

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: 36023077491

## AFFIDAVIT TERMINATING JOINT TENANCY

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

1. That Michael Wayne Pitts having become deceased on May 18, 2018 at Tarrant County, Texas, pursuant to the attached certified copy Certificate of Death, is the same person as Michael W. Pitts named as one of the parties in that certain **David Walley's Resort Grant, Bargain, Sale Deed** dated December 10, 2005 by Walley's Partners Limited Partnership, a Nevada limited partnership to Michael W. Pitts and Jennifer Pruitt Pitts, husband and wife as joint tenants with right of survivorship, recorded on December 23, 2005, as Recorded Document No. 2005-0664243, 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, Jennifer Pruitt Pitts, is the surviving joint tenant of the named decedent.

Contract # 6675214

Affidavit Terminating Joint Tenancy  
David Walley's Resort

I, **Jennifer Pruitt Pitts**, 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.

**Jennifer Pruitt Pitts, Affiant**  
Surviving Spouse's Print Name - Title

DATED this 21 day of July, 2023,

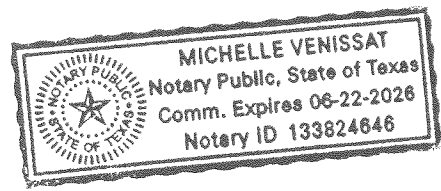
Jennifer Pruitt Pitts  
Signature

STATE OF Texas )  
COUNTY OF Ellis ) ss

SUBSCRIBED AND SWORN before me this 21 day of July, 2023,  
by **Jennifer Pruitt Pitts**.

Michelle Venissat  
Notary Public Signature

Michelle Venissat  
Notary Public Print Name  
My Commission Expires: 6/22/26



Notary Stamp/Seal

## 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.

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: 1319-15-000-15

### 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                    

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
Canyon	ODD	TWO BEDROOM	17-077-49-71 aka: 36023077491

COPY

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES**  
**VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
MAY 29 2018  
**STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-18-081152**

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) <b>MICHAEL WAYNE PITTS</b>				(Maiden)		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) <b>MAY 21, 2018</b>	
3. SEX <b>MALE</b>	4. DATE OF BIRTH (mm-dd-yyyy) <b>SEPTEMBER 28, 1959</b>	5. AGE - Last Birthday (Years) <b>58</b>	IF UNDER 1 YR Mo Days		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country) <b>JOLIET, IL</b>
7. SOCIAL SECURITY NUMBER <b>1077</b>		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>JENNIFER PRUITT</b>			
10a. RESIDENCE STREET ADDRESS <b>3804 SILKWOOD TRAIL</b>				10b. APT. NO.	10c. CITY OR TOWN <b>ARLINGTON</b>		
10d. COUNTY <b>TARRANT</b>		10e. STATE <b>TEXAS</b>		10f. ZIP CODE <b>76016</b>		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE <b>FLOYD MOFFETT</b>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>SUMANTHA E. JOHNSON</b>			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH <b>TARRANT</b>		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>ARLINGTON, 76012</b>		16. FACILITY NAME (If not institution, give street address) <b>ARLINGTON MEMORIAL HOSPITAL</b>			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>JENNIFER PRUITT - PITTS - WIFE</b>				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>3804 SILKWOOD TRAIL, ARLINGTON, TX 76016</b>			
19. 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)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ROBERT FILAS ,BY ELECTRONIC SIGNATURE - 114140</b>		21. <input checked="" type="checkbox"/> Unknown			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>MOORE CREMATORY</b>				23. LOCATION (City/Town, and State) <b>ARLINGTON, TX</b>			
24. NAME OF FUNERAL FACILITY <b>MOORE FUNERAL HOME-BOWEN ROAD</b>				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>4216 SOUTH BOWEN ROAD, ARLINGTON, TX 76016</b>			
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, (death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner-Justice of the Peace - 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.							
27. SIGNATURE OF CERTIFIER <b>VIJAYA DENDI , BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>MAY 25, 2018</b>		29. LICENSE NUMBER <b>MT203124</b>		30. TIME OF DEATH (Actual or presumed) <b>13:35</b>	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>VIJAYA DENDI 800 W RANDOL MILL RD, ARLINGTON, TX 76012</b>						32. TITLE OF CERTIFIER <b>MD</b>	
33. PART 1. 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. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.							
CAUSE OF DEATH		IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a. SEPTIC SHOCK</b>				Approximate interval Onset to death <b>1DAY</b>	
		Due to (or as a consequence of):					
		Sequentially 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>b.</b>					
		Due to (or as a consequence of):					
		<b>c.</b>					
		Due to (or as a consequence of):					
		<b>d.</b>					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. <b>NEUROENDOCRINE CANCER, END STAGE RENAL DISEASE</b>							
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO. <b>03-0976</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>MAY 25, 2018</b>		42c. REGISTRAR <b>REGISTRAR - CITY OF ARLINGTON, ELECTRONICALLY FILED</b>			
EDR NUMBER 00002315794							

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.198)

VS-112 REV 1/2006

QA12759876

JLF

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED MAY 29 2018

*Tara Das*  
TARA DAS  
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

