

APN# 1319-18-000-015



Recording Requested by/Mail to:

Name: Carolyn K Heaverne  
Address: 701 Butte View  
City/State/Zip: Fallon, NV 89406

SHAWNYNE GARREN, RECORDER

Mail Tax Statements to:

Name: SAME  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Affidavit of Death of J. Tenant

Title of Document (required)

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

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

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Carolyn Kendrick-Heaverne  
Signature

CAROLYN KENDRICK-HEAVERNE  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting  
\_\_\_\_\_  
\_\_\_\_\_

## Affidavit of Death

STATE OF Nevada  
COUNTY OF Churchill

I, Carolyn Kendrick-Heaverne, residing at 701 Butte Vw, Fallon, Nevada 89406-9357, being of legal age, depose and say that:

That Clifford J. Heaverne, 701 Butte View, Fallon, Nevada 89406 died on December 28, 2021 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

**Oath or Affirmation:**

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Carolyn Kendrick-Heaverne  
9/29/23 Date CAROLYN KENDRICK HEAVERNE

STATE OF NEVADA, COUNTY OF CHURCHILL, ss:

This Affidavit was acknowledged before me on this 29 day of Sept., 2023 by Carolyn Kendrick-Heaverne, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Stephanie J. Gill  
Notary Public



Notary  
Title (and Rank)

My commission expires 06/21/2027

Inventory No.: 17-055-40-01

EXHIBIT "A"  
(WALLEY'S)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1989th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL E-1 of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at page 3464, as Document No. 501638, and by Certificate of Amendment recorded November 3, 2000 in Book 1100, Page 467, as Document No. 502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of Parcel E-1, as set forth in Quitclaim Deed recorded September 17, 1998 in Book 998, Page 3250 as Document No. 449574, Official Records, Douglas County, Nevada.

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998 as Document No. 0449993, and as amended by Document Nos. 0466255, 0485265, 0489959 and 0509920, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a PREMIUM UNIT each year in accordance with said Declaration.

A Portion of APN 17-212-07

REQUESTED BY  
STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 JUN 15 AM 10:29

LINDA SLATER  
RECORDER

\$8.00 PAID *KZ* DEPUTY

0516398

BK0601PG3483

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4257447

**CERTIFICATE OF DEATH**

2021032589  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Clifford Jackson HEAVERNE</b>		2 DATE OF DEATH (Mo/Day/Year) <b>December 28, 2021</b>		3a COUNTY OF DEATH <b>Churchill</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Fallon</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Banner Churchill Community Hospital</b>		3e If Hosp or Inst indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Emergency Room / Outpatient</b>	
5. RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify / No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>78</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Oregon</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
13 SOCIAL SECURITY NUMBER <b>██████████-6990</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Private Contractor</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Churchill</b>		15c CITY, TOWN OR LOCATION <b>Fallon</b>	
15d STREET AND NUMBER <b>701 Butte View Drive</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Pat HEAVERNE</b>		17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Reta CRADER</b>			
18a INFORMANT - NAME (Type or Print) <b>Tandis Paige BOYNTON</b>		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>701 Butte View Drive Fallon, Nevada 89406</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Churchill County Public Cemetery</b>		19c LOCATION City or Town State <b>Fallon Nevada 89406</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LORRETTA GUAZZINI</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD600</b>		20c. NAME AND ADDRESS OF FACILITY <b>The Gardens 2949 Austin Hwy Fallon NV 89406</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>ZIVILE IGNATAVICIUTE MD</b>			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) <b>December 29, 2021</b>		21c. HOUR OF DEATH <b>10:25</b>		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d PRONOUNCED DEAD (Mo/Day/Yr)		22e PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Zivile Ignataviciute MD 975 Kirman Ave Reno, NV 89502</b>				23b LICENSE NUMBER <b>14229</b>	
24a REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 29, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) <b>Cardiac Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b) <b>Congestive Heart Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Tachycardia - Induced Cardiomyopathy</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) <b>Paroxysmal Atrial Fibrillation, Sick Sinus Syndrome</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Biologic Cardiac Valve Prosthesis In Situ Automatic Implantable Cardiac Defibrillator In Situ Coronary Artery Disease Status Post Maze Procedure Myasthenia Gravis Pituitary Tumor Neurogenic Bladder Infection Due To Internal Knee Prosthesis</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	



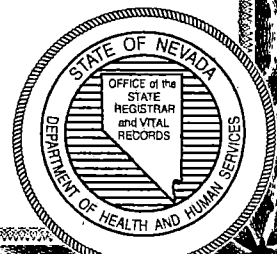
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE