

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: 36029107102

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, June E. Brooke of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Vernon Eugene Brooke having become deceased on 5/23/2023 at Washoe County, Nevada, pursuant to the attached certified copy Certificate of Death, is the same person as Vernon E. Brooke named as one of the parties in that certain **David Walley's Resort Grant, Bargain, Sale Deed** dated 5/19/2005 by Walley's Partners Limited Partnership, a Nevada limited partnership to Vernon E. Brooke and June E. Brooke, husband and wife as joint tenants with right of survivorship, recorded on 6/3/2005, as Recorded Document No. 2005-645937, of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
1. 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**

2. That the undersigned affiant, June E. Brooke, is the surviving joint tenant of the named decedent.

Contract # 6675150

Affidavit Terminating JT - WPOA

A notary public or any 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.

JURAT

State of California)

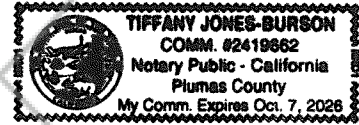
County of Plumas)

On January 24, 2024 before me, Tiffany Jones-Burson, Notary Public, personally appeared June E. Brooke, who SUBSCRIBED AND SWORN to (or affirmed) before me on the basis of satisfactory evidence to be the person(s) who appeared before me.

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 Tiffany Jones-Burson



(Seal)

OPTIONAL INFORMATION

The preceding Jurat is attached to a document titled/for the purpose of Affidavit Death of Joint Tenancy - Holiday Inn Club, FL Containing 4 pages, and dated 1/24/24

- The signer(s) capacity or authority is/are as:
[X] Individual
[] Attorney-in-Fact
[] Corporate Officer(s)
[] Guardian/Conservator
[] Partner-Limited/General
[] Trustee(s)
[] Other:

Representing: M66 75150/WPOA

Additional Information

Proved to me on the basis of satisfactory evidence:

- [X] form(s) of identification
[] credible witness(es)

Notarial event is detailed in notary journal on:

Page# _____ Entry# _____

Notary contact: (530) 927-7033

Other:

- [] Additional Signer(s)
[X] Signer(s) Thumbprint

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 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	ANNUAL	TWO BEDROOM	17-075-39-01 aka: 36023075390

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4351595

CERTIFICATE OF DEATH

2023011695
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Vernon Eugene BROOKE		2. DATE OF DEATH (Mo/Day/Year) May 23, 2023		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 250 Vista Knoll Parkway		3e. If Hosp. or Inst. indicate DOA, OP/Emer Rm. Inpatient(Specify) Street	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) July 19, 1934	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) June Ellen BLITCH			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-2843		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of MECHANIC, HEAVY EQUIPMENT, ENGINE		14b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE REPAIR (GARAGE)	
	15a. RESIDENCE - STATE California		15b. COUNTY Plumas		15c. CITY, TOWN OR LOCATION Portola	
REMOVAL/BURIAL	15d. STREET AND NUMBER 7462 Bushwhacker Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Vernon Leroy BROOKE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence Elizabeth BLOOM		18a. INFORMANT- NAME (Type or Print) June Ellen BROOKE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 658 Portola, California 96122	
TRADE CALL	19a. BURIAL CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Whispering Pines Cemetery		19c. LOCATION City or Town State Portola California 96122	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD T HEARN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD228		20c. NAME AND ADDRESS OF FACILITY La Paloma Reno 5301 Longley Lane Suite E-180 Reno NV 89511	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CLARE H BRYCE MD SIGNATURE AUTHENTICATED				22a. 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) stated. (Signature & Title)	
	21b. DATE SIGNED (Mo/Day/Yr) May 26, 2023		21c. HOUR OF DEATH 17:20		22b. DATE SIGNED (Mo/Day/Yr) May 23, 2023	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 17:20		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 23, 2023	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Clare H Bryce MD 990 E Ninth St Reno, NV 89512			
CAUSE OF DEATH	23b. LICENSE NUMBER 23638		24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 30, 2023	
	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Atherosclerotic And Valvular Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

5/30/2023

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

