

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 DEATH TERMINATING JOINT TENANCY

The undersigned, **BRIAN H SMITH**, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **LAURIE M SMITH** having become deceased on April 24, 2018 pursuant to the attached certified copy Certificate of Death, is the same person **LAURIE M SMITH** named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 40422 By Walley's Partners Limited Partnership, a Nevada limited partnership, to **BRIAN H SMITH And LAURIE M SMITH SMITH** as community property with right of survivorship, recorded on , as Recorded Document No. **36023078110** 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, **BRIAN H SMITH**, is the surviving spouse of the named decedent.

Contract # M6675224

NV- AFF OF DEATH OF JOINT
TENANT- WPOA (DAVID WALLEYS)



I, _____, 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.

Brian H. Smith
BRIAN H SMITH
Surviving Spouse's Name (Print Name)

DATED this 8th day of August, 20 22,

Brian H. Smith
Signature

Brian H. Smith
Print Name of Affiant/Surviving Spouse

STATE OF Nevada)

ss

COUNTY OF Washoe)

SUBSCRIBED AND SWORN before me this 8th day of August, 20 22,
by Brian H. Smith.

Samantha S. Wells
Notary Public Signature

Samantha S. Wells
Notary Public Print Name

My Commission Expires: February 15th 2026

Notary Stamp/Seal

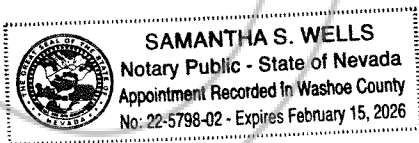


Exhibit "A"

The Time Share 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 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: 1319-15-000-15

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
Canyon	ANNUAL	TWO BEDROOM	17-078-11-01 aka: 36023078110

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 4016143

2018008181
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Laurie Marie SMITH			2. DATE OF DEATH (Mo/Day/Year) April 24, 2018		3a. COUNTY OF DEATH Washoe							
	3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient)(Specify) 2675 Desert Flower Ct. Home		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Home		4. SEX Female						
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 56		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 29, 1962		
	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Brian H SMITH				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 0262		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of School Teacher			14b. KIND OF BUSINESS OR INDUSTRY Education		Ever in US Armed Forces? No					
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks		15d. STREET AND NUMBER 2675 Desert Flower Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert James BOULE					17. MOTHER/PARENT - NAME (First Middle Last Suffix) Phyllis Mary PATOLINO							
	18a. INFORMANT- NAME (Type or Print) Brian H SMITH				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2675 Desert Flower Ct. Sparks, Nevada 89434								
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory			19c. LOCATION City or Town State Sparks Nevada 89431						
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ANDREW W JOYCE SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER FD936		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502							
TRADE CALL	TRADE CALL - NAME AND ADDRESS												
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED					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)							
	21b. DATE SIGNED (Mo/Day/Yr) April 26, 2018			21c. HOUR OF DEATH 14:25		22b. DATE SIGNED (Mo/Day/Yr)				22c. HOUR OF DEATH			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22d. PRONOUNCED DEAD (Mo/Day/Yr)				22e. PRONOUNCED DEAD AT (Hour)			
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419						23b. LICENSE NUMBER 1125						
	24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 26, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											Interval between onset and death	
	PART I (a) Cardiac Arrest											Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (b) Electrolyte Imbalance											Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (c) Metastatic Adenocarcinoma Of The Colon											Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) DUE TO, OR AS A CONSEQUENCE OF:											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) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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		

STATE REGISTRAR

000300607

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.

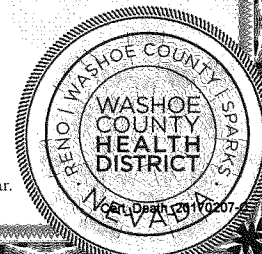
4/27/2018

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE