

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

1. That **Lester T. Hori** having become deceased on **08/07/2016** pursuant to the attached certified copy Certificate of Death, is the same person **Lester T. Hori** named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated **May 3, 2001** By Walley's Partners Limited Partnership, a Nevada limited partnership, to **Lester T. Hori and Helen H. Hori, Trustees of the Hori Family Revocable Trust, dated October 17, 1994** as community property with right of survivorship, recorded on **06/27/2001**, as Recorded Document No. **0517197** 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, **Helen H. Hori**, is the successor trustee of the named decedent.

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

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
AURORA	ANNUAL	TWO BEDROOM	17-020-26-01 aka: 36021020260

COPY

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 San Joaquin }

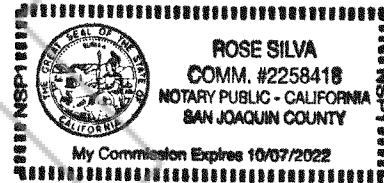
Subscribed and sworn to (or affirmed) before me on this 31 day of January, 2022
Date Month Year

by Helen H Hori

Name of Signers

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

Signature: [Handwritten Signature]
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Surviving Trustee

Document Date: 01/31/2022

Number of Pages: _____

Signer(s) Other Than Named Above: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY PUBLIC HEALTH SERVICES STOCKTON, CALIFORNIA

3052016156293

CERTIFICATE OF DEATH

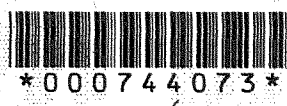
3201639002990

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) LESTER		2. MIDDLE TERUO		3. LAST (Family) HORI	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/copy 02/11/1929		5. AGE Yrs. 87	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 7891		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/copy 08/07/2016		8. HOUR (24 Hours) 0645	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		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) JAPANESE, AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUTCHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FOOD RETAIL		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 10149 RIVER FALLS CIR.					
21. CITY STOCKTON		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95209	
24. YEARS IN COUNTY 48		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP HELEN HORI, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 10149 RIVER FALLS CIR, STOCKTON, CA 95209		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST HELEN		29. MIDDLE HARUKO		30. LAST (BIRTH NAME) SASAKI	
31. NAME OF FATHER/PARENT - FIRST TAKUJI		32. MIDDLE -		33. LAST HORI	
34. BIRTH STATE JAPAN		35. NAME OF MOTHER/PARENT - FIRST HARU		36. MIDDLE -	
37. LAST (BIRTH NAME) KOBAYASHI		38. BIRTH STATE JAPAN			
39. DISPOSITION DATE mm/dd/copy 08/10/2016		40. PLACE OF FINAL DISPOSITION CHEROKEE MEMORIAL PARK HWY 99 & HARNEY LANE, LODI, CA 95240			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT CHEROKEE MEMORIAL FUNERAL HOME		45. LICENSE NUMBER FD 1672		46. SIGNATURE OF LOCAL REGISTRAR ALVARO GARZA, MD, MPH	
47. DATE mm/dd/copy 08/10/2016					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10149 RIVER FALLS CIR		106. CITY STOCKTON	
107. CAUSE OF DEATH A) COLON CANCER		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.		Time Interval Between Onset and Death (AT) YRS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)				108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) RIGHT HEMICOLECTOMY - DATE UNKNOWN				113A. 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 08/03/2016 Decedent Last Seen Alive 08/07/2016		115. SIGNATURE AND TITLE OF CERTIFIER JAMES KIMBERLY SAFFIER M.D.		116. LICENSE NUMBER G53151	
117. DATE mm/dd/copy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAMES KIMBERLY SAFFIER M.D. 3888 PACIFIC AVE, STOCKTON, CA 95204			
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/copy	
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		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/copy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

DATE ISSUED: **AUG 16 2016**



This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

Alvaro Garza
ALVARO GARZA, M.D., M.P.H.
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

