



00141526202109734200060069

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.: 17-098-44-01

Recording Requested By:
Douglas Rundle
P.O. Box 234
Smartsville, CA 95977-0234

After Recording Mail To:
Douglas Rundle
P.O. Box 234
Smartsville, CA 95977-0234

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, Douglas A. Rundle, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Judy Underwood having become deceased on 12/15/2016 pursuant to the attached certified copy Certificate of Death, is the same person Judy Underwood named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 05/18/2007 By Walley's Partners Limited Partnership, a Nevada limited partnership, to Douglas A. Rundle and Judy Underwood, husband and wife, as community property with right of survivorship, recorded on 05/18/2007, as Recorded Document No. 0701413 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, Douglas A. Rundle, is the surviving spouse of the named decedent.



I, Douglas A. Rundle, 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.

Douglas A. Rundle
Surviving Spouse's Name (Print Name)

Affiant
Title

DATED this 30TH day of AUGUST, 20 21,

Douglas A Rundle
Signature

Douglas A. Rundle
Print Name of Affiant/Surviving Spouse

STATE OF _____)

COUNTY OF _____)

ss

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____,
by Douglas A. Rundle.

Notary Public Signature

Notary Public Print Name
My Commission Expires: _____

Notary Stamp/Seal

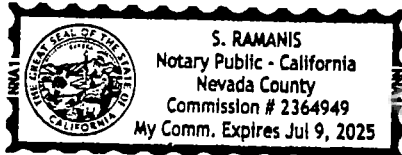
See attached

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 Nevada

Subscribed and sworn to (or affirmed) before me on this 30th
day of August, 2021, by Douglas A. Rundle

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



(Seal)

Signature S. Ramanis

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 Doc # 0701413

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	2BD	36027098440

CORPOR

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

THE COUNTY OF YUBA

HEALTH DEPARTMENT
MARYSVILLE, CALIFORNIA 95901

CERTIFICATE OF DEATH

3201658000783

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JUDY		3. LAST (Family) UNDERWOOD	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/28/1951	
5. AGE Yrs. 65		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 8059	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <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		7. DATE OF DEATH mm/dd/yyyy 12/15/2016	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LANDSCAPER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LANDSCAPING	
19. YEARS IN OCCUPATION 25		20. DECEDENT'S RESIDENCE (Street and number, or location) 7300 NUGGET TRAIL	
21. CITY SMARTSVILLE		22. COUNTY/PROVINCE YUBA	
23. ZIP CODE 95977		24. YEARS IN COUNTY 26	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DOUGLAS RUNDLE, HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7300 NUGGET TRAIL, SMARTSVILLE, CA 95977		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST DOUGLAS	
29. MIDDLE ALLEN		30. LAST (BIRTH NAME) RUNDLE	
31. NAME OF FATHER/PARENT - FIRST RICHARD		32. MIDDLE LOUIS	
33. LAST (BIRTH NAME) BARCENAS		34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT - FIRST DELORES		36. MIDDLE MARIE	
37. LAST (BIRTH NAME) SPARKS		38. BIRTH STATE MO	
39. DISPOSITION DATE mm/dd/yyyy 12/19/2016		40. PLACE OF FINAL DISPOSITION DOUGLAS RUNDLE'S RES: 7300 NUGGET TRAIL, SMARTSVILLE, CA 95977	
41. TYPE OF DISPOSITION(S) CR/RFS		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT LAKESIDE COLONIAL CHAPEL	
45. LICENSE NUMBER FD1918		46. SIGNATURE OF LOCAL REGISTRAR NICHOLE QUICK, MD	
47. DATE mm/dd/yyyy 12/19/2016		101. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY YUBA		105. FACILITY ADDRESS OR LOCATION (written in full) (street, city, county, and state) 7300 NUGGET TRAIL SMARTSVILLE	
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 venular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		Time Interval Between Onset and Death (AT) YRS	
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 CORNER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. REFERENTIAL NUMBER 16-5179	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <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 HYPERTENSION, HYPERLIPIDEMIA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE		113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
114. WAS OPERATION PERFORMED FOR ANY CONDITION INITIATED IN 107 OR 112? (if yes, list type of operation and date) NO		115. 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 (A) mm/dd/yyyy (B) Decedent Last Seen At mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER NICHOLE QUICK, MD	
116. LICENSE NUMBER FD1918		117. DATE mm/dd/yyyy 12/19/2016	
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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
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 GREIG SIZELOVE		127. DATE mm/dd/yyyy 12/19/2016	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER GREIG SIZELOVE, CHIEF DEP CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Yuba County Public Health Department.



000093472

LOCAL REGISTRAR/HEALTH OFFICER

DATE ISSUED

DEC 19 2016

BY

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAYUBA -- 01