

A portion of APN: 1319-30-723-005
Escrow No. 20170822 / #33-125-19-01

Recording Requested By:
Stewart Vacation Ownership

Mail Tax Statement to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

When Recorded Mailto:
Cheryl D. Weathers
5006 Toyon Way
Antioch, CA 94531

AFFIDAVIT – DEATH OF JOINT TENANT
(Title of Document)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Aleta Hannum Signature

Aleta Hannum Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE NEVADA }

SS

COUNTY OF DOUGLAS }

BEFORE ME, the undersigned Notary Public, personally appeared, CHERYL D. WEATHERS, formerly known as CHERYL H. WEATHERS "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is CHERYL D. WEATHERS formerly known as CHERYL H. WEATHERS and I reside at 5006 Toyon Way, Antioch, CA.
2. I owned real property as a joint tenant with MALVERN D. WEATHERS, JR., such real property located in DOUGLAS County, State of NEVADA , described as follows:

See Attached Legal Description.

Title deed is recorded in Book 1183 Page 3104 in the office of the register of deeds in the county and state aforesaid.

3. MALVERN D. WEATHERS, JR., my joint tenant identified above, departed this life on the 30TH day of DECEMBER, 2013 . A copy of the death certificate of MALVERN D. WEATHERS JR. is attached.
4. On the date of the death of MALVERN D. WEATHERS, JR., the above described real estate was owned by MALVERN D. WEATHERS, JR. AND CHERYL H. WEATHERS, husband and wife, as Joint Tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 9th day of May, 2016.

Cheryl D. Weathers

CHERYL D. WEATHERS
Affiant

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of CONTRA COSTA } s.s.

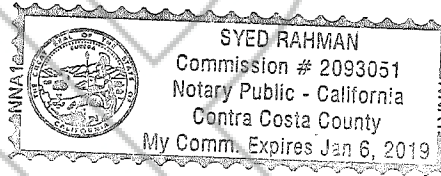
Subscribed and sworn to (or affirmed) before me on this 9th day of MAY,
Month

2016, by SHERYL D. WEATHERS _____ and _____
Name of Signer (1)

_____ proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Signature of Notary Public



For other required information (Notary Name, Commission No. etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

AFFIDAVIT OF DEATH OF JOINT TENANT

containing 2 pages, and dated 5/9/16

Additional Information
Method of Affiant Identification
Proved to me on the basis of satisfactory evidence: <input checked="" type="checkbox"/> form(s) of identification <input type="checkbox"/> credible witness(es)
Notarial event is detailed in notary journal on: Page # <u>89</u> Entry # <u>7</u> Notary contact: <u>915-756-7102</u>
Other <input type="checkbox"/> Affiant(s) Thumbprint(s) <input type="checkbox"/> Describe: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

3052013246112

CERTIFICATE OF DEATH

3201307007155

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)				LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) MALVERN		2. MIDDLE DUNBAR		3. LAST (Family) WEATHERS JR			
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)							
	4. DATE OF BIRTH mm/dd/ccyy 08/13/1946		5. AGE Yrs. 67		IF UNDER ONE YEAR Months Days		6. SEX M	
	9. BIRTH STATE/FOREIGN COUNTRY NY	10. SOCIAL SECURITY NUMBER ██████-1238	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/ccyy 12/30/2013	8. HOUR (24 Hours) 0759
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN				
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALES REPRESENTATIVE			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ADVERTISING			19. YEARS IN OCCUPATION 20		
20. DECEDENT'S RESIDENCE (Street and number, or location) 5006 TOYON WAY								
USUAL RESIDENCE	21. CITY ANTIOCH		22. COUNTY/PROVINCE CONTRA COSTA		23. ZIP CODE 94531	24. YEARS IN COUNTY 20	25. STATE/FOREIGN COUNTRY CA	
	26. INFORMANT'S NAME, RELATIONSHIP CHERYL D. WEATHERS, WIFE				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5006 TOYON WAY, ANTIOCH, CA 94531			
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST CHERYL		29. MIDDLE DIANE		30. LAST (BIRTH NAME) HANSEN			
	31. NAME OF FATHER/PARENT - FIRST MALVERN		32. MIDDLE DUNBAR		33. LAST WEATHERS SR		34. BIRTH STATE TN	
	35. NAME OF MOTHER/PARENT - FIRST ERNESTINE		36. MIDDLE -		37. LAST (BIRTH NAME) WARD		38. BIRTH STATE MS	
	39. DISPOSITION DATE: mm/dd/ccyy 01/14/2014							
40. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY				41. TYPE OF DISPOSITION(S) BU				
FUNERAL DIRECTORY / LOCAL REGISTRAR	42. SIGNATURE OF EMBALMER ▶ SEAN ALGEE				43. LICENSE NUMBER EMB9216			
	44. NAME OF FUNERAL ESTABLISHMENT DAN SCALES FUNERAL SERVICES INC				45. LICENSE NUMBER FD274	46. SIGNATURE OF LOCAL REGISTRAR ▶ WENDEL BRUNNER, MD		
47. DATE mm/dd/ccyy 01/07/2014								
PLACE OF DEATH	101. PLACE OF DEATH USUAL RESIDENCE							
	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
CAUSE OF DEATH	104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5006 TOYON WAY				106. CITY ANTIOCH	
	107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) FRONTOTEMPORAL DEMENTIA							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time Interval Between Onset and Death (A) 2 YRS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
					110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
					111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO								
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK								
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/ccyy 06/16/2009		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ANDREW NESS M.D.		116. LICENSE NUMBER A49649		117. DATE mm/dd/ccyy 01/03/2014	
	(B) mm/dd/ccyy 11/18/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW NESS M.D. 3807 LONE TREE WAY, ANTIOCH, CA 94509					
CORONERS USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							
	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							
	121. INJURY DATE mm/dd/ccyy							
	122. HOUR (24 Hours)							
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)								
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)								
126. SIGNATURE OF CORONER / DEPUTY CORONER								
127. DATE mm/dd/ccyy				128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

DATE ISSUED **JAN 21 2014**

001040085

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner MD
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

PBNC0 (Rev) 09/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(33)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 33 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 125 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

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