

APN: 1319-30-519-001

Escrow No. 20223568

Recording Requested By:

Vacation Ownership Title Agency

Mail Tax Statement to:

Holiday Inn Club Vacations Incorporated

9271 S. John Young Pkwy.

Orlando, FL 32819

When Recorded Mail to:

Wilson Title Services, LLC

4045 S. Spencer Street, Suite A62

Las Vegas, NV 89119

AFFIDAVIT – DEATH OF TRUSTEE

(Title of Document)


------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law. (check applicable)

Affidavit of Death of Trustee – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

 _____ Signature

Shanna Haney _____ Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting:

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

Recording Requested By:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, FL 32819

After Recording Mail To:
Wilson Title Services, LLC
4045 S. Spencer Street, Suite A62
Las Vegas, NV 89119

Send Subsequent Tax Bills To:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, FL 32819

Escrow: 20223568
APN: 1319-30-519-001

AFFIDAVIT – DEATH OF TRUSTEE

KAREN M. PURPURA, of legal age, being first duly sworn, deposes and says:

1. That **GARY N. BOWMAN and STELLA H. BOWMAN**, the decedent mentioned in the attached certified copies of Certificates of Death, are the same people as **GARY N. BOWMAN and STELLA H. BOWMAN** named as the Trustees in that certain INDIVIDUAL GRANT DEED dated July 31, 1995 executed by GARY N. BOWMAN and STELLA H. BOWMAN, husband and wife, KATHRYN STAMER, a married woman and KAREN PURPURA, a married woman to GARY N. BOWMAN and STELLA H. BOWMAN, as Trustees of THE GARY N. BOWMAN and STELLA H. BOWMAN 1995 FAMILY TRUST, initially created July 26, 1995, recorded as Instrument No. 1995-374333, on November 7, 1995 in Book 1195, Page 986, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:
2. The real property subject hereof is situated in Douglas County, State of Nevada, bounded and described as follows:
See **Exhibit 'A'** attached hereto and by reference made a part hereof.

4. That the undersigned affiant, **Karen M. Purpura, Trustee**, is the surviving trustee of the named decedent.

I, **Karen M. Purpura, Trustee**, 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 19 day of July, 20 21,

Karen M Purpura
Signature **Karen M. Purpura, Trustee**

STATE OF: _____)

SS

COUNTY OF: _____)

SEE ATTACHED
CALIFORNIA
ACKNOWLEDGEMENT

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____,
by **Karen M. Purpura, Trustee**.

Notary Public Signature

Printed Name: _____

My Commission Expires: _____

STAMP/SEAL

**CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT
(CALIFORNIA CIVIL CODE § 1189)**

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 ORANGE)

On July 19, 2021 before me, Michala M. Salinas, Notary Public
(Date) (Here Insert Name and Title of the Officer)

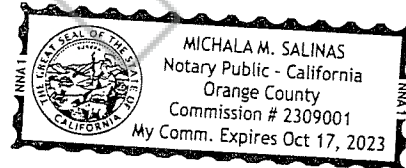
personally appeared Karen M. Purpura,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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.


Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Affidavit of Death of Trustee Document Date: July 19, 2021

Number of Pages: 1 Signer(s) Other Than Named Above: n/a

Additional Information: n/a

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

3052016126598

CERTIFICATE OF DEATH

3201630009978

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) GARY		2. MIDDLE NORMAN		3. LAST (Family) BOWMAN	
AKA, ALSO KNOWN AS— include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 02/15/1929		5. AGE Yrs. 87 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
6. BIRTH STATE/FOREIGN COUNTRY WY		10. SOCIAL SECURITY NUMBER ██████ 2849		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 ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED HIGHWAY PATROL		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STATE OF CALIFORNIA		19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number, or location) 56309 BONANZA DR					
21. CITY YUCCA VALLEY		22. COUNTY/PROVINCE SAN BERNARDINO		23. ZIP CODE 92284	
24. YEARS IN COUNTY 44		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP KAREN PURPURA, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6245 E BLAIRWOOD LN, ORANGE, CA 92867		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST HAROLD		32. MIDDLE NORMAN		33. LAST BOWMAN	
34. BIRTH STATE ID		35. NAME OF MOTHER/PARENT—FIRST LILLIAN		36. BIRTH STATE WY	
37. LAST (BIRTH NAME) HUMPHREYS		38. BIRTH STATE WY			
39. DISPOSITION DATE mm/dd/yyyy 06/28/2016		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT ARLINGTON MORTUARY		45. LICENSE NUMBER FD1033		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy 06/28/2016		48. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.			
49. PLACE OF DEATH: THE MERIDIAN AT ANAHEIM HILLS					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 525 ANAHEIM HILLS RD		106. CITY ANAHEIM HILLS	
107. CAUSE OF DEATH Enter the chain of events—disease, injury, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without showing the etiology. DO NOT ABBREVIATE. (A) CONGESTIVE HEART FAILURE		108. DEATH REPORTED TO CORONER? (Date and Death) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. ALTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I 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: _____		115. SIGNATURE AND TITLE OF CERTIFIER HELMUT M MACHOWSKY M.D.		116. LICENSE NUMBER C29210	
117. DATE mm/dd/yyyy 06/10/2016		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HELMUT M MACHOWSKY M.D. 2667 CAMINO DEL SOL, FULLERTON, CA 92833			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		122. HOUR (24 Hours)			
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 location, 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.#	
CENSUS TRACT		010001003280920			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED July 7, 2016

003798522

Eric G. Handler M.D.
ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CA ORANGE 01

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO
SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV 3/08)

3201536003818

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) STELLA		3. LAST (Family) BOWMAN	
2. MIDDLE HULDA		4. DATE OF BIRTH mm/dd/yyyy 11/14/1928	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs 86	6. SEX F
9. BIRTH STATE/FOREIGN COUNTRY CO		10. SOCIAL SECURITY NUMBER 1593	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 04/09/2015	
8. HOUR (24 Hours) 1114		13. EDUCATION — Highest Level/Degree (less worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED SECRETARY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LEGAL	
19. YEARS IN OCCUPATION 30		20. DECEDENT'S RESIDENCE (Street and number, or location) 56309 BONANZA DR.	
21. CITY YUCCA VALLEY		22. COUNTY/PROVINCE SAN BERNARDINO	23. ZIP CODE 92284
24. YEARS IN COUNTY 43		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME RELATIONSHIP GARY NORMAN BOWMAN, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or location, telephone, city, state and zip) 56309 BONANZA DR., YUCCA VALLEY, CA 92284	
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST GARY		29. MIDDLE NORMAN	30. LAST (BIRTH NAME) BOWMAN
31. NAME OF FATHER/PARENT—FIRST CHRISTIAN		32. MIDDLE WILLIAM	33. LAST HANSEN
34. BIRTH STATE DENMARK		35. NAME OF MOTHER/PARENT—FIRST ESTHER	
36. MIDDLE LOUISE		37. LAST (BIRTH NAME) JASPONER	
38. BIRTH STATE CO		39. DISPOSITION DATE mm/dd/yyyy 04/15/2015	
40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518		41. TYPE OF DISPOSITION(S) BU	
42. SIGNATURE OF EMBALMER AMANDA LOPRINZI		43. LICENSE NUMBER EMB9267	
44. NAME OF FUNERAL ESTABLISHMENT ARLINGTON MORTUARY		45. LICENSE NUMBER FD1033	46. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD
47. DATE mm/dd/yyyy 04/13/2015		101. PLACE OF DEATH HI-DESERT MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6601 WHITE FEATHER RD	
106. CITY JOSHUA TREE		107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. A) RESPIRATORY FAILURE B) ACUTE RENAL FAILURE C) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
108. DEATH REPORTED TO COPOFF? Time Interval Between Onset and Death (A) MINS (B) MOS (C) MOS (D) MOS		109. DEATH REPORTED TO COPOFF? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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	
113A. IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		114. I (CORONER) TRIP TO THE BEST PLACE TO EXAMINE THE BODY OF THE DECEDENT AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: 04/07/2015 (A) mm/dd/yyyy Decedent Last Seen Alive: 04/09/2015 (B) mm/dd/yyyy	
115. SIGNATURE AND TITLE OF CORONER ELDENE ARNE SMITH M.D.		116. LICENSE NUMBER A38944	
117. DATE mm/dd/yyyy 04/13/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ELDENE ARNE SMITH M.D. 57463 29 PALMS WAY, YUCCA VALLEY, CA 92284	
119. I CERTIFY THAT IN 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"/> Accident <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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
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		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

DATE ISSUED **Sam** NOV 09 2017

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-Recorder-Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASANBER02



002274489

Bob Dutton
BOB DUTTON
ASSESSOR-RECORDER-CLERK

EXHIBIT "A"

(50)

A timeshare estate comprised of:

Parcel 1: An undivided 1/51st interest in and to that certain condominium described as follows:

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 001 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Swing" use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-001