

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



KAREN ELLISON, RECORDER

R.P.T.T.:

Recording Requested By:  
MICHAEL A. HALL  
145 DESERT SPRING LANE  
FERNLEY, NV 89408-9380  
After Recording Mail To:  
MICHAEL A. HALL  
145 DESERT SPRING LANE  
FERNLEY, NV 89408-9380

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

1. That Beth Ann Hall having become deceased on August 16, 2021 pursuant to the attached certified copy Certificate of Death, is the same person Beth A. Hall named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated February 12, 2011 By 1862, LLC, a Nevada limited liability company, to Michael A. Hall and Beth A. Hall, Husband and Wife, as community property with right of survivorship, recorded on June 03,2011, as Recorded Document No. 0784189 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, Michael A. Hall, is the surviving spouse of the named decedent.

Contract # M6676115

OL LV Death of Spouse



I, Michael A. Hall, 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.

Michael A. Hall  
Surviving Spouse's Name (Print Name)

Affiant  
Title

DATED this 22 day of MARCH, 20 22

*Michael A. Hall*  
Signature

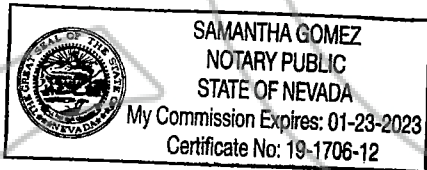
MICHAEL A. HALL  
Print Name of Affiant/Surviving Spouse

STATE OF Nevada )

COUNTY OF Lyon )

ss

SUBSCRIBED AND SWORN before me this 22 day of March, 20 22  
by Michael A. Hall.



Notary Stamp/Seal

*Samantha Gomez*  
Notary Public Signature

Samantha Gomez  
Notary Public Print Name

My Commission Expires: 1/23/2023

**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 1/1,071<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: 1319-15-000-015

**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 Doc # 0784189

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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
6	Annual	2BD	36026096450

COPY

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4230235

**CERTIFICATE OF DEATH**

2021019459  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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) <b>Beth Ann HALL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 16, 2021</b>		3a. COUNTY OF DEATH <b>Lyon</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Fernley</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>145 Desert Springs Lane</b>		3e If Hosp or Inst indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Home</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a AGE-Last birthday (Years) <b>81</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>12</b>	
13 SOCIAL SECURITY NUMBER <b>██████████9805</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
15a RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lyon</b>		15c CITY, TOWN OR LOCATION <b>Fernley</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Paul Lewis BEFFORT</b>		17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lela Lorraine HART</b>		15d STREET AND NUMBER <b>145 Desert Springs Lane</b>	
18a INFORMANT- NAME (Type or Print) <b>Michael Allen HALL</b>		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>145 Desert Springs Lane Fernley, Nevada 89408</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Smith Family Crematory</b>		19c LOCATION City or Town State <b>Fallon Nevada 89407</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JEFF T SMITH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD47</b>		20c NAME AND ADDRESS OF FACILITY <b>Smith Family Funeral Home</b> <b>PO BOX 1545 Fallon NV 89407</b>	
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>MARK D CANTY MD</b> SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr) <b>August 17, 2021</b>		21c HOUR OF DEATH <b>05:20</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)					
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) <b>Mark D Canty MD 1495 Mill Street Reno, NV 89502</b>				23b LICENSE NUMBER <b>15475</b>	
24a REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 17, 2021</b>		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) <b>Malignant Neoplasm Unknown Primary Metastatic To Lymph Nodes</b>				Interval between onset and death <b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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	



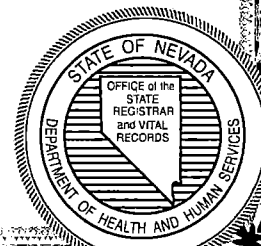
CERTIFIED COPY OF VITAL RECORDS

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: **8/18/2021**

*Blaise Satariano*  
STATE REGISTRAR

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



(ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE)