

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: 36028104392

AFFIDAVIT TERMINATING JOINT TENANCY

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

1. That Lee Vorobyoff having become deceased on October 13,2018 at Carson City County, Nevada, pursuant to the attached certified copy Certificate of Death, is the same person as Lee Vorobyoff named as one of the parties in that certain **Grant Sale Deed** dated November 18,2012 by 1862, LLC, a Nevada limited liability company to Igor Vorobyoff and Lee Vorobyoff, husband and wife, as joint tenants with right of survivorship, not as tenants in common, recorded on March 14,2013, as Recorded Document No. 2013-819943, 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, Igor Vorobyoff, is the surviving joint tenant of the named decedent.

Contract # 6676968

Affidavit Terminating JT - 1862
LLC - merge

I, **IGOR VOROBYOFF**, 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.

DATED this 22d day of March, 2024,

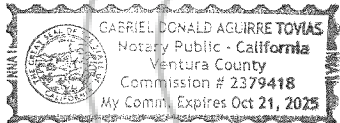
[Signature]
Signature
IGOR VOROBYOFF

STATE OF California)

ss

COUNTY OF Ventura)

SUBSCRIBED AND SWORN before me this 22d day of March, 2024, by **IGOR VOROBYOFF**.



Notary Stamp/Seal

Gabriel Donald Aguirre Tacias
Notary Public - California
Ventura County
Commission # 2379418
Comm Expires Oct 21, 2025

[Signature]
Notary Public Signature

Gabriel Donald Aguirre Tacias
Notary Public Print Name

My Commission Expires: 10-21-2025

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 $1/1,071^{\text{st}}$ or $1/2,142^{\text{nd}}$ 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.

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Bodie Phase

An undivided $1/1,989^{\text{th}}$ or $1/3,978^{\text{th}}$ 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 $1/1,224^{\text{th}}$ or $1/2,448^{\text{th}}$ 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 $1/1,224^{\text{th}}$, $1/2,448^{\text{th}}$, $1/204^{\text{th}}$, or $1/408^{\text{th}}$ 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 2013-819943

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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	EVEN	TWO BEDROOM	36028104392

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4045475

CERTIFICATE OF DEATH

2018019874
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lee VOROBYOFF		2. DATE OF DEATH (Mo./Day./Year) October 13, 2018		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or apt. No. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient) (Specify) 2105 Mountain St. Home		4. SEX Female	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
DECEDENT	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo./Day./Yr) September 26, 1941	
	9a. STATE OF BIRTH (if not U.S./CA. name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Igor VOROBYOFF			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]-4902		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of [REDACTED]) Secretary / Assistant		14b. KIND OF BUSINESS OR INDUSTRY Mono County Sheriffs Office	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
	15d. STREET AND NUMBER 2105 Mountain St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles WATSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy BURNETT		
	18a. INFORMANT - NAME (Type or Print) Igor VOROBYOFF			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2105 Mountain St. Carson City, Nevada 89703		
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Watson's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
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) NITA SCHWARTZ 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)		
	21c. DATE SIGNED (Mo./Day./Yr) October 17, 2018		21d. HOUR OF DEATH 08:20		21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	22b. DATE SIGNED (Mo./Day./Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo./Day./Yr)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			23b. LICENSE NUMBER 9114		
	24a. REGISTRAR (Signature) FRED QUIHUIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo./Day./Yr) October 17, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I (a) Cerebral Atherosclerosis					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORNER (Specify Yes or No) No
28a. ACC. SUICIDE, HON. 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		

STATE REGISTRAR



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.

DATE ISSUED: 10/18/2018

Julie Katchmar
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

