



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:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, Florida 32819
After Recording Mail To:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, Florida 32819

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

The undersigned, SHERI LYNN SHOLER, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That STANLEY ORVAL SHOLER having become deceased on 12/22/2021 pursuant to the attached certified copy Certificate of Death, is the same person STANLEY ORVAL SHOLER named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 3/3/2014 By Walley's Partners Limited Partnership, a Nevada limited partnership, to STANLEY ORVAL SHOLER AND SHERI LYNN SHOLER, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP as community property with right of survivorship, recorded on 8/26/2015, as Recorded Document No. 2015-868747 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, SHERI LYNN SHOLER, is the surviving spouse of the named decedent.

Contract # M6677573

OL LV Death of Spouse

SPOUSAL

I, SHERI LYNN SHOLER, 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.

SHERI LYNN SHOLER
Surviving Spouse's Name (Print Name)

Title Affiant

DATED this 7th day of February, 20 22

Sheri Lynn Sholer
Signature

SHERI LYNN SHOLER
Print Name of Affiant/Surviving Spouse

STATE OF _____)

ss

COUNTY OF _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____,
by SHERI LYNN SHOLER.

Please see attached sheet
for CA Acknowledgment/Jurat
As per CA Civil Codes 1189/8202
2/07/2022 mls

Notary Stamp/Seal

Notary Public Signature

Notary Public Print Name

My Commission Expires: _____

California Jurat

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

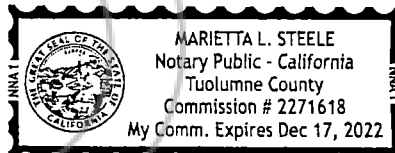
County of Tuolumne

Subscribed and sworn to me on this 7th day of February, 2022
Date Month Year

by Sheri Lynn Sheler

Name of Signers

proved to me on the basis of satisfactory evidence to be the persons who appeared before me.



Signature Marietta L. Steele

Signature of Notary Public

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 2015-868747

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
BODIE	ODD	2BD	36022053391

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

COUNTY OF TUOLUMNE

SONORA, CALIFORNIA

CERTIFICATE OF DEATH

3202155000775

STATE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, CORRECTIONS OR ALTERATIONS VS-11 (REV 3/09)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) STANLEY		2. MIDDLE ORVAL		3. LAST (Family) SHOLER	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) ORVAL STANLEY SHOLER		4. DATE OF BIRTH mm/dd/yyyy 10/10/1945		5. AGE Yrs 76	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]-3795		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See instructions on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP* (at time of death) MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PLUMBING CONTRACTOR		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PLUMBING		8. SEX M	
7. DATE OF DEATH mm/dd/yyyy 12/22/2021		19. YEARS IN OCCUPATION 25		8. HOUR (24 Hour) 1502	
20. DECEDENT'S RESIDENCE (Street and number, or location) 17848 HARVARD MINE ROAD		21. CITY JAMESTOWN		22. COUNTY/PROVINCE TUOLUMNE	
23. ZIP CODE 95327		24. YEARS IN COUNTY 45		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME/RELATIONSHIP LYNN SHOLER, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 1185, JAMESTOWN, CA 95327			
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST SHERI		29. MIDDLE LYNN		30. LAST (BIRTH NAME) KEASTER	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE JAMES		33. LAST SHOLER	
34. BIRTH STATE MO		35. NAME OF MOTHER/PARENT - FIRST EVA		36. MIDDLE -	
37. LAST (BIRTH NAME) RAMBO		38. BIRTH STATE AR			
39. DISPOSITION DATE mm/dd/yyyy 12/31/2021		40. PLACE OF FINAL DISPOSITION LINDEN CEMETERY CADY LANE, LINDEN, CA 95236			
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER JOHN WILLIAM MOORE		43. LICENSE NUMBER EMB6430	
44. NAME OF FUNERAL ESTABLISHMENT TERZICH & WILSON CREMATION-FUNERAL HOME		45. LICENSE NUMBER FD762		46. SIGNATURE OF LOCAL REGISTRAR KAENAN S WHITMAN	
47. DATE mm/dd/yyyy 12/28/2021					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		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 TUOLUMNE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 17848 HARVARD MINE ROAD		106. CITY JAMESTOWN	
107. CAUSE OF DEATH Enter the cause of death - immediate, remote, or complete - that directly caused death. DO NOT enter terminal event's name as cause of death, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		108. HEATH REPORTED TO CORONER (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING 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. IF FEMALE, P. COUNTY OF US 114.1 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114.1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: 12/21/2021 12/22/2021		115. SIGNATURE AND TITLE OF CERTIFIER RICHARD JAMES HECK, MD		116. LICENSE NUMBER G74995	
117. DATE mm/dd/yyyy 12/21/2021		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RICHARD JAMES HECK, MD 1700 MCHENRY VILLAGE WAY SUITE 2, MODESTO, CA 95350		117. DATE mm/dd/yyyy 12/27/2021	
119. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input 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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.



Kaenan Whitman
KAENAN WHITMAN
TUOLUMNE COUNTY ASSESSOR-RECORDER

12/28/2021
DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Assessor-Recorder.
F830 (Rev.) 05/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

