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APN: 1319-30-519-010
Recording requested by and mail documents and tax statements to:

4

DOC # 0806820
07/31/2012 04:16 PM Deputy: PK

OFFICIAL RECORD
Requested By:
PHILP H RUGGLES

Name: Philip H. Ruggles
Address: 5504 Lochmor AVE
City/State/Zip: LAS VEGAS, NV. 89130

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 6 Fee: 19.00
BK-0712 PG- 8264 RPTT: 0.00

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AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Philip H. RUGGLES, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That MAXINE B. RUGGLES, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, MAXINE B. RUGGLES, named as one of the parties in that certain (type of deed) Grant, Bargain And Sale Deed, dated on the 18 day of MAY, 2010, and executed by Resorts West Vacation Club, known as Grantor(s), to Resorts West vacation Club, known as Grantees, as joint tenants, and recorded as instrument number 0764440, on the 28 day of MAY, 2010, in Book 0510, of Official Records of Douglas, County, Nevada, covering the following described property situated in the City of TAHOE VILLAGE, County of Douglas, State of Nevada. (Set forth commonly known address)

RESORTS WEST VACATION CLUB
LOT 50, TAHOE VILLAGE
UNIT No. 1
P.O. Box 5790
STATE LINE, NV 89449

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

Legal Description:

REFER TO EXHIBIT "A" (ATTACHED)

In Witness Whereof, I/We have hereunto set my/our hand(s) this 7th day of March, 2012.

Philip H. Ruggles
Signature

Signature

Philip H. RUGGLES
Print or type name here

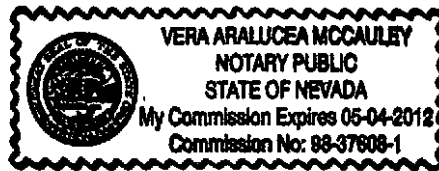
Print or type name here

STATE OF)
COUNTY OF)

On this 7th day of March, 20 12, personally appeared before me, a Notary Public, Philip DILLIARD Ruggles

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein; who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Vera Aralucea McCauley
Notary Public



My commission expires: 05/04/2012

Consult an attorney if you doubt this forms fitness for your purpose.

EXHIBIT "A"

(50)

A timeshare estate comprised of:

Parcel 1: An undivided 1/51st interest in and to that certain condominium described as follows:

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 010 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Swing use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

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PHK

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CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2011-031490

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) MAXINE BEMIS RUGGLES		2. AKA'S (IF ANY)		3. DATE OF DEATH AUGUST 22, 2011	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER 7885	6. DATE OF BIRTH 05-21-1938	7. AGE 73	8. UNDER 1 YEAR B MONTHS 9 DAYS 10 HOURS 11 MINUTES	
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.P./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input checked="" type="checkbox"/> OTHER AN ENCHANTED ASSISTED LIVING		
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 15924 MAUNA LOA LN			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH SURPRISE 85379		16. COUNTY OF DEATH MARICOPA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) BROWNVILLE, MAINE		18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) PHILIP HILLARD RUGGLES	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS. 5504 LOCHMOR AVE,		21. CITY AND COUNTY LAS VEGAS, CLARK		22. STATE NEVADA	23. ZIP CODE 89130
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		28. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE	
26. OCCUPATION SELF EMPLOYED		29. FATHER'S NAME (FIRST, MIDDLE, LAST) LEON BEMIS		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) JULIA MC GRATH	
31. INFORMANT'S NAME PHILIP HILLARD RUGGLES		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS 5504 LOCHMOR AVE, LAS VEGAS, NEVADA 89130	
34. NAME AND ADDRESS OF FUNERAL FACILITY: PALM FUNERAL HOME 10761 NW GRAND AVENUE SUN CITY, AZ		35. FUNERAL DIRECTOR TIMOTHY W LAWSON, FUNERAL DIRECTOR		36. LICENSE NUMBER F0767	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
40. IMMEDIATE CAUSE OF DEATH CIRRHOSIS OF LIVER ALCOHOL	41. APPROXIMATE INTERVAL UNKNOWN		42. DUE TO OR AS A CONSEQUENCE OF		
43. DUE TO OR AS A CONSEQUENCE OF	44. APPROXIMATE INTERVAL		45. APPROXIMATE INTERVAL		
46. DUE TO OR AS A CONSEQUENCE OF	47. APPROXIMATE INTERVAL		48. APPROXIMATE INTERVAL		
CAUSE OF DEATH PART II					
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE		50. INJURY? NO	51. INJURY AT WORK? NO	52. MANNER OF DEATH NATURAL DEATH	53. TIME OF DEATH 5:20 PM
		54. WAS AN AUTOPSY PERFORMED? NO		55. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
56. Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated		57. NAME OF PERSON COMPLETING CAUSE OF DEATH ALICIA ACEVEDO-URCUYO, M.D.		58. DATE CERTIFIED. 08-23-2011	
59. CERTIFIER'S ADDRESS 9305 W THOMAS RD PHOENIX, AZ 85037		60. NAME OF REGISTRAR MICHELE CASTANEDA-MARTINEZ		61. DATE REGISTERED 08-29-2011	

Date Issued: 09-27-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.
Revised 04/2010

Patricia Adams

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

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