DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

DIANNE GOODFELLOW

06/14/2021 02:18 PM

Pas=7

2021-969091

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

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 <u>Exhibit "A-1"</u> 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 1/1,071<sup>st</sup>, or 1/2,142<sup>nd</sup> 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 1/1,989<sup>th</sup> or 1/3,978<sup>th</sup> 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 1/1,224<sup>th</sup> or 1/2,448<sup>th</sup> 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 1/1,224<sup>th</sup>,1/2,448<sup>th</sup>, 1/204<sup>th</sup>, or 1/408<sup>th</sup> 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



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	Affiant
Surviving Spouse's Name (Print Name)	Title
DATED this 24 day of May	,20 2/ ,
/	Deanne Goodfellow
	Manne Soodfellow
	Signature
	Dianne Goodfellow
	Dianne Goodfellow Print Name of Affiant/Surviving Spouse
STATE OF)	Please See Attached for Notarcy.
COUNTY OF	7 1000
COSINT OF	for Notarca-
SUBSCRIBED AND SWORN before me this	day of, 20
by Diane Goodfellow.	
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	\ \
	Notary Public Signature
	No. 1 Part Co. 1 Part AND
Notary Stamp/Seal	Notary Public Print Name My Commission Expires:
Notary Stamp/Scar	wy conumsion Expires.
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## **COUNTY OF ORANGE**

