DOUGLAS COUNTY, NV

2024-1010467

Rec:\$40.00 Total:\$40.00 **07/29/2024 03:40 PM**

SARAH GALVIN, ESQ

Pgs=5

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.:

After Recording Mail To: C. MONICA FABIANO 433 ESTUDILLO AVE STE 203 SAN LEANDRO, CA 94577

Send Subsequent Tax Bills To: Holiday Inn Club Vacations Incorporated 9271 S. John Young Pkwy. Orlando, Florida 32819



001842//2024101046/0050054

SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

The undersigned, C. MONICA FABIANO, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

- 1. That FRANK FABIANO having become deceased on 3/3/22 pursuant to the attached certified copy Certificate of Death, is the same person FRANK FABIANO named as one of the parties in that certain David Walley's Resort Grant, Bargain, Sale Deed dated 08/06/2019 By Walley's Partners Limited Partnership, a Nevada limited partnership, to Frank Fabiano, Trustee of The Frank Fabiano and Maria I. Fabiano Inter-Vivos Trust, restated September 16, 2016 as community property with right of survivorship, recorded on 08/20/2019, as Recorded Document No. 2019-933905 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 Douglas of Clark, State of Nevada, bounded and described as follows:

The real property more particularly described in Exhibit "A" attached hereto and made a part (the "Property").

MORE commonly known as: 2001 Foothill Road, Genoa, Nevada 89411

3. That the undersigned affiant, C. MONICA FABIANO, is the successor trustee of the named decedent.

Contract # 6679452

OL LV Death of Trustee



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 1/1,071st, 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

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 I, C. MONICA FABIANO, 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 24 th day of July	, ₂₀ 24 ,	\ \
	Signature Signature		7/
	Printed Name:C. MONICA FABIANO	\	_//
	STATE OF California		
	STATE OF California COUNTY OF Alameda ss		
	SUBSCRIBED AND SWORN before me this 24 day of by C. MONICA FABIANO.	July	, 20 24,
		134 25 D. D. M. L.	E. GALVIN
<	Notary Public Signature Carol F California	Notary Pub Alame Commissi	lic - California da County on # 2335774 pires Oct 30, 2024
	Notary Public Signature Notary Public Printed Name: Savah E. GALVIN My Commission Expires: 10/30/2024		are a series and a
	May Commission Papieco.	Stamp/Seal	

Exhibit "A-1"

Phase	Frequency	Unit Type	Inventory Control Number
Canyon	Annual	2bd	36023076280



COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

	3052024048896	CERTIFIC STAT - USE BLACKINK DRAY / NO	ATE OF DEATH	H SEATIONS	320244100	- X - X - X - X - X - X - X - X - X - X	
	1. NAME OF DECEDENT- FIRST (Given) FRANK	2. MIDDLE SAVERIO ANTONIO		3. LAST (Farrely)	COCAC REGISTRATION NUMBER		
NAL DAT	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRT 05/13/19	H min/dd/ccyy 5. AGE	Yrs. IF UNDER ONE YEAR	FUNDER 24 HOURS 6. SEX	
DECEDENT'S PERSONAL DATA	0, BIRTH STATE/FOREIGN COUNTRY 10, SOCIAL SECURITY NL 17ALY -0983	YES X	NO DUK WII	RITAL STATUS/SROP (1) TO	7. DATE OF DEATH mm/c 03/03/2024	8. HOUR (24 Hours) 2150	
ECEDENT	13. EDUCATION – Highast Love/Degree bevorks/read on beck) 14/15, WAS DECEDENT HISPANICAL YES YES		[X] 10 CAL	JCASIAN	3 racos may be listed (see workshest	_	
	17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE H SHOEMAKER 20. DECEDENT'S HESIDENCE (Street and number, or lacotron)		INDUSTRY	RY (a.g., grocery store, roa	id construction, employment agency, at	50	
USUAL RESIDENCE	226 COUNTRY CLUB DRIVE	NTY/PROVINCE	23 ZIP CODE	24. YEARS	IN COUNTY 25. STATE/FOREIGN	COUNTRY	
	BB11881 B 11/ 11/	MATEO	94080	34	CA	- N	
INFOR-	- 1 - 1000						
SPOUSE/SRDP AND ARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE	- 33.	LÁST	} }	34 BIATH STATE	
SPOUSĘ/SI PARENT INFO	ROSARIO 35. NAME OF MOTHEP/PARENT-FIRST	38 MIDDLE	The contract of the contract o	ABIANO	.)	ITALY 38. BIRTH STATE	
	CATERINA 39. D SPOSITION DATE mm/du/ctyy 40. PLACE OF FINAL D:SPOSIT	- TON ITALIAN CEMI		IANCO		ITALY	
DIRECTOR/ EGISTRAR	41. TYPE OF DISPOSITION(S)	COLMA, CA 9401 42. SIGNATURE O	EMBALMER	_/_	FC	43 LICENSE NUMBER	
FUNERAL LOCAL R	BURIAL 44 NAME OF FUNERAL ESTABLISHMENT DUGGANS SERRA MORTUARY	45. LICENSE NUM	EN HENRY MI	LOCAL REGISTRAR		EMB8754	
	101, PLACE OF DEATH KAISER FOUNDATION HOSPITAL - S	JFD1098 OUTH SAN	102 JF HOSP	TAL SPECIFY ONE	ANTANA, ME	Decedent's Decedent's	
PLACE OF DEATH	FRANCISCO X P ENOP DOA HORSON Home VIO					, [] name	
	107. CAUSE OF DEATH Finer the chain of events — titled as cardiac extent, respiratory, artes IMMEDIATE CAUSE (A) SEPTIC SHOCK	ises, Injuries, or complications — th II, Or ventricular fibrillation without si	at directly caused death. DD nowing the etictogy. DO NGT	NOT enter terminal events ABBREVIATE	Such Time Interval Between Question Death	I DEATH REPORTED TO CORONER?	
	(Final disease or condition resulting —) In death) (B) PNEUMONIA NOT OTH	ERWISE SPECIF	IED		DYS.	24-00401 109 BIOPSY PERFORMED?	
ЕАТН	Sequentially, 4,4 condutions, 11 any, 12 condutions, 12 any, 12 condutions to cause on Line A.Enter		\	\	DYS.	YES X NO	
CAUSE OF DEATH	UNDERLYNG CAUSE (dicease or musy hat inflated the events inflated the events instituted in the control of the c	· · · · · · · · · · · · · · · · · · ·	-		(D1)	111, USED IN DETERMINING CAUSE?	
ð		T NOT RESULTING IN THE UNDE	PLYING CAUSE GIVEN IN 1	OORENAL S	YNDROME, HEART	FAILURE,	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVENIN 107 ACUTE KIDNEY INJURY, ACUTE TUBULAR NECROSIS WITH CARDIORENAL SYNDROME, HEART FAILURE, CARDIOMYOPATHY WITH LOW EJECTION FRACTION 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM 107 OFF 1127 (If yes, fat type of operation and data) 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM 107 OFF 1127 (If yes, fat type of operation and data) 114. WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM 107 OFF 1127 (If yes, fat type of operation and data) 115. WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM 107 OFF 1127 (If yes, fat type of operation and data) 116. WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM 107 OFF 1127 (If yes, fat type of operation and data)						
rSICIAN'S TIFICATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	SIGNATURE AND TITLE OF CE GRACE YUN CHO	OF MD	Į.	A180361	03/07/2024	
PHYSIC	(A) mm/dd/ceyy 7 (B) mm/dd/ceyy 118	TYPE ATTENDING PHYSICIAN:	NAME, MAILING ADDRE	SS, ZUP CODE DAW SAN FRANC	N PIARULLI, MD		
	119 I CERTIFY THAT IN MY OFINION DEATH OCCURRED AT THE HOUR, DATE, AN MANNER OF DEATH Natural Accident Homicide	D PLACE STATED FROM THE CAUSES Suicide Pending Investigation		YES NO	121. INJURY DATE	mm/da/coyy 122. HOUR (24 Hours)	
SE ONLY	123. PLACE OF INJURY (a.g., home; ocnatruction sis), wooded area, etc.)						
CORONER'S USE ONLY	124. DESCRIBE HOW MJURY OCCURRED (Events which resulted in injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and zip)						
COR	125. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE myddiddyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER						
STA	т <u>в</u> А В С D	E			FAX AUTH.#	CENSUS TRACT	
REGISTRAR THINHUMARIUM GOVERNMENT THE TRANSPORT OF THE TR							

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.



DATE ISSUED __03/11/2024 MUNIRE DEMIRC

