

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: 36023074392

## AFFIDAVIT TERMINATING JOINT TENANCY

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

1. That John Wayne Hetman having become deceased on August 10, 2017 at Placer County, California, pursuant to the attached certified copy Certificate of Death, is the same person as John W. Hetman named as one of the parties in that certain **David Walley's Resort Grant, Bargain, Sale Deed** dated March 23, 2005 by Walley's Partners Limited Partnership, a Nevada limited partnership to John W. Hetman and Loretta Hetman, husband and wife as joint tenants with right of survivorship, recorded on April 15, 2005, as Recorded Document No. 2005-641750, 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, Loretta Hetman, is the surviving joint tenant of the named decedent.

Contract # 6675120

Affidavit Terminating Joint Tenancy  
David Walley's Resort

Contract # M6675120

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.

LORETTA HETMAN  
LORETTA HETMAN  
Surviving Spouse's Name (Print Name)

DATED this 5 day of August, 20 22,

Loretta Hetman  
Signature  
LORETTA HETMAN  
Print Name of Affiant/Surviving Spouse

STATE OF California )  
COUNTY OF Placer ) ss

SUBSCRIBED AND SWORN before me this 5<sup>th</sup> day of August, 20 22  
by Loretta Hetman



Notary Stamp/Seal

Brianna DeBelle  
Notary Public Signature  
Brianna DeBelle  
Notary Public Print Name  
My Commission Expires: 11/26/2025

## 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 1/1,071<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.

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### 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: 1319-15-000-15

### 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 \_\_\_\_\_ N/A \_\_\_\_\_

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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
CANYON	EVEN	TWO BEDROOM	17-074-39-81 aka: 36023074392

COPY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

#### CERTIFICATE OF DEATH

3201731002451

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (VS-1 (REV 3/05))		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>JOHN</b>		2. MIDDLE <b>WAYNE</b>		3. LAST (Family) <b>HETMAN</b>	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>05/11/1934</b>		5. AGE Yrs. <b>83</b> IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>4055</b>		6. SEX <b>M</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>08/10/2017</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/AS/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) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>CARPENTER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) <b>GENERAL CONSTRUCTION</b>		19. YEARS IN OCCUPATION <b>60</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1409 FARMGATE CIRCLE</b>					
21. CITY <b>ROSEVILLE</b>		22. COUNTY/PROVINCE <b>PLACER</b>		23. ZIP CODE <b>95747</b>	
24. YEARS IN COUNTY <b>2</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>LORETTA HETMAN, SPOUSE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1409 FARMGATE CIRCLE, ROSEVILLE, CA 95747</b>		
28. NAME OF SURVIVING SPOUSE/SDP* - FIRST <b>LORETTA</b>		29. MIDDLE <b>ISABEL</b>		30. LAST (BIRTH NAME) <b>SALCIDO</b>	
31. NAME OF FATHER/PARENT - FIRST <b>CONSTANTINE</b>		32. MIDDLE <b>-</b>		33. LAST <b>HETMAN</b>	
34. BIRTH STATE <b>RUSSIA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>JOSEPHINE</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>LAMORI</b>		38. BIRTH STATE <b>CA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>08/19/2017</b>		40. PLACE OF FINAL DISPOSITION <b>ROSEVILLE CEMETERY DISTRICT 421 BERRY STREET, ROSEVILLE, CA 95678</b>			
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>BLUE OAKS CREMATION AND BURIAL SERVICES</b>		45. LICENSE NUMBER <b>FD1987</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ROBERT LEE OLDHAM, MD</b>	
47. DATE mm/dd/yyyy <b>08/16/2017</b>		50. [Seal]			
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> DVOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>PLACER</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1409 FARMGATE CIRCLE</b>		106. CITY <b>ROSEVILLE</b>	
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) <b>(A) DEMENTIA WITH LEWY BODIES</b>		Time Interval (between Onset and Death) <b>(A) 6 YRS.</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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				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 <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)				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: (A) mm/dd/yyyy (B) mm/dd/yyyy <b>08/07/2017 08/10/2017</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>KISMET THOMPSON ROBERTS M.D.</b>		116. LICENSE NUMBER <b>C54967</b>	
		117. DATE mm/dd/yyyy <b>08/15/2017</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>KISMET THOMPSON ROBERTS M.D. 1160 SUNSET BLVD, ROCKLIN, CA 95765</b>	
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"/> Investigation <input type="checkbox"/> Pending <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 RECORDS STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

**08/18/2017**



*Robert L. Oldham MD*  
ROBERT L. OLDHAM, MD  
HEALTH OFFICER AND LOCAL HEALTH STRA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAPLACEROJ