

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.: \$ 0.00

After Recording Send Tax Statements to:  
Holiday Inn Club Vacations Incorporated  
9271 S. John Young Pkwy.  
Orlando, FL 32819

After Recording Return to:  
Wilson Title Services, LLC  
4045 Spencer Street, Suite A62  
Las Vegas, NV 89119

Interval ID: 36026094470

## AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Linda Cooley of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Thomas Eugene Cooley having become deceased on March 7, 2023 at Plumas County, California, pursuant to the attached certified copy Certificate of Death, is the same person as Thomas E. Cooley named as one of the parties in that certain **Grant Deed** dated May 5, 2015 by 1862, LLC, a Nevada limited liability company to Thomas E. Cooley and Linda Cooley, husband and wife, as joint tenants with right of survivorship, not as tenants in common, recorded on June 9, 2016, as Recorded Document No. 2016-882138, 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 County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **2001 Foothill Road, Genoa, Nevada 89411**

3. That the undersigned affiant, Linda Cooley, is the surviving joint tenant of the named decedent.

Contract # 6678372

Affidavit Terminating Joint Tenancy  
David Walley's Resort

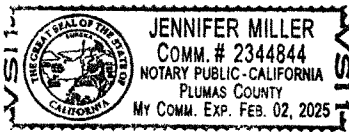


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Plumas

Subscribed and sworn to (or affirmed) before me on this 9th  
day of August, 2023, by Linda Cooley

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



(Seal)

Signature

*Jennifer Miller*

## Exhibit "A"

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 2016-882138

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
Dillon	ANNUAL	TWO BEDROOM	36026094470

COPY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### PLUMAS COUNTY PUBLIC HEALTH AGENCY

# COUNTY OF PLUMAS

3052023053058 QUINCY, CALIFORNIA 3202332000031  
**CERTIFICATE OF DEATH**

STATE FILE NUMBER		USE BLACK INK ONLY - NO ERASURES, WHITE OUTS OR ALTERATIONS VS-11 (REV. 3/05)				LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given): <b>THOMAS</b>		2. MIDDLE <b>EUGENE</b>		3. LAST (Family) <b>COOLEY</b>			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST): <b>TOM E. COOLEY</b>			4. DATE OF BIRTH mm/dd/yyyy <b>11/06/1942</b>		5. AGE Yrs. <b>80</b>		
	9. BIRTH STATE/FOREIGN COUNTRY <b>MI</b>		10. SOCIAL SECURITY NUMBER <b>████████-██-1424</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARRIAGE STATUS - SPD* (Date of Death) <b>MARRIED</b>	
	13. EDUCATION - Highest Level Degree <b>BACHELOR</b>		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see workstation for task) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (per work sheet on back) <b>WHITE</b>		8. HOUR (24 Hour) <b>2013</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>BUSINESS CONSULTANT</b>		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) <b>GENERAL BUSINESS</b>		19. YEARS IN OCCUPATION <b>50</b>				
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location) <b>673 NORTH BECKWITH STREET</b>							
	21. CITY <b>PORTOLA</b>		22. COUNTY/PROVINCE <b>PLUMAS</b>		23. ZIP CODE <b>96122</b>		24. YEARS IN COUNTY <b>20</b>	
	25. STATE/FOREIGN COUNTRY <b>CA</b>							
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP <b>LINDA ANN COOLEY, WIFE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or P.O. Box number, or, for foreign states and territories) <b>673 NORTH BECKWITH STREET, PORTOLA, CA 96122</b>				
	28. NAME OF SURVIVING SPOUSE (SPD) - FIRST <b>LINDA</b>		29. MIDDLE <b>ANN</b>		30. LAST (BIRTH NAME) <b>MINICH</b>			
SPOUSE/SPD AND PARENT INFORMATION	31. NAME OF FATHER (PARENT) - FIRST <b>EUGENE</b>		32. MIDDLE <b>MCINTIRE</b>		33. LAST <b>COOLEY</b>			
	34. NAME OF MOTHER (PARENT) - FIRST <b>FRANCES</b>		36. MIDDLE <b>JENNIE</b>		37. LAST (BIRTH NAME) <b>STRATTON</b>			
					38. BIRTH STATE <b>MI</b>			
FUNERAL DIRECTORY / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>03/13/2023</b>		40. PLACE OF FINAL DISPOSITION <b>KEPT AT RESIDENCE 673 NORTH BECKWITH STREET, PORTOLA, CA 96122</b>					
	41. TYPE OF DISPOSITION(S) <b>CREMATE/RESIDENCE</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>					
	43. NAME OF FUNERAL ESTABLISHMENT <b>BLAIR MORTUARY &amp; CREMATIONS INC.</b>		45. LICENSE NUMBER <b>FD2387</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ MARK SATTERFIELD MD</b>		47. DATE mm/dd/yyyy <b>03/13/2023</b>	
					48. LICENSE NUMBER			
PLACE OF DEATH	101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER <input type="checkbox"/> CL <input type="checkbox"/> ETC		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> OTHER			
	104. COUNTY <b>PLUMAS</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>673 NORTH BECKWITH STREET</b>			106. CITY <b>PORTOLA</b>		
	107. CAUSE OF DEATH <b>NEUROENDOCRINE PANCREATIC CANCER</b>							
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>NEUROENDOCRINE PANCREATIC CANCER</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	110. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>							
	114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date) <b>WHIPPLE PROCEDURE 11/14/2022</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ THOMAS JOHN SEMRAD, MD</b>		116. LICENSE NUMBER <b>A92407</b>		117. DATE mm/dd/yyyy <b>03/10/2023</b>	
CORONER'S USE ONLY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>THOMAS JOHN SEMRAD, MD TAHOE FOREST CANCER CENTER 10121 PINE AVENUE, TRUCKEE, CA 96161</b>		119. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THAT OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE mm/dd/yyyy	
	122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hour)			
	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	



**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF PLUMAS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Plumas County Public Health Agency.

DATE ISSUED **MAR 23 2023**

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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



*Mark Satterfield*  
MARK SATTERFIELD, MD  
COUNTY REGISTRAR

CAPLUMASDJ1

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### PLUMAS COUNTY PUBLIC HEALTH AGENCY COUNTY OF PLUMAS

QUINCY, CALIFORNIA

#### AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3052023053058

STATE FILE NUMBER

1.1

3202332000031

LOCAL REGISTRATION NUMBER

BIRTH  DEATH  FETAL DEATH

**TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD**

#### PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST THOMAS	1B. MIDDLE EUGENE	1C. LAST COOLEY	
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 03/07/2023	4. CITY OF EVENT PORTOLA	5. COUNTY OF EVENT PLUMAS
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD EUGENE MCINTIRE COOLEY		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD FRANCES JENNIE STRATTON	

#### PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
36	JENNIE	JANE

LIST ONE ITEM PER LINE

11. WRONG MIDDLE NAME

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES	*2A. SIGNATURE OF FIRST PERSON LARRY G BLAIR	12B. PRINTED NAME LARRY G BLAIR	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	*2D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 392 LAWRENCE STREET, QUINCY, CA 95971	12E. DATE SIGNED—MM/DD/CCYY 03/22/2023	
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	*13A. SIGNATURE OF SECOND PERSON PARKER LEWALLEN	13B. PRINTED NAME PARKER LEWALLEN	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL HOME STAFF LEVEL
	*13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 2056 EAST MAIN STREET #4, QUINCY, CA 95971	13E. DATE SIGNED—MM/DD/CCYY 03/22/2023	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR	15. DATE ACCEPTED FOR REGISTRATION 03/22/2023	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24e (REV. 1/08)

1.1

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

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DATE ISSUED **MAR 23 2023**

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAPLUMAS01



000027116

MARK STATTERFIELD, MD  
COUNTY REGISTRAR