

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: 36025092140

AFFIDAVIT TERMINATING JOINT TENANCY

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

1. That Roy Bernell Hirschhorn having become deceased on December 24, 2014 at Stanislaus County, California, pursuant to the attached certified copy Certificate of Death, is the same person as Roy B. Hirschhorn named as one of the parties in that certain **David Walley's Resort Grant, Bargain, Sale Deed** dated October 13, 2006 by Walley's Partners Limited Partnership, a Nevada limited partnership to Roy B. Hirschhorn and Dorene Hirschhorn, husband and wife as joint tenants with right of survivorship, recorded on October 30, 2006, as Recorded Document No. 2006-687468, 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, Dorene Hirschhorn, is the surviving joint tenant of the named decedent.

Contract # 6675557

Affidavit Terminating Joint Tenancy
David Walley's Resort

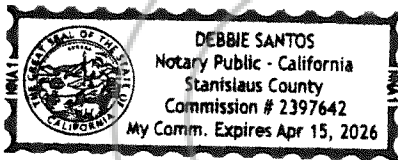
I, **DORENE HIRSCHKORN**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license numbers or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

DATED this 27 day of June, 2023.

Dorene Hirschhorn
Signature
DORENE HIRSCHKORN

STATE OF California)
COUNTY OF Stanislaus)
SS

SUBSCRIBED AND SWORN before me this 27 day of June 2023,
2023, by **DORENE HIRSCHKORN**.



Notary Stamp/Seal

Debbie Santos
Notary Public Signature
Debbie Santos
Notary Public Print Name
My Commission Expires: April 15, 2026

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.

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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 2006-687468

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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	17-092-14-01 aka: 36025092140

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY STANISLAUS COUNTY PUBLIC HEALTH DIVISION

3052014238065

CERTIFICATE OF DEATH

3201450004327

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ENCLASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 2/08)			LOCAL REGISTRATION NUMBER										
1. NAME OF DECEDENT - FIRST (Given) ROY		2. MIDDLE BERNELL		3. LAST (Family) HIRSCHKORN											
4. DATE OF BIRTH mm/dd/yyyy 07/25/1938						5. AGE Yrs 76	6. UNDECEASED ONE YEAR Months 1 Days 1 Hours 1 Minutes 1	7. DATE OF DEATH mm/dd/yyyy 12/24/2014	8. HOUR (24 Hours) 0520	9. SEX M					
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 8534		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) DIVORCED		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN							
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AMBULANCE			19. YEARS IN OCCUPATION 32					
20. DECEDENT'S RESIDENCE (Street and number, or location) 812 W MAIN STREET															
21. CITY TURLOCK		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95380		24. YEARS IN COUNTY 76		25. STATE/FOREIGN COUNTRY CA							
26. INFORMANT'S NAME, RELATIONSHIP ROENE MORRIS, DAUGHTER				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 952, DELHI, CA 95315											
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ROY				29. MIDDLE O.		30. LAST (BIRTH NAME) SANDERS			34. BIRTH STATE CANADA						
31. NAME OF FATHER/PARENT - FIRST LOIS				32. MIDDLE O.		33. LAST (BIRTH NAME) SANDERS			38. BIRTH STATE CA						
35. NAME OF MOTHER/PARENT - FIRST LOIS		36. MIDDLE O.		37. LAST (BIRTH NAME) SANDERS											
38. DISPOSITION DATE mm/dd/yyyy 12/30/2014		40. PLACE OF FINAL DISPOSITION TURLOCK MEMORIAL PARK 575 NORTH SODERQUIST ROAD, TURLOCK, CA 95380													
41. TYPE OF DISPOSITIONS BU				42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER FD432							
44. NAME OF FUNERAL ESTABLISHMENT ALLEN MORTUARY				45. LICENSE NUMBER FD432				46. SIGNATURE OF LOCAL REGISTRAR JOHN WALKER, MD		47. DATE mm/dd/yyyy 12/30/2014					
101. PLACE OF DEATH ELNESS CONVALESCENT HOSPITAL															
102. COUNTY STANISLAUS		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 812 W MAIN ST					104. CITY TURLOCK								
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 (A) ACUTE CORONARY SYNDROME 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) CORONARY ARTERY DISEASE (C) CONGESTIVE HEART FAILURE, DIABETES MELLITUS TYPE II, RECENTLY TREATED PNEUMONIA, HYPERTENSION 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. CONGESTIVE HEART FAILURE, DIABETES MELLITUS TYPE II, RECENTLY TREATED PNEUMONIA, HYPERTENSION 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Last Seen Alive (A) mm/dd/yyyy 12/02/2013 (B) mm/dd/yyyy 12/24/2014 115. SIGNATURE AND TITLE OF CERTIFIER ALEXANDER CHAN M.D. 116. LICENSE NUMBER A69498 117. DATE mm/dd/yyyy 12/30/2014 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALEXANDER CHAN M.D. P.O. BOX 7979, STOCKTON, CA 95267 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"/> Hanging <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 121. INJURY DATE mm/dd/yyyy 12/30/2014 122. HOUR (24 Hours) 0520 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	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

John Walker
JOHN WALKER, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
01/08/2015

* 000642291 *

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

