

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

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

AFFIDAVIT OF DEATH OF SPOUSE

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

1. That **Larry Richard Bartosiewski** having become deceased on **October 4, 2018**, pursuant to the attached certified copy of the Certificate of Death, is the same person **Larry R. Bartosiewski** named as one of the parties in that certain Walley's Partners Limited Partnership Grant, Bargain, and Sale Deed dated **April 19, 2006** By Walley's Partners Limited Partnership, a Nevada limited liability company to **Larry R. Bartosiewski and Patricia L. Bartosiewski, husband and wife as joint tenants with right of survivorship**, recorded on **May 5, 2006**, as Recorded Document No. **0674211** 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:
3. That the undersigned affiant, **Patricia L. Bartosiewski**, is the surviving spouse of the named decedent.



I, **Patricia L. Bartosiewski**, 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.

Patricia L. Bartosiewski, Affiant
Surviving Spouse's Print Name - Title

DATED this 6 day of October, 20 23,

Patricia L. Bartosiewski
Signature

STATE OF California)

ss

COUNTY OF Orange)

SUBSCRIBED AND SWORN before me this 6th day of October, 20 23, by **Patricia L. Bartosiewski**.

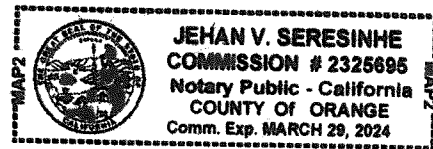
[Signature]

Notary Public Signature

Jehan V. Seresinhe

Notary Public Print Name

My Commission Expires: March 29, 2024



Notary Stamp/Seal

Exhibit "A"

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 **0674211**

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	TWO BEDROOM	17-086-28-01 aka: 36029105440

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
 1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CA 92701

3052018203521 **CERTIFICATE OF DEATH** 3201830016236
STATE FILL NUMBER STATE OF CALIFORNIA LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) LARRY		2. MIDDLE RICHARD		3. LAST (Family) BARTOSIEWSKI	
4. DATE OF BIRTH mm/dd/yyyy 06/17/1947		5. AGE Yrs. 71		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY MN		10. SOCIAL SECURITY NUMBER 8228		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/GRIP (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 10/04/2018		8. HOUR (24 Hour) 1630	
13. EDUCATION - Highest Level/Degree (See worksheet or back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/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 or back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ADMINISTRATIVE MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ORANGE COUNTY SHERIFF DEPARTMENT		19. YEARS IN OCCUPATION 35	
20. DECEASED'S RESIDENCE (Street and number, or location) 1237 CARACAS DRIVE					
21. CITY PLACENTIA		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92870	
24. YEARS IN COUNTY 69		25. STATE/FOREIGN COUNTRY CA			
28. INFORMANT'S NAME, RELATIONSHIP PATRICIA LYNN BARTOSIEWSKI, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1237 CARACAS DRIVE, PLACENTIA, CA 92870		
29. NAME OF SURVIVING SPOUSE/GRIP - FIRST PATRICIA		27. MIDDLE LYNN		30. LAST (BIRTH NAME) TIVENAN	
31. NAME OF FATHER/PARENT - FIRST GILBERT		32. MIDDLE LEROY		33. LAST BARTOSIEWSKI	
34. BIRTH STATE MN		35. NAME OF MOTHER/PARENT - FIRST LEEANNA		36. MIDDLE COFFEY	
37. BIRTH STATE MO		39. PLACE OF FINAL DISPOSITION HOLY SEPULCHER CEMETERY 7845 E. SANTIAGO CANYON ROAD, ORANGE, CA 92869			
35. DISPOSITION DATE mm/dd/yyyy 10/10/2018		40. PLACE OF FINAL DISPOSITION HOLY SEPULCHER CEMETERY 7845 E. SANTIAGO CANYON ROAD, ORANGE, CA 92869			
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SHANNON FAMILY MORTUARY INC		45. LICENSE NUMBER FD1772		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy 10/10/2018					
101. PLACE OF DEATH RESIDENCE - HOSPICE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Decedent's Home/LTC <input type="checkbox"/> Other					
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1237 CARACAS DRIVE		106. CITY PLACENTIA	
107. CAUSE OF DEATH Enter the chain of events -- disease, injury, or complication -- 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. (A) CARDIOPULMONARY ARREST					
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) PARKINSON'S DISEASE					
109. BIRTHS 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 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attending Physician Decedent's Last Seen Date 08/27/2018 10/04/2018		115. SIGNATURE AND TITLE OF CERTIFIER DONNA FRISCH M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy G76025 10/05/2018	
118. 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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DONNA FRISCH M.D. 500 S. ANAHEIM HILLS ROAD #206, ANAHEIM, CA 92807		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
123. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
124. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

* 0 0 4 2 1 6 3 7 5 *

CERTIFIED COPY OF VITAL RECORDS
 DATE ISSUED **October 10, 2018**

STATE OF CALIFORNIA } SS
 COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler M.D.
 ERIC G. HANDLER, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

