

APN: 1319-30-712-001  
Escrow No. 160021771-TS/AH

Recording Requested By:  
**Stewart Vacation Ownership**

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

When Recorded Mail to:  
Melinda Mabubay  
9025 Hall Ave.  
Las Vegas, NV 89178

AFFIDAVIT – DEATH OF JOINT TENANT  
(Title of Document)

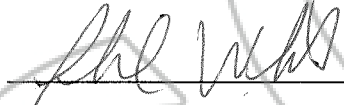
------(Only use if applicable)-----

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

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

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Shanna White

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.

A.P.N. #	A Ptn of 1319-30-712-001
Escrow No.	160021771
<b>Recording Requested By:</b>	
<b>Stewart Vacation Ownership</b>	
<b>Mail Tax Statements To:</b>	
The Ridge Pointe P.O.A. P.O. Box 5790 Stateline, NV 89449	
<b>When Recorded Mail To:</b>	
Melinda Mabubay 9025 Hall Ave. Las Vegas, NV 89178	

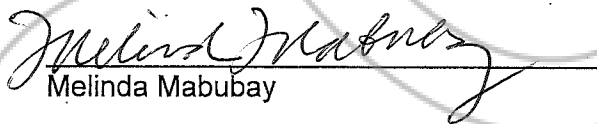
### AFFIDAVIT – DEATH OF JOINT TENANT

State of Nevada }  
 County of Clark } ss.

Melinda Mabubay, of legal age, being first duly sworn, deposes and says: That Daniel Mabubay, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Daniel Mabubay named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 31, 1998 executed by Ridge Pointe Limited Partnership to Daniel Mabubay and Melinda Mabubay as joint tenants, recorded as Document No. 0445849, on July 31, 1998 in Book 0798, Page No. 7005 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Pointe, Two Bedroom, Odd Year Use, Week #16-002-17-71, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: 3/28/19

  
 Melinda Mabubay

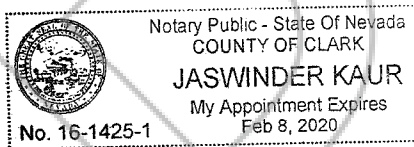
This document is recorded as an ACCOMMODATION ONLY and without liability for the consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

STATE OF *Nevada* )  
 ) ss  
COUNTY OF *Clark* )

On *28 March, 2019*, personally appeared before me, a Notary Public,  
MELINDA MABUBAY

personally known or proved to me to be the person(s) whose name(s) (is) are  
subscribed to the above instrument who acknowledged that he/(she)/they executed  
the same for the purposes therein stated.

*Jaswinder Kaur*  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4058778

**CERTIFICATE OF DEATH**

2019000095  
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

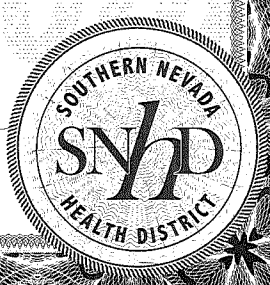
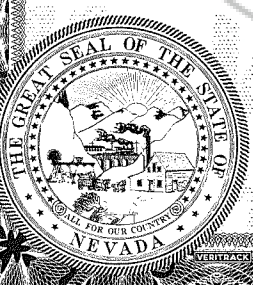
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Daniel Iguin MABUBAY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 02, 2019</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) <b>St Rose Dominican Hospital San Martin</b>		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>Filipino</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>64</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 07, 1954</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Philippines</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Melinda MENEZ</b>	
13. SOCIAL SECURITY NUMBER <b>7631</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Fabricator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>9025 Hall Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		15f. EVER IN US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Dioscoro MABUBAY</b>			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Ignacia IGUIN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Melinda Menez MABUBAY</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>9025 Hall Ave Las Vegas, Nevada 89178</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Forest Lawn Memorial Park</b>		19c. LOCATION City or Town State <b>Cypress California 90630</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MATTHEW B PHILLIPS</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD890</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Southwest</b> <b>7979 W Warm Springs Rd Las Vegas NV 89113</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CHRISTOPHER H CHENG MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 08, 2019</b>		21c. HOUR OF DEATH <b>10:23</b>			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH	
		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) <b>Christopher H Cheng MD 8280 W Warm Springs Rd Las Vegas, NV 89113</b>				23b. LICENSE NUMBER <b>11561</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 08, 2019</b>		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).)					
PART I					
(a) <b>Cardiac Arrest</b>				Interval between onset and death	
(b) <b>Renal Failure</b>				Interval between onset and death	
(c) <b>Pulmonary Edema</b>				Interval between onset and death	
(d) <b>Metastatic Colon Cancer</b>				Interval between onset and death	
PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. ACC., SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		28b. DATE OF INJURY (Mo/Day/Yr)		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	
28e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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	

LOCAL REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JAN 15 2019** Registrar of Vital Statistics  
By: *[Signature]*  
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SVS-Rev-20120523a

**EXHIBIT "A"**

**(160)**

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/2652<sup>nd</sup> interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14<sup>th</sup> AMENDED MAP, recorded September 16, 1996, as Document No. 396458, in Book 996, at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31°11'12" East, 81.16 feet; thence South 58°48'39" West, 57.52 feet; thence North 31°11'12" West, 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet, the chord of said curve bears North 60°39'00" East, 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 0463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 0463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period every other year in Odd-numbered years in accordance with said Declaration.

A Portion of APN: 1319-30-712-001