

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, **Kathleen H Liebhardt**, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **William C Liebhardt** having become deceased on **May 5, 2020** pursuant to the attached certified copy Certificate of Death, is the same person **William C Liebhardt** named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated **May 4, 2001** by Walley's Partners Limited Partnership, a Nevada limited partnership, to **William C Liebhardt and Kathleen H Liebhardt, Co-trustees of that Revocable Living Trust Agreement dated June 23, 1998** as community property with right of survivorship, recorded on **October 08, 2001**, as Recorded Document No. **2001-524510** 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, **Kathleen H Liebhardt**, is the successor trustee of the named decedent.



I, **Kathleen H Liebhardt**, 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.

DATED this 28th day of July, 2021,

Kathleen H. Liebhardt
Signature

Printed Name: **Kathleen H Liebhardt**

STATE OF California)

ss

COUNTY OF yolo)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____,
by **Kathleen H Liebhardt**.

See attached

Notary Public Signature: _____
Notary Public Printed Name: _____
My Commission Expires: _____

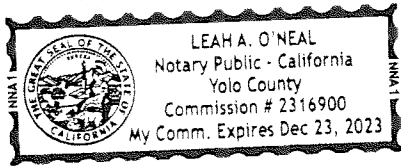
Stamp/Seal

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 Yolo

Subscribed and sworn to (or affirmed) before me on this 28th
day of July, 2021, by Kathleen
H. Liebhardt,

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



(Seal)

Signature Leah A. O'Neal

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 N/A

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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	ANNUAL	2-BEDROOM	17-027-10-01 AKA 36022027100

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF YOLO
 WOODLAND, CALIFORNIA 95695

3052020099862

CERTIFICATE OF DEATH

3202057000436

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS V-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
WILLIAM		CHARLES		LIEBHARDT	
4. DATE OF BIRTH (mm/dd/yyyy)		5. AGE Yrs.		6. SEX	
02/16/1936		84		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
MINNESOTA		-3623		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS (Specify at time of death)		1. DATE OF DEATH (mm/dd/yyyy)		8. HOUR (00-24)	
MARRIED		05/05/2020		1900	
13. EDUCATION - Highest Level (Degree)		14.15. WAS DECEDENT HISpanic/LATIN/Hispanic/LATINA/SPANISH? (If yes, see instructions on back)		16. DECEDENT'S RACE - Up to 3 races may be listed. See instructions on back.	
PROFESSIONAL		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of time. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food distribution, employment agency, etc.)		19. YEARS IN OCCUPATION	
RESEARCH ADMINISTRATOR		UNIVERSITY		36	
20. DECEDENT'S RESIDENCE (Street and number, or locality)					
1871 IMPERIAL AVENUE					
21. CITY		22. COUNTY/PROVINCE		25. STATE/FOREIGN COUNTRY	
DAVIS		YOLO		CALIFORNIA	
23. ZIP CODE		24. YEARS IN COUNTY		26. INFORMANT'S NAME RELATIONSHIP	
95616		33		KATHLEEN LIEBHARDT, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or town, state and zip)		27. INFORMANT'S MAILING ADDRESS (Street and number, or town, state and zip)			
1871 IMPERIAL AVENUE, DAVIS, CA 95616		1871 IMPERIAL AVENUE, DAVIS, CA 95616			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
KATHLEEN		H.		BYRNES	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
DWIGHT		E.		LIEBHARDT	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
IOWA		ELEANOR		-	
37. LAST (BIRTH NAME)		38. BIRTH STATE		39. BIRTH STATE	
BOEHM		WISCONSIN		WISCONSIN	
36. DISPOSITION DATE (mm/dd/yyyy)		40. PLACE OF FINAL DISPOSITION (Street and number, or locality)			
05/11/2020		RESIDENCE OF KATHLEEN LIEBHARDT 1871 IMPERIAL AVENUE, DAVIS, CA 95616			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		▶ NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
SMITH FUNERAL HOME		FD992		▶ RONALD CHAPMAN, MD, MPH	
47. DATE (mm/dd/yyyy)		48. SIGNATURE OF LOCAL REGISTRAR			
05/08/2020		▶ RONALD CHAPMAN, MD, MPH			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER <input type="checkbox"/> OR <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality)		106. CITY	
YOLO		1871 IMPERIAL AVENUE		DAVIS	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIRTH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
END STAGE RENAL DISEASE		MOS		20-0400	
110. BIRTH REPORTED TO CORONER?		111. BIRTH REPORTED TO CORONER?		112. AUTOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. USED IN OTHER DEATH CASE?		114. USED IN OTHER DEATH CASE?		115. USED IN OTHER DEATH CASE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE, DEMENTIA-NON SPECIFIED TYPE, MYOCARDIAL INFARCTION					
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 116? If yes, list type of operation and date(s)					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
12/27/2017		▶ HONG-WEN XUE M.D.		A83779	
118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE		119. DATE (mm/dd/yyyy)			
HONG-WEN XUE M.D.		05/07/2020			
119. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE		120. INJURED AT WORK?			
HONG-WEN XUE M.D.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE (mm/dd/yyyy)		122. HOUR (00-24)		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 locality, and city, and zip)					
-					
126. 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.#	
A B C D E		FAX AUTH.#		CENSUS TRACT	
A B C D E		FAX AUTH.#		CENSUS TRACT	

* 000228713 *

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF YOLO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY CLERK-RECORDER.

DATE ISSUED **MAY 14 2020**

Jesse Salinas
JESSE SALINAS
 YOLO COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Clerk-Recorder.
 FINCO (REV) 0417

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

