

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

DOUGLAS COUNTY, NV **2024-1012472**
Rec:\$40.00
\$40.00 Pgs=6 **09/20/2024 08:18 AM**
WILSON TITLE SERVICES
SHAWNYNE GARREN, RECORDER

R.P.T.T.: **\$14.00**

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: *1319-15-000-031*

AFFIDAVIT OF DEATH TRUSTEE

I, **Madolyn J. Pardini**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. **Tom Fred Pardini**, 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 **04/01/1999**, executed by **Tom F. Pardini and Madolyn J. Pardini**, 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 **09/10/2007**, as instrument No. **0708934**, 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 # **6675882**

Affidavit Surviving Trustee
David Walley's Resort

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 **0708934**

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 |
|--------------|------------------|------------------|---------------------------------|
| Dillon | Annual | 2BD | 36028102330 |

COPY

Exhibit "A-1"

| Phase | Frequency | Unit Type | Inventory Control Number |
|--------|-----------|-------------|----------------------------------|
| Dillon | ANNUAL | TWO BEDROOM | 17-102-33-01 aka: 36028102330 |

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2011011230
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE ->
STATING THE
UNDERLYING
CAUSE LAST

| | | | | | | |
|---|--|---|--|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Tom Fred PARDINI | | | 2. DATE OF DEATH (Mo/Day/Year) July 19, 2011 | | 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 and number) 809 N. Ormsby Blvd. | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | | 4. SEX Male |
| 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 72 | 7b. UNDER 1 YEAR MOS DAYS | 7c. UNDER 1 DAY HOURS MINS | 8. DATE OF BIRTH (Mo/Day/Yr) November 02, 1938 |
| 9a. STATE OF BIRTH (If not U.S.A., name country) Nevada | | 9b. CITIZEN OF WHAT COUNTRY United States | 10. EDUCATION 16 | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Madolyn J SAIBINI |
| 13. SOCIAL SECURITY NUMBER ████████-7036 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Personnel Manager | | 14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada | | Ever in US Armed Forces? No |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Carson City | 15c. CITY, TOWN OR LOCATION Carson City | | 15d. STREET AND NUMBER 809 N. Ormsby Blvd. | |
| 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | | | | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Tom PARDINI | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pearl LAZZARINI | | | |
| 18a. INFORMANT- NAME (Type or Print) Madolyn J PARDINI | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 809 N. Ormsby Blvd. Carson City, Nevada 89703 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery | | 19c. LOCATION City or Town State Carson City Nevada 89706 | | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i> | | 20b. FUNERAL DIRECTOR LICENSE 620 | 20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706 | | | |
| TRADE CALL - NAME AND ADDRESS | | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KAREN SUE MCDERMOTT M.D. <i>SIGNATURE AUTHENTICATED</i> | | 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) July 20, 2011 | | 21c. HOUR OF DEATH 16:00 | | 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) Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV. 89434 | | | | | 23b. LICENSE NUMBER 6450 | |
| 24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i> | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 21, 2011 | | 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).) | | | | | | Interval between onset and death |
| PART I (a) Lung Cancer | | | | | | 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 |
| (d) 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 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 | | |

STATE REGISTRAR

396276

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.

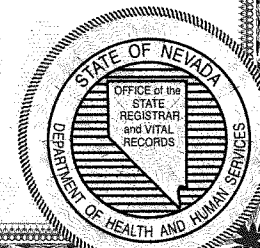
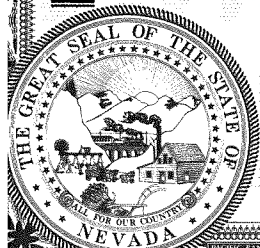
DATE ISSUED:

07/26/2011

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

Rand White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20110104



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE