott named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 8/21/91 By Walley's Partners Limited Partnership, a Nevada limited partnership, to Michael a. Wescott and Dianne Wescott, husband and Wife As Joint Tenants with right of survivorship, recorded on 8/30/91, as Recorded Document No. 259256 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, Diane Goodfellow, is the surviving spouse of the named decedent.

Contract # M6743041

OL LV Death of Spouse

* SPOUSAL *

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 _____

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
Five	ODD	157	3715729B

COPY

I, Diane Goodfellow, 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.

Diane Goodfellow
Surviving Spouse's Name (Print Name)

Affiant
Title

DATED this 24 day of May, 20 21,

Dianne Goodfellow
Signature

Dianne Goodfellow
Print Name of Affiant/Surviving Spouse

STATE OF _____)

ss

COUNTY OF _____)

*Please See Attached
for Notary*

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____,
by Diane Goodfellow.

Notary Public Signature

Notary Public Print Name

My Commission Expires: _____

Notary Stamp/Seal

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701
CERTIFICATE OF DEATH

3 2002 30 017132

STATE FILE NUMBER		USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00))				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Michael		2. MIDDLE Allen		3. LAST (FAMILY) Wescott			
4. DATE OF BIRTH M/M/DD/C/YY 04/21/1946		5. AGE YRS. 56		6. SEX M		7. DATE OF DEATH M/M/DD/C/YY 12/26/2002	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED]-0098		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Chaffey Joint Union High School			
17. OCCUPATION Fine Arts Teacher		18. KIND OF BUSINESS Education		19. YEARS IN OCCUPATION 10			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1417 Eltham Place							
21. CITY Fullerton		22. COUNTY Orange		23. ZIP CODE 92833		24. YRS IN COUNTY 26	
25. STATE OR FOREIGN COUNTRY CA							
26. NAME, RELATIONSHIP Dianne Wescott - Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1417 Eltham Place Fullerton CA 92833			
28. NAME OF SURVIVING SPOUSE—FIRST Dianne		29. MIDDLE -		30. LAST (MAIDEN NAME) Verry			
31. NAME OF FATHER—FIRST Lawrence		32. MIDDLE L		33. LAST Wescott		34. BIRTH STATE CA	
35. NAME OF MOTHER—FIRST Barbara		36. MIDDLE -		37. LAST (MAIDEN) Jones		38. BIRTH STATE VA	
39. DATE M/M/DD/C/YY 01/03/2003		40. PLACE OF FINAL DISPOSITION Rose Hills Memorial Park 3888 S Workman Mill Rd, Whittier CA 90601					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Fara Valencia</i>		43. LICENSE NO. 7717			
44. NAME OF FUNERAL DIRECTOR Rose Hills Mort - Whittier		45. LICENSE NO. FD-970		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Horton</i>		47. DATE M/M/DD/C/YY 01/03/2003	
101. PLACE OF DEATH St Jude Medical Center		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Orange	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 101 E Valencia Mesa Dr		106. CITY Fullerton					
107. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Cardiopulmonary Arrest						2 Hrs	
DUE TO (B) Coronary Artery Disease						13 Yrs	
DUE TO (C)							
DUE TO (D)							
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						REFERRAL NUMBER 02-08552 CR	
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						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 RELATED TO 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. DECEASED ATTENDED SINCE M/M/DD/C/YY 06/--/1996 DECEASED LAST SEEN ALIVE M/M/DD/C/YY 08/16/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Merralynn Sioson</i> MD		116. LICENSE NO. A064787		117. DATE M/M/DD/C/YY 1/2/03	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Merralynn Sioson MD 1900 E Lambert Brea CA 92821							
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 M/M/DD/C/YY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		FAX AUTH. # 8874S	
						CENSUS TRACT	

1249169

CERTIFIED COPY OF VITAL RECORDS JAN 13 2002

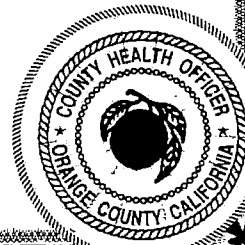
STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Mark Horton
MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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





Jurat Certificate California only

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

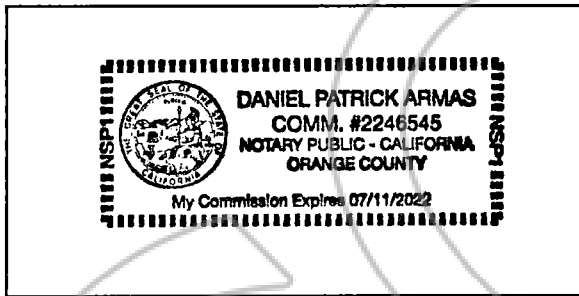
Subscribed and sworn to (or affirmed) before me on this 10th

day of June, 2021, by Dianne Goodfellow

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Seal Here

Signature



[Handwritten Signature]

Description of Attached Document

Type or Title of Document

Affidavit of Death Terminating Joint Tenancy

Document Date

5/24/21

Number of Pages

2

Signer(s) Other Than Named Above

none

Clear/Reset

Noticed my name was misspelled so had the notary redo form

WELLS FARGO

Jurat Certificate California only

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

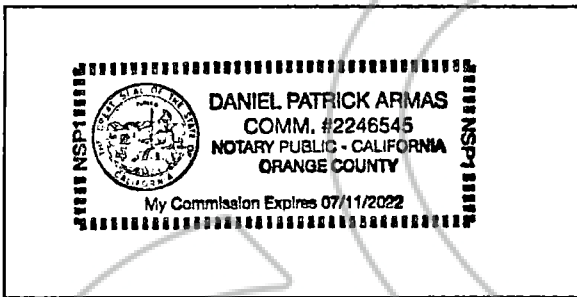
Subscribed and sworn to (or affirmed) before me on this 24th

day of May, 2021, by ^{*Dianne*} Diane Goodfellow

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Seal Here

Signature



Description of Attached Document

Type or Title of Document

Affidavit of Death Terminating Joint Tenancy

Document Date

5/24/21

Number of Pages

2

Signer(s) Other Than Named Above

none