



KAREN ELLISON, RECORDER

APN: 1319-30-643-024
Recording requested by and mail documents and tax statements to:

Name: E. Suzanne La Comb
Address: 350 Lihokalani St
City/State/Zip: Maunaloa, HI 96768

AFF111
Nevada Legal Forms & Tax Services, Inc.
www.nevadalegalforms.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, E. Suzanne La Comb,
the Affiant, being of legal age, and being first duly sworn, deposes and says:
That Virginia A. White,
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,
named as one of the parties in that certain (type of deed) Grant, Bargain, Sale Deed,
dated on the 11 day of August, 1993, and executed by Harich
Tahoe Developments
known as Grantor(s), to E. Suzanne La Comb and Virginia A. White
known as Grantees, as joint tenants, and recorded as instrument number 315581
on the 4th day of Aug., in Book 893 of Official Records
of Douglas County, Nevada, covering the following described property situated in
the City of State Line, County of Douglas, State of Nevada.
(Set forth legal description and commonly known address)

In Witness Whereof, I have hereunto set my hand this 25th day of Sept, 20 18.

E. Suzanne La Comb
Signature

E. Suzanne La Comb
Print or type name here

STATE OF NEVADA)

COUNTY OF Douglas)

On this 25 day of September, 20 18, personally appeared before me, a
Notary Public, E. Suzanne LaComb ~~***~~

 , personally known to me OR X 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.

Shawnyne Garren
Notary Public

My commission expires: 2/1/20

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

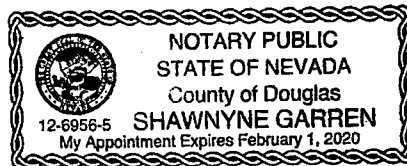


EXHIBIT "A" (28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 19 as shown and defined on said map; 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 Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 Lot 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-19

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'93 AUG 20 10:39

SUZANNE BEAUDREAU
RECORDER

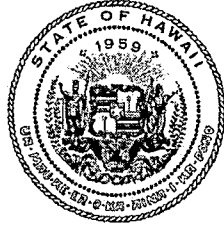
56 PAIU K2 DEPUTY

315581

BK0893PG4016

CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH



CERTIFICATE NO. 151 2015 - 006432

Name of Decedent
VIRGINIA A WHITE

City, Town or Location of Death
WAILUKU

County of Death
MAUI

Island of Death
MAUI

Actual or Presumed Date of Death
July 27, 2015

Actual or Presumed Time of Death
3:26 PM

Date of Birth
September 18, 1944

Age at Death
70 YEAR(s)

Sex
FEMALE

Race
Caucasian

Citizenship
USA

Ever in Armed Forces?
NO

Social Security Number
[REDACTED]-6563

Marital Status
DIVORCED

Father's Name
Ray B Gillespie

Mother's Name (Prior to First Marriage)
Lorie Elizabeth Caughlin

Disposition

CREMATION

Date: July 30, 2015

Permit #: 117943

Cemetery/Crematory: BALLARD FAMILY CREMATORY

Location: KAHULUI, HAWAII 96732

Funeral Home: BALLARD FAMILY MORTUARY

Certifier: DEBORAH MATHIAS PRIVATE PHYSICIAN

Date Certified: July 30, 2015

Original Date Certified: July 30, 2015

Cause of Death:

- a. HYPOTENSION
- b. ACUTE ORGAN FAILURE
- c. POST OP AORTIC VALVE REPLACEMENT
- d. AORTIC STENOSIS

Manner of Death: NATURAL CAUSES

Date Filed by State Registrar: July 30, 2015

OHSM 1.2 (Rev.1/2013)

This copy serves as prima facie evidence of the fact of death in any court proceeding. [HRS 338-13(b), 338-19]

1212571

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

COPY

AUG 10 2015

I CERTIFY THIS IS A TRUE COPY OR
A FACSIMILE OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTH
Alvin T. Onaka, Ph.D
STATE REGISTRAR