# HEALTH CARE AGENCY 1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701 CERTIFICATE OF DEATH

3 2002 30 0 1 7 1 3 2

STA	TE FILE NUMBER	031	. DEACH III	VS-	ASURES, WHITE It (REV. 1/00)	OUTS OR AL	TERATIONS	LOCAL	REGISTRAT	TION NUM	ABER
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	Fullerton		Or	ange		92833		26		CA	7
	26. NAME, RELATIONSHIP							UMBER OR RUPAL			OWN, STATE, ZIPI
INFORMANT	Dianne Wesco				1417		11000	Fullerto	n CA 92	.833	
	28. NAME OF SURVIVING	SPOUSE-FIRST	29	. MIDDLE	1	30.	. LAST (NA	IDEN NAME)			
	Dianne			200	·- //	100	Verry	'N. 1	l.		
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PARENT	Lawrence			L			Wesco				CA
INFORMATION	35. NAME OF MOTHER-F	FIRST	36	. MIDDLE	7/4	37.	. LAST (MA	(IDEN)			38. BIRTH STATE
	Barbara			- N.	- "%		Jones	: /	1		VA
	39. DATE M M / D D / C C	YY 40. PLACE OF	FINAL DIS	POSITION	No.	**.			/		
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PLACE	St Jude Med:	ical Cente	r	☐ IP 🗓 [	R/OP DO	A   H		RES OTHER		ange	•
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·	107. DEATH WAS CAUSED	BY: (ENTER ONLY	ONE CAU	SE PER LINE F	OR A, B, C, A	ום ט	7	TIME INTE	INSET	EATH REPO	☐ No
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T25,  PHYSI- CIAN'S CERTIFICA- TION	IMMEDIATE CAUSE  DUE TO (B)  DUE TO (C)  DUE TO (C)  112. OTHER SIGNIFICANT NONE  113. WAS OPERATION PE NO  114. I CERTIFY THAT TO TE EOGE BEATH OCCUMENT AND PLACE STATE OF DECEMBER ATTHE OF COUNTRY THAT THAT COUNTRY COUNTRY THAT COUNTRY COUNTRY THAT COUNTRY THAT COUNTRY THAT COUNTRY THAT COUNTRY THAT COUNTRY	CONDITIONS CON  TEFORMED FOR ANY  THE BEST OF MY KNO  THE BEST OF MY KNO  THE CAUSE AND POSICE  OR /16/201  TO OPINION DEATH HOUR, DATE AND POSICE  OR /16/201  TO OPINION DEATH HOUR, DATE AND POSICE  AND POSICE AND POSICE  OR /16/201  TO OPINION DEATH AND POSICE  AND NUMBER OR I	TRIBUTING TRIBUTING Y CONDITION TAKED TAKED TO THE TRIBUTING TO THE TRIBUT	Arrest  Disease  TO DEATH BU  ON IN ITEM 10:  I.S. SIGNATURE  I.S. TYPE ATTE  CETTALYME  CO. INJURY AT 12  YES  AND CITY, ZIP)	T NOT RELATE  FOR 1127 IF Y  AND STITLE OF  IF ALL JUNE  NOING PHYSICI  1 S10SOTI  NORK 121. INUI  NO HOW INJURY O	CERTIFIER CERTIFIER CAN'S NAME, I MD 190	MI MAILING AI O E LE	116. LICENS  A OLG  DEPTH A OLG  THE A OLG  DEPTH A OLG  DEPTH A OLG  THE A O	X   X   X   X   X   X   X   X   X   X	YES NEGRAL 2-085 INFORMATION PER VES NUTOPSY P  YES SEED IN DET 1/2/ 2821 OF INJURE	MULBER NO  52 CR  PROPMED  NO  ERFORMED  NO  ERFORMED  NO  ERFORMED  NO  MINITED AUSE  NO  MINITED AUSE  NO  MINITED AUSE  NO  MINITED AUSE  Y
T25,  PHYSI- CIAN'S CERTIFICA- TION	IMMEDIATE CAUSE  DUE TO (B)  DUE TO (C)  DUE TO (D)  112. OTHER SIGNIFICANT  NONE  113. WAS OPERATION PE  NO  114.   CERTIFY THAT TO TO ECCEPT ATTENDED SINCE M M / DO JCC YY  O6//1996    CERTIFY THAT IN M OCCURRED AT THE!   CERTIFY THAT IN M OCCURRED AT THE!  NATURAL SUCIL  NATURAL SUCIL  ACCIDENT   PRODI	CONDITIONS CON  TEFORMED FOR ANY  THE BEST OF MY KNO  THE BEST OF MY KNO  THE CAUSE AND POSICE  OR /16/201  TO OPINION DEATH HOUR, DATE AND POSICE  OR /16/201  TO OPINION DEATH HOUR, DATE AND POSICE  AND POSICE AND POSICE  OR /16/201  TO OPINION DEATH AND POSICE  AND NUMBER OR I	TRIBUTING TRIBUTING Y CONDITION TAKED TAKED TO THE TRIBUTING TO THE TRIBUT	Arrest  Disease  TO DEATH BU  ON IN ITEM 10:  I.S. SIGNATURE  I.S. TYPE ATTE  CETTALYME  CO. INJURY AT 12  YES  AND CITY, ZIP)	T NOT RELATE  FOR 1127 IF Y  AND STITLE OF  IF ALL JUNE  NOING PHYSICI  1 S10SOTI  NORK 121. INUI  NO HOW INJURY O	CERTIFIER CERTIFIER CAN'S NAME, I MD 190	MI MAILING AI O E LE	116. LICENS  AOGU  AOGU  TIGO DERES, 2P  TIGO PESULTEO IN	X   X   X   X   X   X   X   X   X   X	YES NEGRAL 2-085 INFORMATION PER VES NUTOPSY P  YES SEED IN DET 1/2/ 2821 OF INJURE	MULBER NO  52 CR  PROPMED  NO  ERFORMED  NO  ERFORMED  NO  ERFORMED  NO  MINITED AUSE  NO  MINITED AUSE  NO  MINITED AUSE  NO  MINITED AUSE  Y
T25,  PHYSI- CIAN'S CERTIFICA- TION	IMMEDIATE CAUSE (A)  DUE TO (B)  DUE TO (C)  DUE TO (C)  112. OTHER SIGNIFICANT  NONE  113. WAS OPERATION PE  NO  114. I CERTIFY THAT TO TE  EOGE BEATH OCCURRE  AND PLACE STATE OF  BUT OF THE COUNTY  OCCURRED THE COUNTY  OCCURRED THAT IN  ACCIDENT INVES  125. LOCATION ISTREET	COTONARY AT  COTONARY AT  CONDITIONS CON  REFORMED FOR ANY  HE BEST OF MY KNO  RED AT THE HOUR, D  RED AT THE HOUR, D  RED AT THE HOUR, D  RED AT THE AND F  COULD  RED AT OPINION DEATH  HOUR, DATE AND F  AND NUMBER ON T  ONER OR DEPUTY	TRIBUTING TRIBUTING Y CONDITION TAKED TAKED TO THE TRIBUTING TO THE TRIBUT	Arrest Disease To DEATH BU ON IN ITEM 10: 15. SIGNATURE 18. TYPE ATTE CETTAL STITE	T NOT RELATE TOR 1127 IF Y AND TITLE OF THE ALTHUR NOINE PHYSICS TO SIOSOTI NOON 121. INUIN NO N	CERTIFIER CERTIFIER CAN'S NAME, I MD 190	MAILING A' O E LE OF OPER	116. LICENS  AOGG  AOGG  DESCRIPTION AND DATE  116. LICENS  AOGG  DESCRIPTION  AOGG  TO DESCRIPTION  TO DESCRI	X   X   X   X   X   X   X   X   X   X	YES  NETERNAL  PER NATIONAL  YES  LITORY PER  LITORY PER  YES  YES  LITORY PER  YES  LITORY	MULBER NO  52 CR  PROPMED  NO  ERFORMED  NO  ERFORMED  NO  ERFORMED  NO  MINITED AUSE  NO  MINITED AUSE  NO  MINITED AUSE  NO  MINITED AUSE  Y
T25,  PHYSI- CIAN'S CERTIFICA- TION	IMMEDIATE CAUSE  DUE TO (B)  DUE TO (C)  DUE TO (C)  112. OTHER SIGNIFICANT NONE  113. WAS OPERATION PE NO  114. I CERTIFY THAT TO TE EOGE BEATH OCCUMENT AND PLACE STATE OF DECEMBER ATTHE OF COUNTRY THAT THAT COUNTRY COUNTRY THAT COUNTRY COUNTRY THAT COUNTRY THAT COUNTRY THAT COUNTRY THAT COUNTRY THAT COUNTRY	COTONARY AT  COTONARY AT  CONDITIONS CON  REFORMED FOR ANY  HE BEST OF MY KNO  RED AT THE HOUR, D  RED AT THE HOUR, D  RED AT THE HOUR, D  RED AT THE AND F  COULD  RED AT OPINION DEATH  HOUR, DATE AND F  AND NUMBER ON T  ONER OR DEPUTY	TRIBUTING V CONDITION  TRIBUTING V CONDITION  TATED.	Arrest Disease To DEATH BU ON IN ITEM 10: 15. SIGNATURE 18. TYPE ATTE CETTAL STITE	T NOT RELATE  FOR 1127 IF Y  AND TITLE OF  FALSON  NOING PHYSIC  1 S10SON  NOON 121. INUI  NO  NO NO NO NO NO NO NO NO NO NO NO NO NO N	CERTIFIER  CERTIFIER  MD 190  DIRY DATE IN M  CCURRED IE	MAILING A' O E LE OF OPER	116. LICENS  AOGG  AOGG  DESCRIPTION AND DATE  116. LICENS  AOGG  DESCRIPTION  AOGG  TO DESCRIPTION  TO DESCRI	X   X   X   X   X   X   X   X   X   X	YES  NETERNAL  PER NATIONAL  YES  LITORY PER  LITORY PER  YES  YES  LITORY PER  YES  LITORY	NO DERMINING CAUSE  M M / D D / C C Y Y  Y CORONER

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CERTIFIED COPY OF VITAL RECORDS JAN 1 3 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 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		7
County of Orange		
Subscribed and sworn to (or affirmed) before me on	n this _10th	
	< < ) )	\
day of June , 20.21, by Dianne Goo	odfellow	
proved to me on the basis of satisfactory evidence t	to be the persony, who appeared before me.	
Place Seal Here	Signature (	
DANIEL PATRICK ARMAS COMM. #2246545 NOTARY PUBLIC - CALIFORNA ORANGE COUNTY My Commission Expires 07/11/2022  Description of Attached Document		
Type or Title of Document  Affidavit of Death Terminating Joint Tena	ancy	
Document Date  5/24/21	Number of Pages	
Signer(s) Other Than Named Above		





# Noticed my name was misspelled so had the notery redo form

# 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	<b>N</b>
Dianne Bl	< < ) )	\
day of May 2021, by Diane Goodf	fellow	
proved to me on the basis of satisfactory evidence to	o be the person(s) who appeared before me.	
Place Seal Here	Signature 1	
DANIEL PATRICK ARMAS COMM. #2246545 NOTARY PUBLIC - CALIFORNIA ORANGE COUNTY My Commission Expires 07/11/2022 My Commission Expires 07/11/2022 Description of Attached Document		
Type or Title of Document Affidavit of Death Terminating Joint Tena	ancy	
Document Date	Number of Pages	
[5/24/21	1.2	
Signer(s) Other Than Named Above		
none		