

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



SHAWNYNE GARREN, RECORDER

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 S. Spencer Street, Suite A62  
Las Vegas, NV 89119

Timeshare Identification No.: #17-071-34-01

***AFFIDAVIT OF SURVIVING TRUSTEE***

I, **PHYLLIS R BROWN**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. **GEORGE H BROWN**, 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 **March 24, 1999**, executed by **George H. Brown and Phyllis R Brown** as Trustors.
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 **09/28/2007**, as instrument No. **0710136**, in the Official Records of Douglas, Nevada:

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

See Exhibit A – Attached hereto and by this reference made a part hereof

Contract # 6675027

Affidavit Surviving Trustee

**\*AFFIDAVIT\***

3. I am the surviving Trustee of the same trust under which said decedent held title as Trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said Trust to serve as the Sole Trustee thereof.
4. No other person has a right to the interest of the Trust in the described Property.
5. The described Property shall be transferred to Phyllis R Brown, as Surviving Trustee.

DATED this 5<sup>th</sup> day of June, 2024.

Phyllis R Brown

Signature Surviving Trustee

Phyllis R Brown

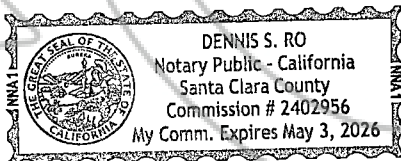
Print Name, Surviving Trustee

STATE OF California

COUNTY OF Santa Clara

*This* instrument was acknowledged before me on 5<sup>th</sup> day of June, 2024 by Phyllis R Brown, who is personally known to me or has produced Driver License as identification.

WITNESS my hand and seal at office, on this 5<sup>th</sup> day of June, 2024.



(Notary Seal)

Dennis Ro

Notary Public

Commission Expires: 05/03/2026

**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 1/1,071<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.

APN: 1319-22-000-021

**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 \_\_\_\_\_

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

PER NRS 111.312 – The Legal Description appeared previously in that certain **Grant, Bargain, and Sale Deed**, recorded on 9/28/2007, as Document No. 0710136 in Douglas County records, Douglas County, Nevada.

**Exhibit "A-1"**

Phase	Frequency	Unit Type	Inventory Control Number

COPY

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SACRAMENTO**  
 DEPARTMENT OF HEALTH SERVICES

3052021282750  
 STATE FILE NUMBER

**CERTIFICATE OF DEATH**  
 STATE OF CALIFORNIA  
 USE BLACK INK ONLY / NO ERASURES, WHITE CUTS OR ALTERATIONS  
 VS-11 (REV 3/06)

3202134012226  
 LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)		
	GEORGE		HARDIN		BROWN		
	4. DATE OF BIRTH mm/dd/ccyy			5. AGE Yrs	6. UNDER ONE YEAR	7. UNDER 24 HOURS	8. SEX
	02/14/1931			90			M
USUAL RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY			10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
	CO			4391		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS/SDP (at Time of Death)			13. DATE OF DEATH mm/dd/ccyy		14. HOUR (24 Hour)	
	MARRIED			11/06/2021		1341	
INFORMANT	15. EDUCATION - Highest Level/Degree (Use worksheet on back)			16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		17. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
	DOCTORATE			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
	18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		20. YEARS IN OCCUPATION	
	PROFESSOR			UNIVERSITY		48	
SPOUSE/SDP AND PARENT INFORMATION	21. CITY			22. COUNTY/PROVINCE		23. ZIP CODE	
	PALO ALTO			SANTA CLARA		94306	
	24. YEARS IN COUNTY			25. STATE/FOREIGN COUNTRY			
	48			CA			
FUNERAL DIRECTORY / LOCAL REGISTRAR	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, and zip)			
	PHYLLIS BROWN, WIFE			451 ADOBE PLACE, PALO ALTO, CA 94306			
	28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE	30. LAST (BIRTH NAME)			
	PHYLLIS			RUGG			
PLACE OF DEATH	31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		
	ROY				BROWN		
	34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		
	MO		MARY				
CAUSE OF DEATH	37. LAST (BIRTH NAME)		38. BIRTH STATE				
	MARTIN		CO				
	39. DISPOSITION DATE mm/dd/ccyy			40. PLACE OF FINAL DISPOSITION			
	11/17/2021			RESIDENCE OF PHYLLIS BROWN 451 ADOBE PLACE, PALO ALTO, CA 94306			
PHYSICIAN'S CERTIFICATION	41. TYPE OF DISPOSITION(S)			42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
	CREMATE/RESIDENCE			NOT EMBALMED			
	44. NAME OF FUNERAL ESTABLISHMENT			45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
	TRIDENT SOCIETY			FD1909		OLIVIA KASIRYE MD	
CORONER'S USE ONLY	47. DATE mm/dd/ccyy			48. SIGNATURE OF LOCAL REGISTRAR			
	11/17/2021			OLIVIA KASIRYE MD			
	101. TYPE OF DEATH			102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
	GREENHAVEN VILLA			IP ERCP DOA		Home LTC Hospice	
PHYSICIAN'S CERTIFICATION	104. COUNTY			105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
	SACRAMENTO			7465 GREENHAVEN DRIVE		SACRAMENTO	
	107. CAUSE OF DEATH			108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) A) PROSTATE CANCER			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PHYSICIAN'S CERTIFICATION	B) Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease, injury that initiated the events resulting in death) LAST			C) 110. AUTOPSY PERFORMED?		D) 111. USED IN DETERMINING CAUSE?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?	
	NONE			NO		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
PHYSICIAN'S CERTIFICATION	114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
	09/12/2021			KEVIN WILLIAM KECK, MD		G32520	
	117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/ccyy	
	11/06/2021			KEVIN WILLIAM KECK, MD 1059 WILHAGGIN PARK LN, SACRAMENTO, CA 95864		11/16/2021	
CORONER'S USE ONLY	118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			119. INJURED AT WORK?		120. INJURED AT WORK?	
	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			YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
	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)	
CORONER'S USE ONLY	124. SIGNATURE OF CORONER / DEPUTY CORONER			125. DATE mm/dd/ccyy		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
	127. STATE REGISTRAR			128. STATE REGISTRAR		129. CENSUS TRACT	
	A			B		C	

**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED **November 19, 2021**

\* 002004286 \*

*Olivia Kasirye MD*  
 OLIVIA KASIRYE, MD  
 LOCAL REGISTRAR

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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

