

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 SURVIVING TRUSTEE

The undersigned, Gail H Parks, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Robert F. Parks, Jr having become deceased on March 26, 2014 pursuant to the attached certified copy Certificate of Death, is the same person Robert F. Parks, Jr. named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated July 9, 2003 By Walley's Partners Limited Partnership, a Nevada limited partnership, to Robert F. Parks, Jr and Gail H Parks, Trustees, or their successors in trust, under the Parks Living Trust, June 16, 2003 and any amendments thereto as community property with right of survivorship, recorded on July 18 2003, as Recorded Document No. 083626 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, Gail H Parks, is the successor trustee of the named decedent.



I, **GAIL H PARKS**, 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.

**GAIL H PARKS** Gail H Parks  
Surviving Spouse's Name (Print Name)

\_\_\_\_\_  
Affiant  
Title

DATED this 28 day of December, 2020,

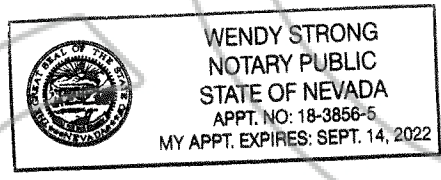
Gail H. Parks  
Signature

**GAIL H PARKS**  
\_\_\_\_\_  
Print Name of Affiant/Surviving Spouse

STATE OF Nevada )

COUNTY OF carson city )<sup>ss</sup>

SUBSCRIBED AND SWORN before me this 28 day of December, 2020,  
by **GAIL H PARKS**.



Notary Stamp/Seal

Wendy Strong  
Notary Public Signature

wendy Strong  
Notary Public Print Name  
My Commission Expires: 9/14/22

## Exhibit "A"

The Time Share 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 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: 1319-15-000-15

### **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           N/A          

APN: 1319-15-000-022

APN: 1319-15-000-031

APN: 1319-15-000-032

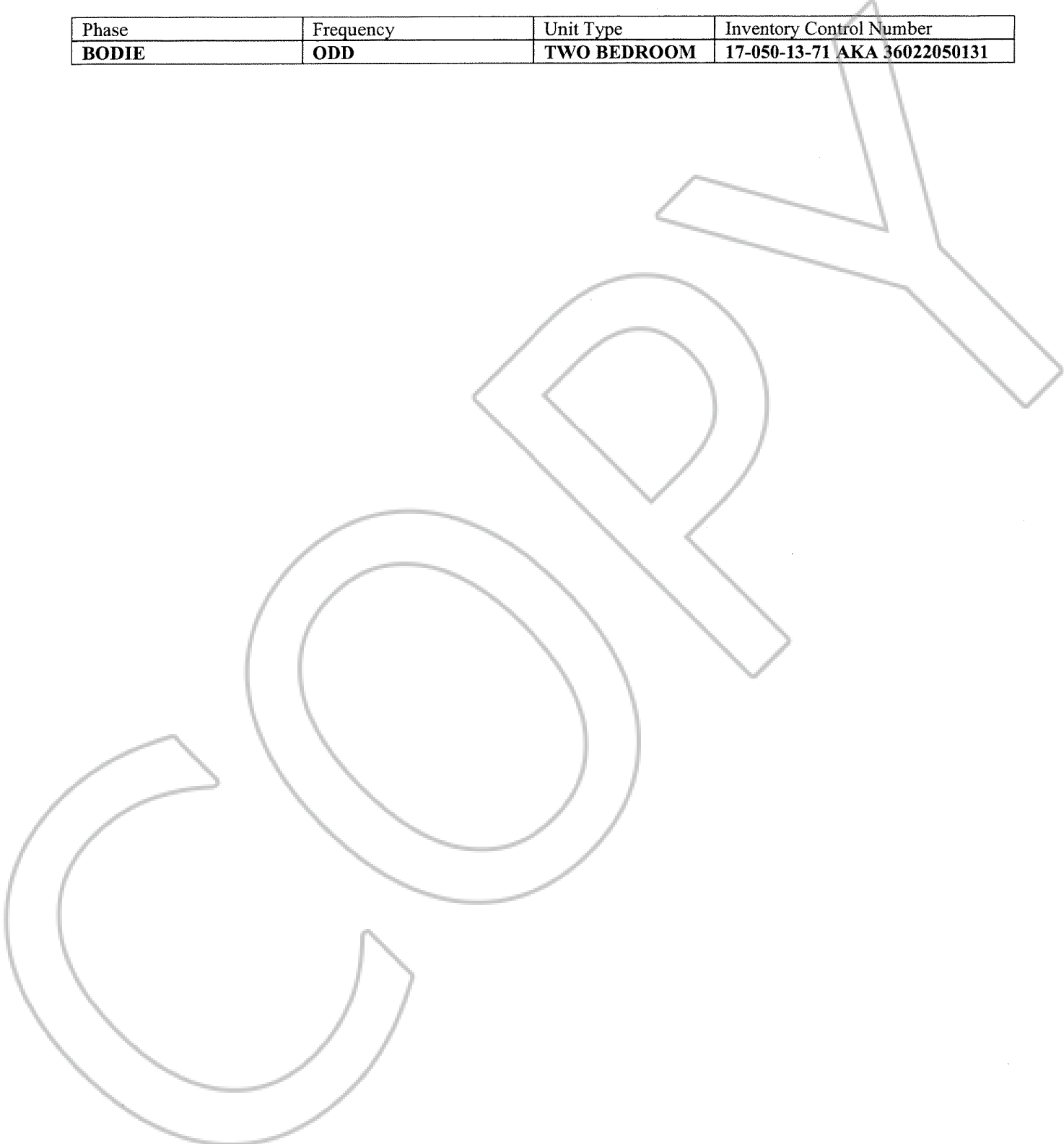
APN: 1319-15-000-023

APN: 1319-15-000-029

APN: 1319-15-000-030

**Exhibit "A-1"**

Phase	Frequency	Unit Type	Inventory Control Number
<b>BODIE</b>	<b>ODD</b>	<b>TWO BEDROOM</b>	<b>17-050-13-71 AKA 36022050131</b>



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2014005160  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Robert F PARKS JR</b>			2. DATE OF DEATH (Mo/Day/Year) <b>March 26, 2014</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Male</b>
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>71</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 30, 1942</b>
	9a. STATE OF BIRTH (if not U.S.A. name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████9349</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Teacher / Administrator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>		Ever in US Armed Forces? <b>No</b>
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>2565 Nye Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert F PARKS SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jean HARDEN</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Gail PARKS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2565 Nye Dr, Minden, Nevada 89423</b>				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION - City or Town State <b>Minden Nevada 89423</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>	20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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) <b>CRAIG RAU M.D.</b>			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)			
	21b. DATE SIGNED (Mo/Day/Yr) <b>March 30, 2014</b>		21c. HOUR OF DEATH <b>01:40</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Tann, Stephen Michael</b>			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>10991</b>	
REGISTRAR	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 01, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) <b>Cardiorespiratory Failure</b>						<b>Minutes</b>
	DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Ventricular Septal Rupture</b>						Interval between onset and death <b>Minutes</b>
	DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Acute Myocardial Infarction</b>						Interval between onset and death <b>Hours</b>
DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Cause Otherwise Unknown</b>						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

525853 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: 04/07/2014

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

