



SHAWNYNE GARREN, RECORDER

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.:

Recording Requested By:

SUSAN L ROBBINS
2290 ATLANTIC DR
LAKE HAVASU CITY AZ-86404-1143
After Recording Mail To:
SUSAN L ROBBINS
2290 ATLANTIC DR
LAKE HAVASU CITY AZ-86404-1143

Send Subsequent Tax Bills To:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, Florida 32819

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

The undersigned, SUSAN L. ROBBINS, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That DAVID L ROBBINS having become deceased on 4/2/2022 pursuant to the attached certified copy Certificate of Death, is the same person DAVID L ROBBINS named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 11/20/2004 By Walley's Partners Limited Partnership, a Nevada limited partnership, to David L Robbins and Susan L Robbins, Husband and Wife as Joint Tenants as community property with right of survivorship, recorded on 12/3/2004, as Recorded Document No. 2004-630977 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 Douglas of Clark, State of Nevada, bounded and described as follows:
The real property more particularly described in Exhibit "A" attached hereto and made a part (the "Property").
MORE commonly known as: 2001 Foothill Road, Genoa, Nevada 89411
3. That the undersigned affiant, SUSAN L. ROBBINS, is the surviving spouse of the named decedent.

I, SUSAN L ROBBINS, 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.

SUSAN L ROBBINS
Surviving Spouse's Name (Print Name)

Affiant
Title

DATED this 20th day of December, 2023,

Susan L. Robbins
Signature

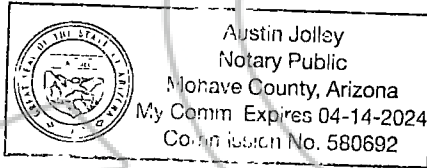
SUSAN L ROBBINS
Print Name of Affiant/Surviving Spouse

STATE OF Arizona)

ss

COUNTY OF MoHAVE)

SUBSCRIBED AND SWORN before me this 20th day of December, 2023,
by Susan Robbins



Notary Stamp/Seal

Austin Jolley
Notary Public Signature

Austin Jolley
Notary Public Print Name
My Commission Expires: 04/14/2024

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 2004-630977

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
Dillon	Annual	2BD	36023071240

COPY

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number
102-2022-020797

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) DAVID, LOYD, ROBBINS		2. AKA'S (IF ANY)		3. DATE OF DEATH 04/02/2022		
4. SEX MALE		5. SOCIAL SECURITY NUMBER ██████9436		6. DATE OF BIRTH 04/18/1950		
7. AGE 71 YEARS						
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH LAKE HAVASU CITY, MOHAVE, 86404						
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 2290 ATLANTIC DRIVE						
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) SANTA ANA, CALIFORNIA		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) SUSAN, LINDELL, MAXEY		
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 2290 ATLANTIC DRIVE, LAKE HAVASU CITY, MOHAVE, AZ, 86404						
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES YES		
17. OCCUPATION SALES						
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) DONALD, LOYD, ROBBINS			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARY, ELINORE, PENSTONE			
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) SUSAN, LINDELL, ROBBINS				21. RELATIONSHIP SPOUSE		
22. INFORMANT'S MAILING ADDRESS 2290 ATLANTIC DRIVE, LAKE HAVASU CITY, AZ, 86404						
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON BRADBURY MEMORIAL CENTER 3317 HIGHWAY 95 N, LAKE HAVASU CITY, AZ, 86404			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON SONIA, GARCIA-TILLSON		25. LICENSE NUMBER FDL-01699	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY BRADBURY MEMORIAL CENTER, LAKE HAVASU CITY, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I						
29. A. IMMEDIATE CAUSE OF DEATH LUNG CANCER				30. APPROXIMATE INTERVAL		
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL		
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL		
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL		
CAUSE OF DEATH PART II						
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.			38. INJURY? NO	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH	
			41. TIME OF DEATH 07:23 AM	42. WAS AN AUTOPSY PERFORMED? NC	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER CERTIFICATION						
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED			44. NAME OF PERSON COMPLETING CAUSE OF DEATH PAUL, O'NEILL		45. DATE CERTIFIED 04/04/2022	
46. CERTIFIER'S ADDRESS 500 N LAKE HAVASU AVENUE #D102, LAKE HAVASU CITY, AZ, 86403						

Date Registered: 04/04/2022

Date Issued: 04/04/2022

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

3773989