

A.P.N.: 1319-15-000-032
File No: 9928-5641537 (RS)

When Recorded return to, and mail Tax Statements to:
Joyce Destefanis
16 Walkabout Lane
Napa, CA 94558

AFFIDAVIT - TERMINATING JOINT TENANCY

Joyce Destefanis, of legal age, being first duly sworn, deposes and says:

That **David C Penning**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **David C Penning** named as one of the parties in that certain **Grant Deed** dated **June 28, 2011** executed by **LLc , A Nevada Limited Liability Co to Joyce Destefanis and David C Penning** as joint tenants, recorded as Document No. **0792756** on **11/16/2011** in Book **n/a** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the Recorder in and for Douglas County, Nevada in Book 0801 Page 6980, as amended:

Unit Type: 2bd Phase: 4 Inventory Control No: 36029108052
Alternate Year Time Share: Even First Year Use: 2012

If acquiring a Time Share Interest in Phase I, BUYER will receive fee title to a 1/107th undivided interest (if annually occurring) or a 1/2142th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase II, BUYER will receive fee title to a 1/1989th undivided interest (if annually occurring) or a 1/3978th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase III, BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in the Dillon Phase, BUYER will receive fee title to a 1/1224th undivided interest (if annually occurring) or a 1/2448th undivided interest (if biennially occurring) in said Phase.

**CALIFORNIA ALL-PURPOSE CERTIFICATE
OF ACKNOWLEDGMENT**

The 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 the document.

**State of California
County of Napa**

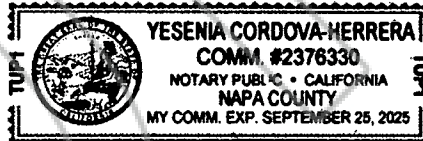
On NOV 16 2021 before me, YESENIA CORDOVA-HERRERA, NOTARY PUBLIC
personally appeared Joyce L Destefanis

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Yesenia Cordova-Herrera
Signature of Notary



Optional Information

Date of Document: NOV 16 2021

Type or Title of Document: Affidavit

Number of Pages in Document: - 2 -

Document in a Foreign Language: —

Capacity of Signer:

- Trustee
- Power of Attorney
- CEO/CFO/COO
- President/Vice-President/Secretary/Treasurer
- Other: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4106978

CERTIFICATE OF DEATH

201902027

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

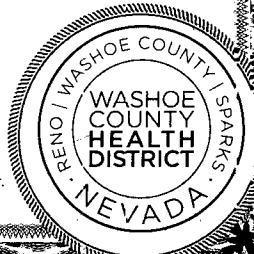
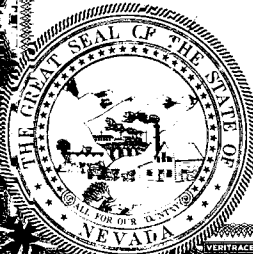
CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David C PENNING		2. DATE OF DEATH (Mo/Day/Year) October 04, 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) Veterans Hospital - Washoe		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 16, 1931		9a. STATE OF BIRTH (f not US/CA, name country) Alabama		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Las: name prior to first marriage) Joyce Destefanis CAMP	
13. SOCIAL SECURITY NUMBER ██████████ 2810		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Market Research Director		14b. KIND OF BUSINESS OR INDUSTRY Manufacture Automation	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 14210 Powder River Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		14c. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Chester Herman PENNING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Louise COLEMAN		
18a. INFORMANT- NAME (Type or Print) Joyce Destefanis CAMP		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 14210 Powder River Ct Reno, Nevada 89511			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CASEY B RENDON MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) October 11, 2019		21c. HOUR OF DEATH 00:12		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Casey B Rendon MD 1155 Mill Street (W11) Reno, NV 89502				23b. LICENSE NUMBER LL2963	
24a. REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 11, 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) Acute Hypoxic and Hypercapnic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: Acute Large Right Middle Cerebral Artery Territory Ischemic Cerebrovascular Accident (b) Atrial Fibrillation DUE TO, OR AS A CONSEQUENCE OF: (c) Atrial Fibrillation DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death 24 Hours	
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	



000337698 **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.

DEPUTY REGISTRAR

DATE ISSUED: **10/15/2019** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Signature Authenticated