

APN# A portion of 40-370-01



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Daniel A. Palmer

Address: 100 N. Ritchie Road, Suite 200

City/State/Zip: Waco, TX 76712

Mail Tax Statements to:

Name: Susan Ketterer

Address: 415 Hali Brooke Cove

City/State/Zip: China Spring, TX 76633

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document (required)

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

The undersigned hereby affirms that the document submitted for recording
DOES contain 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)

Signature

Daniel A. Palmer

Printed Name

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

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF TEXAS

SS

COUNTY OF MCLENNAN

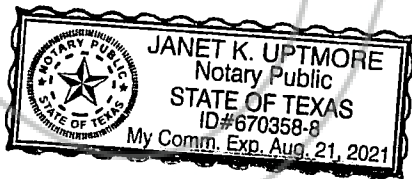
BEFORE ME, the undersigned Notary Public, personally appeared, **SUSAN KETTERER (formerly SUSAN G. SANTO)**, "Affiant," who upon being duly sworn, deposes and stated upon her oath or affirmation, the following:

1. My name is **SUSAN KETTERER (formerly SUSAN G. SANTO)** and I reside at 415 Hali Brooke Cove, China Spring, Texas, 76633.
2. I owned real property as a joint tenant with **PATRICK S. SANTO**, such real property located in Douglas County, State of Nevada, more particularly described in Exhibit A, a copy of which is attached hereto and incorporated herein by this reference. The Title deed is recorded in Book 888, Page 711, in the office of the register of deeds in the county and state aforesaid.
3. **PATRICK S. SANTO**, my joint tenant identified above, departed this life on December 31, 2013. A copy of the death certificate of **PATRICK S. SANTO** is attached.
4. On the date of the death of **PATRICK S. SANTO**, the above described real estate was owned by **PATRICK S. SANTO** and **SUSAN KETTERER (formerly SUSAN G. SANTO)**, 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 18th day of June, 2019.


SUSAN KETTERER (formerly SUSAN G. SANTO), Affiant

SWORN TO AND SUBSCRIBED before me, this 18th day of June, 2019.



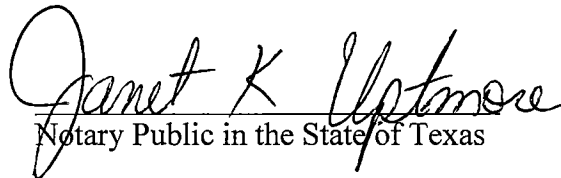

Notary Public in the State of Texas

EXHIBIT "A"
RIDGE CREST LEGAL

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 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at page 711, Douglas County, Nevada, as Document No. 183624.

(b) Unit No. 101 as shown and defined on said condominium map recorded as Document No. 183624, 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 Area as set forth in said condominium map recorded as Document No. 183624, 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" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "use week" as more fully set forth in the CC&R's.

A Portion of APN 40-370-01

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052013244273

CERTIFICATE OF DEATH

3201339004555

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV 3/02)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) PATRICK		2. MIDDLE SEAN		3. LAST (Family) SANTO			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 03/12/1964		5. AGE Yrs. 49		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 7289		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) DIVORCED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? #1 yes, see worksheet on back <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) CAUCASIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED EQUIPMENT OPERATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENVIROMENTAL SANITATION		19. YEARS IN OCCUPATION 10			
20. DECEDENT'S RESIDENCE (Street and number, or location) 901 BRISTOL AVENUE							
21. CITY STOCKTON		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95204		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP CHLOIE ANN SANTO, MOTHER				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 901 BRISTOL AVENUE, STOCKTON, CA 95204			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST JAMES		32. MIDDLE RAYMOND		33. LAST SANTO		34. BIRTH STATE MN	
35. NAME OF MOTHER/PARENT - FIRST CHLOIE		36. MIDDLE ANN		37. LAST (BIRTH NAME) JOHNSON		38. BIRTH STATE ND	
39. DISPOSITION DATE mm/dd/yyyy 01/10/2014		40. PLACE OF FINAL DISPOSITION SAN JOAQUIN CATHOLIC CEMETERY CEMETERY LANE & HARDING WAY, STOCKTON, CA 95204					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER SHIRLEY ISAAC				43. LICENSE NUMBER EMB7562	
44. NAME OF FUNERAL ESTABLISHMENT DEYOUING MEMORIAL CHAPEL		45. LICENSE NUMBER FD208		46. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD		47. DATE mm/dd/yyyy 01/03/2014	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 901 BRISTOL AVENUE		106. CITY STOCKTON			
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 ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST (B) METASTATIC MELANOMA		108. DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFUSAL NUMBER		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? (D) <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 checked="" 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's Attested Since Decedent's Last Seen/Alive		115. SIGNATURE AND TITLE OF CERTIFIER GEORGE ALBERT SCHILLING M.D.		116. LICENSE NUMBER A33559		117. DATE mm/dd/yyyy 01/02/2014	
(A) mm/dd/yyyy 12/24/2013		(B) mm/dd/yyyy 12/24/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GEORGE ALBERT SCHILLING M.D. 2505 W HAMMER LANE, STOCKTON, CA 95209			
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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 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/yyyy		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 SAN JOAQUIN } SS

DATE ISSUED: **JAN 08 2014**

* 0 0 0 6 6 7 2 5 1 *

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

Karen Furst, MD
KAREN FURST, MD, MPH
LOCAL REGISTRAR

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

PB/CU (REV) 06/13