

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

DOUGLAS COUNTY, NV **2018-913463**
 Rec:\$35.00
 \$35.00 Pgs=4 **04/26/2018 08:40 AM**
 TIMESHARE TRADE-INS INC
 KAREN ELLISON, RECORDER

ASSESSOR'S PARCEL NO. (APN#): Portion of APN 42-230-11

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
 Name: Resort Closing Services
 Address: 10923 State Hwy 176
 City/State/Zip: Walnut Shade, Mo 65771

I, Muriel A Perkins, the Affiant, being of legal age, and being first duly sworn,
 deposes and says:
 That Robert L Perkins, the decedent mentioned in the
 (Deceased Name as shown on Death Certificate)
 attached certified copy Certificate of Death, is the same person as Robert L Perkins
 (Deceased Name as shown on Deed)
 named as one of the parties in that certain Grant, Bargain, Sale Deed,
 (Type of Document)
 dated on the 28th day of Oct, 1992, and executed by
GM Corporation, known as "Grantor(s)" to Robert L Perkins & Muriel A Perkins,
 known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 291828, on the
28 day of Oct, 1992, in book 1092, of Official Records of
Douglas County, Nevada, covering the following described property situated in the City of
Stateline, County of Douglas, State of Nevada.
 (Set forth legal description and commonly known street address, if known)

See Legal Description Attached

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 10-

In witness Whereof, I/We have hereunto set my hand/our hands this 4 day of April, 20 18
Muriel A Perkins (Signature) _____
 (Print or type name here) Muriel A Perkins (Print or type name here)

STATE OF NEVADA)
)
 COUNTY OF EUREKA)
 This instrument was acknowledged before me on (date) _____

- see attachment for notary

By (person(s) appearing before notary public) _____

(Notary Public)
 My Commission expires: _____

(Notary Stamp)

ACKNOWLEDGMENT

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 Fresno

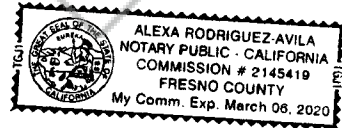
On April 4, 2018 before me, Alexa Rodriguez-Avila, Notary Public
(insert name and title of the officer)

personally appeared - Muriel A. Perkins
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Alexa Rodriguez-Avila (Seal)



LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County Douglas, State of Nevada, described as follows:

A timeshare estate comprised of:

PARCEL 1:

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

- (a) An undivided 1/8th interest as tenants in common, in and to the Common Area of Lot 3 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada.
- (b) **Unit No. A-3** as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2:

A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Areas as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary line adjustment map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3:

An exclusive right to the use of a 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 "**Prime** use season" as that term is defined in the First Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for **The Ridge Sierra** recorded as Document No. 134786, Official Records, Douglas County, State of Nevada (the "C, C & R's"). The above-described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "use week" in the above referenced "use season" as more fully set forth in the C, C & R's.

A Portion of APN 42-230-11

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO
 DEPARTMENT OF PUBLIC HEALTH
 FRESNO, CALIFORNIA

3052015019009

CERTIFICATE OF DEATH

3201510000517

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)				LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) ROBERT		2. MIDDLE LEE		3. LAST (Family) PERKINS			
	AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 07/27/1941		5. AGE Yrs. 73	
	9. BIRTH STATE/FOREIGN COUNTRY AR		10. SOCIAL SECURITY NUMBER ██████-██-1135		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
	13. EDUCATION - Highest Level/Degree BACHELOR		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) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 01/28/2015	
USUAL RESIDENCE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FIELD CLERK				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PUBLIC UTILITY		19. YEARS IN OCCUPATION 35	
	20. DECEDENT'S RESIDENCE (Street and number, or location) 10709 NORTH BUNKERHILL DRIVE							
	21. CITY FRESNO		22. COUNTY/PROVINCE FRESNO		23. ZIP CODE 93730		24. YEARS IN COUNTY 46	
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP MURIEL PERKINS, SPOUSE				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 10709 NORTH BUNKERHILL DRIVE, FRESNO, CA 93730			
	SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST MURIEL		29. MIDDLE -		30. LAST (BIRTH NAME) HICKS		
31. NAME OF FATHER/PARENT - FIRST EDWARD		32. MIDDLE -		33. LAST PERKINS		34. BIRTH STATE AR		
35. NAME OF MOTHER/PARENT - FIRST ESTELLE		36. MIDDLE LORINE		37. LAST (BIRTH NAME) SHELTON		38. BIRTH STATE AR		
39. DISPOSITION DATE mm/dd/yyyy 02/02/2015				40. PLACE OF FINAL DISPOSITION RESIDENCE OF MURIEL PERKINS 10709 NORTH BUNKERHILL DRIVE, FRESNO, CA 93730				
FUNERAL DIRECTOR / LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES			42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED			43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT TINKLER FUNERAL CHAPEL & CREMATORY			45. LICENSE NUMBER FD281	46. SIGNATURE OF LOCAL REGISTRAR ▶ KENNETH D BIRD, MD MPH		47. DATE mm/dd/yyyy 01/30/2015	
	101. PLACE OF DEATH RESIDENCE							
PLACE OF DEATH	104. COUNTY FRESNO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10709 NORTH BUNKER HILL DRIVE			106. CITY FRESNO		
	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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) COLON CANCER						108. DEATH REPORTED TO CORONER? Time Interval between Death and Death (A) YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	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	
PHYSICIAN'S CERTIFICATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
	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: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER ▶ CONG ZHANG, M.D.		116. LICENSE NUMBER A85967		117. DATE mm/dd/yyyy 01/29/2015	
	(A) mm/dd/yyyy 03/01/2010		(B) mm/dd/yyyy 01/12/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CONG ZHANG, M.D. 7300 NORTH FRESNO STREET, FRESNO, CA 93720			
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.				120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
	122. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined							
	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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR		A		B		C		
D		E		F		G		
FAX AUTH'L						CENSUS TRACT		
"010001002848329"								

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.



* 001085811 *

DATE ISSUED **FEB 12, 2015**

FRESNO (REV) 15/14

COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

