

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: 3102-26-Annual

#### **AFFIDAVIT OF SURVIVING TRUSTEE**

I, **Sherrill K. Mott**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. **Steven Don Mott**, 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 June 4, 2018, executed by Steven D. Mott and Sherrill K. Mott 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 08/20/2018, as instrument No. 2018-918252, in the Official Records of Douglas County, Nevada:

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

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Contract # **M6676237**

Affidavit Surviving Trustee  
David Walley's Resort

1. I am the surviving Trustee of the same trust under which said decedent held title as trustee pursuant to the deeds described above, and am designated and empowered pursuant to the terms of said trust to serve as the Sole Trustee thereof.
2. No other person has a right to the interest of the Trust in the Described property.
3. The described property shall be transferred to **Sherrill K. Mott**, as Surviving Trustee.

**Sherrill K. Mott** SHERILL K MOTT Affiant  
Surviving Trustee (Print Name) Title

DATED this 29 day of April, 2024

Sherrill K. Mott  
Signature of Surviving Trustee  
**Sherrill K. Mott**

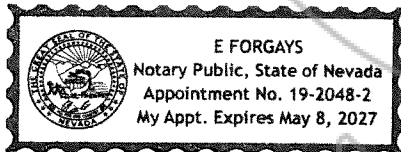
STATE OF: Nevada

SS

COUNTY OF: Washoe

SUBSCRIBED AND SWORN before me this 29 day of April, 2024,

by **Sherrill K. Mott**.



E. Forgays  
Notary Public Signature

E. Forgays  
Notary Public Print Name  
My Commission Expires: May 8, 2027

## 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 1/1,071<sup>st</sup>, or 1/2,142<sup>nd</sup> 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<sup>th</sup> or 1/3,978<sup>th</sup> 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 1/1,224<sup>th</sup> or 1/2,448<sup>th</sup> 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<sup>th</sup>, 1/2,448<sup>th</sup>, 1/204<sup>th</sup>, or 1/408<sup>th</sup> 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 **2018-918252**

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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	36029107102

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4333837

**CERTIFICATE OF DEATH**

**2023003480**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Steven Don MOTT</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 09, 2023</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Renown Rehabilitation Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Male</b>
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>70</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 15, 1952</b>
	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>14</b>	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Sherrill K GOULD</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>4960</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Support Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Information Technology</b>		Ever in US Armed Forces? <b>Yes</b>
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Washoe</b>	15c. CITY, TOWN OR LOCATION <b>Sparks</b>	15d. STREET AND NUMBER <b>780 Emerson Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>MOTT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Patricia MAUER</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Ryan A MOTT</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>525 Beckwouth Drive Reno, Nevada 89506</b>			
Cremation	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada 89511</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DUSTIN OLSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD779</b>	20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation Sparks</b> <b>1016 N Rock Blvd, Ste 102 Sparks NV 89431</b>			
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) <b>THORNTON G WILLIAMS MD</b> 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) <b>February 21, 2023</b>		21c. HOUR OF DEATH <b>17:55</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Thornton G Williams MD 85 Kirman Ave LL1 Reno, NV 89502</b>			23b. LICENSE NUMBER <b>17237</b>			
REGISTRAR	24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 21, 2023</b>		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) <b>Cardiopulmonary Failure</b>						Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF: (b) <b>End Stage Liver Disease</b>						Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Alpha-1 Antitrypsin Deficiency</b>						Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Unknown Etiology</b>						Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Subdural Hematoma</b>						26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
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:

**2/21/2023**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

