

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: 36021001301

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Albert G. Dempsey of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Anne McQueen Dempsey having become deceased on February 16, 2020 at Polk County, North Carolina, pursuant to the attached certified copy Certificate of Death, is the same person as Anne M. Dempsey named as one of the parties in that certain **David Walley's Resort Grant, Bargain, Sale Deed** dated April 8, 1999 by Walley's Partners Limited Partnership, a Nevada limited partnership to Albert G. Dempsey and Anne M. Dempsey, husband and wife as joint tenants with right of survivorship, recorded on July 6, 1999, as Recorded Document No. 1999-471873, 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, Albert G. Dempsey, is the surviving joint tenant of the named decedent.

Contract # 6675965

Affidavit Terminating Joint Tenancy
David Walley's Resort

I, Albert G. Dempsey, 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 30th day of May, 2023,

Albert G. Dempsey
Signature
Albert G. Dempsey

STATE OF NC)
COUNTY OF Polk)
ss

SUBSCRIBED AND SWORN before me this 30th day of May,
2023, by Albert G. Dempsey.

BRENDA K HENSON
Notary Public, North Carolina
Polk County
My Commission Expires
April 30, 2028

Notary Stamp/Seal

Brenda K. Henson
Notary Public Signature
Brenda K. Henson
Notary Public Print Name
My Commission Expires: 4.30.28

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 I) to the Declaration.

APN: 1319-22-000-021

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 _____ 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
Aurora	ODD	TWO BEDROOM	17-001-30-71 AKA: 36021001301

COPY

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **075-00**

LOCAL NO.

COUNTY OF DEATH **Polk**

STATE FILE NO.

TYPEPRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

BURIAL/CREMATION PERMIT

MEDICAL EXAMINER ONLY

Substitute For DHS 1872 (REVISED 11/2017) N.C. VITAL RECORDS

DECEDENT'S LEGAL NAME					
1a. FIRST Anne	1b. MIDDLE McQueen	1c. LAST Dempsey	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE Martin	
2. SEX F	3a. AGE-LAST BIRTHDAY (Yrs) 90	3b. UNDER 1 YEAR Months Days	3c. UNDER 1 DAY Hours Minutes	4. DATE OF BIRTH (Month/Day/Year) January 12, 1930	5. BIRTHPLACE (County/State or Foreign Country) Columbia, SC
7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA			7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		
7c. FACILITY NAME (If not institution, give street and number) 432 Hogback Mountain Road			7d. CITY OR TOWN Tryon		7e. COUNTY OF DEATH Polk
8. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married		9. SURVIVING SPOUSE (Give name prior to first marriage) Albert Gordon Dempsey		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) Teacher	
10b. KIND OF BUSINESS/INDUSTRY Education		11. SOCIAL SECURITY NUMBER -3565		12a. RESIDENCE-STATE OR FOREIGN COUNTRY North Carolina	
12b. COUNTY Polk		12c. CITY OR TOWN Tryon		12d. STREET AND NUMBER 432 Hogback Mountain Road	
12e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12f. ZIP CODE 28782		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		
16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)			17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) James McQueen Martin		
18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Lura Rhodes			19a. INFORMANT'S NAME Albert Gordon Dempsey		
19b. RELATIONSHIP TO DECEDENT Spouse			19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 432 Hogback Mountain Road, Tryon, NC 28782		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) McFarland Crematory		20c. LOCATION (City or Town and State) Tryon, North Carolina	
21a. SIGNATURE OF FUNERAL DIRECTOR Megan H. Smith		21b. LICENSE NUMBER 3414 NCFS		21c. NAME OF EMBALMER Not Embalmed	
21d. LICENSE NUMBER		22. NAME AND ADDRESS OF FUNERAL HOME McFarland Funeral Chapel, 54 McFarland Drive, Tryon, NC 28782			
23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.					Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Failure to thrive					2 months
Sequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
b. Alzheimer's dementia					7 yrs
c. _____					
d. _____					
PART II. Other significant conditions or situations contributing to death but not resulting in the underlying cause given in PART I. Hx CHF			24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. TIME OF DEATH (Approximate) 8:48 AM	
26b. IF YES <input type="checkbox"/> Declined by Medical Examiner		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
30. DATE PRONOUNCED (Month/Day/Year)		31a. DATE OF INJURY (Month/Day/Year)		31b. TIME OF INJURY	
31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.		31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
31f. DESCRIBE HOW INJURY OCCURRED			31g. LOCATION OF INJURY (Street/Number/City/State)		
32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - 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) and manner stated.					
33a. SIGNATURE AND TITLE OF CERTIFIER George G. King MD			33b. LICENSE NUMBER NC 47-00614		33c. DATE SIGNED (Month/Day/Year) 2-17-20
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly) 11 Sunshine Ln, Columbus, NC, 28722			33e. DATE REGISTERED BY STATE		
34. FOR LOCAL REGISTRAR (Name) Proctor Kinard LGT			35. DATE FILED (Month/Day/Year) 2/18/2020		
DATE CORRECTED (Mo/Day/Yr)			ITEM(S) CORRECTED:		
DATE AMENDED (Mo/Day/Yr)			ITEM(S) AMENDED:		

I, Sheila W. Whitmore Register of Deeds do hereby certify that the foregoing photo copy is an accurate and correct copy of that original instrument as appearing of record in my office. Witness my hand and official seal this 18th day of February, 2020

By: Sheila W. Whitmore
Register of Deeds
Sheila D. Ford
Assistant Register of Deeds