

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



SHAWNYNE GARREN, RECORDER

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 S. Spencer Street, Suite A62
Las Vegas, NV 89119

Timeshare Identification No.: 17-016-32-71

AFFIDAVIT OF SURVIVING TRUSTEE

I, LORRAINE F. SMITH, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. LISLE J. SMITH, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person named as the Co-Trustee in the certain Declaration of Trustee dated 08/11/1999, executed by LISLE J SMITH AND LORRAINE F SMITH as Trustees.
2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by the deed recorded on 10/26/2000, as instrument No. 1000:4947, in the Official Records of Douglas, Nevada:

All that Real Property situated in the County of Douglas, State of Nevada, bounded and described as follows (the "Property"):

See Exhibit A – Attached hereto and by this reference made a part hereof

Contract # 6673396

Affidavit Surviving Trustee

AFFIDAVIT

3. I am the surviving Trustee of the same trust under which said decedent held title as Trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said Trust to serve as the Sole Trustee thereof.
4. No other person has a right to the interest of the Trust in the described Property.
5. The described Property shall be transferred to LORRAINE F. SMITH as Surviving Trustee.

DATED this 26 day of June, 2023


Signature Surviving Trustee

LORRAINE F. SMITH
Print Name, Surviving Trustee

STATE OF CALIFORNIA
COUNTY OF ALAMEDA

This instrument was acknowledged before me on 26th day of JUNE, 2023 by LORRAINE F. SMITH, who is personally known to me or has produced CA SENIOR ID as identification.

WITNESS my hand and seal at office, on this 26th day of JUNE, 2023.

See attached California Acknowledgment
Notary Public

Commission Expires: July 25, 2025

(Notary Seal)

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

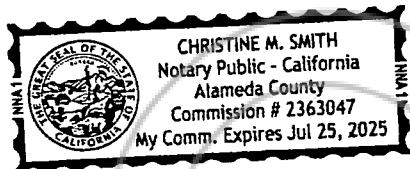
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of ALAMEDA }

On JUNE 26, 2023 before me, CHRISTINE M. SMITH, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared LORRAINE F. SMITH
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature Christine M. Smith
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Surviving Trustee
Document Date: June 26, 2023 Number of Pages: 2
Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: Lorraine F. Smith
 Corporate Officer – Title(s): _____
 Partner – Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer is Representing: SELF

~~Signer's Name: _____
 Corporate Officer – Title(s): _____
 Partner – Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer is Representing: _____~~

Exhibit "A"
LEGAL DESCRIPTION

The Time Shares 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 those 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.

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: 1319-15-000-015

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 _____

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

PER NRS 111.312 – The Legal Description appeared previously in that certain **Grant, Bargain, and Sale Deed**, recorded on ___ October 26, 2000 _____, as Document No. _0502084 Bk 1000 PG 4949 _____ in Douglas County records, Douglas County, Nevada.

Exhibit "A-1"

Phase	Frequency	Unit Type	Inventory Control Number
Aurora	ODD	deluxe	17-016-32-71

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

CERTIFICATE OF DEATH

3201340001081

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LISLE		2. MIDDLE JOSEPH		3. LAST (Family) SMITH	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 5435		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SERVICE MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TOKYO ELECTRON		19. YEARS IN OCCUPATION 6	
20. DECEDENT'S RESIDENCE (Street and number, or location) 6630 TWINBERRY CR.					
21. CITY AVILA BEACH		22. COUNTY/PROVINCE SAN LUIS OBISPO		25. STATE/FOREIGN COUNTRY CA	
23. ZIP CODE 93424		24. YEARS IN COUNTY 23			
26. INFORMANT'S NAME, RELATIONSHIP LORRAINE SMITH, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) PO BOX 2546, AVILA BEACH, CA 93424		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST LORRAINE		29. MIDDLE FERNANDE		30. LAST (BIRTH NAME) MEUNIER	
31. NAME OF FATHER/PARENT - FIRST GRAEME		32. MIDDLE -		33. LAST SMITH	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT - FIRST ELEANOR		36. BIRTH STATE IL	
37. MIDDLE -		38. LAST (BIRTH NAME) MCDONALD			
39. DISPOSITION DATE mm/dd/yyyy 07/02/2013		40. PLACE OF FINAL DISPOSITION OLD MISSION CATHOLIC CEMETERY 101 BRIDGE ST., SAN LUIS OBISPO, CA 93401			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT REIS FAMILY MORTUARY		45. LICENSE NUMBER FD949		46. SIGNATURE OF LOCAL REGISTRAR PENNY BORENSTEIN, MD	
47. DATE mm/dd/yyyy 07/01/2013					
101. PLACE OF DEATH BELLA VISTA NURSING HOME		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/UTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN LUIS OBISPO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3033 AUGUSTA ST.		106. CITY SAN LUIS OBISPO	
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 ventricula. Elaborate without showing the etiology. DO NOT ABBREVIATE. (A) NONSPECIFIC INTERSTITIAL PNEUMONIA (B) END STAGE INTERSTITIAL LUNG DISEASE					
108. DEATH REPORTED TO CORONER? Time Interval Between Order and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DAYS		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MOS		110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? (D) <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 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREVAJANT 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: 06/24/2013 Decedent Last Seen Alive: 06/28/2013		115. SIGNATURE AND TITLE OF CERTIFIER JEFFREY BOURNE, DO		116. LICENSE NUMBER 20A7050	
117. DATE mm/dd/yyyy 06/28/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEFFREY BOURNE, DO PO BOX 148, TEMPLETON, CA 93465			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)			
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 SAN LUIS OBISPO

JUL 02 2013
DATE ISSUED:

000336275

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.

Penny Borenstein MD
Dr. Penny Borenstein Health Officer

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE