

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:
 WILSON TITLE SERVICES, LLC.

4045 S. Spencer St., Ste A62
 Las Vegas, NV 89119

After Recording Mail To:
 WILSON TITLE SERVICES, LLC.

4045 S. Spencer St., Ste A62
 Las Vegas, NV 89119

Send Subsequent Tax Bills To:

Holiday Inn Club Vacations Incorporated
 9271 S. John Young Pkwy.
 Orlando, Florida 32819

AFFIDAVIT OF DEATH OF TRUSTEE

The undersigned, **Janet G. Hunter, Surviving Trustee**, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **George C. Hunter, Trustee** having become deceased on **08/14/2019** pursuant to the attached certified copy Certificate of Death, is the same person **George C. Hunter** named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 02/22/2001 By Walley's Partners Limited Partnership, a Nevada limited partnership, to **George C. Hunter and Janet G. Hunter, Trustee of the George C. Hunter and Janet G Hunter Revocable Inter Vivos Trust Agreement dated June 13, 1996** as community property with right of survivorship, recorded on 03/16/2001, as Recorded Document BK 0301 PG 4267of 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, **Janet G. Hunter**, is the surviving trustee of the named decedent.

I, **Janet G. Hunter, Surviving 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 17 day of October, 20 22.

Janet G. Hunter, Surviving Trustee
Signature

Printed Name: Janet G. Hunter, Surviving Trustee

STATE OF _____)

ss

COUNTY OF _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20
_____, by _____.

Notary Public Signature

Notary Public Printed Name: _____

My Commission Expires: _____

Stamp/Seal

**California Jurat
Attached**

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 Marin }

Subscribed and sworn to (or affirmed) before me on this 14 day of October, 2022
Date Month Year

by Janet G Hunter surviving trustee

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: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Exhibit "A-1"

Phase	Frequency	Unit Type	Inventory Control Number
Aurora	EVEN	TWO BEDROOM	17-005-07-81 aka: 36021005072

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3201921001242

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GEORGE		2. MIDDLE CHARLES		3. LAST (Family) HUNTER	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/25/1930		5. AGE Yrs. 89 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
6. SEX M		9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 3434	
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/yyyy 08/14/2019	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		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 TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 68 CHULA VISTA DRIVE					
21. CITY SAN RAFAEL		22. COUNTY/PROVINCE MARIN		23. ZIP CODE 94901	
24. YEARS IN COUNTY 60		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JANET G HUNTER, SPOUSE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 69 CHULA VISTA DRIVE, SAN RAFAEL, CA 94901		
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST JANET		29. MIDDLE GWEN		30. LAST (BIRTH NAME) HINKLEY	
31. NAME OF FATHER/PARENT - FIRST GOERGE		32. MIDDLE CHARLES		33. LAST HUNTER	
34. BIRTH STATE MO		35. NAME OF MOTHER/PARENT - FIRST MARY		36. MIDDLE ROSE	
37. LAST (BIRTH NAME) DEFINO		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 08/22/2019		40. PLACE OF FINAL DISPOSITION SCATTERING AT SEA OFF THE COAST OF MARIN COUNTY CALIFORNIA			
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MOUNT TAMALPAIS MORTUARY AND CEMETERY		45. LICENSE NUMBER FD1410		46. SIGNATURE OF LOCAL REGISTRAR ▶ MATTHEW WILLIS, MD MPH	
47. DATE mm/dd/yyyy 08/19/2019					
101. PLACE OF DEATH KAISER HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/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			
104. COUNTY MARIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 99 MONTECILLO ROAD		106. CITY SAN RAFAEL	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) HYPOXIA 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 (B) SEPSIS (C) PNEUMONIA		Time Interval Between Onset and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOURS (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DAYS (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DAYS (D) <input type="checkbox"/> YES <input type="checkbox"/> NO		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 AORTIC STENOSIS, ATRIAL FIBRILLATION					
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 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 mm/dd/yyyy (A) 08/04/2019 Decedent Last Seen Alive mm/dd/yyyy (B) 08/14/2019		115. SIGNATURE AND TITLE OF CERTIFIER ▶ BEACHER GERARD SCHNEIDER M.D.		116. LICENSE NUMBER A133188	
		117. DATE mm/dd/yyyy 08/19/2019		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Laura Worth Eberhard M.D. 99 MONTECILLO ROAD, SAN RAFAEL, CA 94903	
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. INJURY DATE mm/dd/yyyy	
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	

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



000554684

This is a true and exact reproduction of the document officially registered and placed on file in the vital record section, Marin County Public Health Department.

DATE ISSUED

08/22/2019

MATTHEW WILLIS, MD, MPH
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAMARIN - 01