DOUGLAS COUNTY, NV

2019-939198

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12/06/2019 03:44 PM

STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A ptn of 1319-30-645-003 Escrow No. RTAVTS19187693

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: Patricia E. Harvey 2132 Alexander Way Pleasanton, CA 94588

## 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)
X 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)
Mite Hamum 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.

A.P.N. No.:	A ptn of 1319-30-645-003					
File No.:	RTAVTS19187693					
Recording Requested By:						
Stewart Title Guaranty Company						
Mail Tax Statements To:						
Ridge Tahoe	P.O.A.					
P.O. Box 579	90					
Stateline, NV	′ 89449					
When Recorded Mail To:						
PATRICIA E	HARVEY					
2132 Alexan	der Way					
Pleasanton,	CA 94588					

## **AFFIDAVIT - DEATH OF JOINT TENANT**

State of	California	)
		) ss
County of	Contra Costa	)

PATRICIA E. HARVEY, of legal age, being first duly sworn, deposes and says:

That **THOMAS M. HARVEY**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **THOMAS M. HARVEY** named as one of the parties in that certain Grant, Bargain, Sale Deed, dated November 2, 1996 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to THOMAS M. HARVEY, an unmarried man and PATRICIA E. HARVEY, an unmarried woman, as joint tenants, recorded as Document No. 404445, on January 13, 1997 in Book 0197, Page 1234 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

The Ridge Tahoe, Cascade Building, Even Year Use, Account #42-282-22-82, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 11 21 2019, 2019.

PATRICIA E. HARW<del>E</del>Y

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.

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 Courta Costa

Subscribed and sworn to (or affirmed) before me on this

day of November, 20 19, by PATRICIA E. HARVEY

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature 2

HASSINA HAFFAF
COMM.# 2278521 S
NOTARY PUBLIC - CALIFORNIA E
CONTRA COSTA COUNTY
My Comm. Expires Feb. 23, 2023

## STATE OF CALD SO RNIA

CERTIFICATION OF VITAL RECORD

## **COUNTY of CONTRA COSTA**

MARTINEZ, CALIFORNIA

	3052015074516		CATE OF DEATH  ATE OF CALIFORNIA  SERSIBLES MULTICATES OF ALTERATIONS	3201507002	
I	STATE FILE NUMBER  1. NAME OF DECEDENT—FIRST (Given) THOMAS	2. MIDDLE MICHAEL	NEASURES WHITCOUTS ON ALTERATIONS S-1 MERC 3/09)  3. LAST FRITTIN)  HARVEY	LOCAL REGISTRATION	NUMBER
DATA	AKA: ALSO: KNOWN AS - Include full AKA (FIRST, MIDDLE	N	4. DATE OF BIRTH mm/dd/copy 5. AGE Yrs.	FUNDER ONE YEAR (F.) Months Days Ho	DNOER 24 HOURS 6. SEX
SORA!	9. BIRTH STATE/FÖREIGN COUNTRY 10. SOCIAL	SECURITY NUMBER   HI, EVER IN U.S. A	04/28/1952 62  APPIMED FORCES? 12 MARITAL STATUS/SFIDP: pit Time of Death		/ccyy 8.HOUR (24 Hou
	P.A.:  13. EDUCATION – Highest Level/Dagree 14/15, WAS DECEDEN	8725 YES X	Official Control of the Control of t	04/07/2015	1144
	BACHELOR YES	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	X No CAUCASIAN		
	17. USBAL OCCUPATION - Type of work for most of life. D ENGINEER	AER	OF BUSINESS OR INDUSTRY (e.g., grocery store, road construct OSPACE	ion, amployment agency etc.	19 YEARS IN OCCUPA
	20. DECEDENT'S RESIDENCE (Small and number, of local 2132 ALEXANDER WAY	ion)			
RESIDENCE	21.0TY PLEASANTON	22. COUNTY/PROVINCE ALAMEDA	23 ZIP CODE   24 YEARS IN COUNT 94588 31	Y 25. STATE/FOREIGN C	OUNTRY
ANT	25: INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rum) 2132 ALEXANDER WAY, PLEASA	Self of WYSS.	ate and zip)
Σ Z	PATRICIA HARVEY, SPOUSE 28. NAME OF SURVIVING SPOUSE/SPDP*-FIRST	29: MIDDLE	30. LAST (BIRTH NAME)	mvieori, OA 540	
HMAT	PATRICIA 91. NAME OF FATHER/PARENT-FIRST	ELLEN 32 MIDDLE	MCARDLE 93, LAST	i	
II NFO	JOSEPH 35. NAME OF MOTHER/PARENT-FIRST	SEEP 36. MIDDLE	HARVEY		PA
PARE	BARBARA	ANN	97. LAST (BIRTHNAME)::  MORGAN		38. BIRTH STATE
HAH	38. DISPOSITION DATE: mm/dd/cbyy. 40. PLACE OF FI 04/15/2015 2132 ALE	MALDISPOSITION RES: PATRIC EXANDER WAY, PLEAS	CIA HARVEY SANTON, CA 94588	,	*
HEGIS	41. TYPE OF DISPOSITION(S):  CR/RES		OF EMBALMER MBALMED		43. LICENSE NUMBER
-	44, NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORT CALIFORNIA		MBER 46; SIGNATURE OF LOCAL REGISTRAR	53	47. DATE mm/dd/coyy
	-101, PLACE OF DEATH	<b>W</b>		OTHER THAN HOSPITAL, SI	December .
EATH		ASER FOUNDATION HOSPITAL-WALNUT CREEK. PP X 8909 DOA HO COUNTY 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			Home 0
	***************************************	MAIN ST	that directly caused death. DO NOT enterterminal events such	WALNUT	CREEK 108 DEATH REPORTED TO CORO
a.	IMMEDIATE CAUSE (A) CARDIAC ARRH	respiratory arrest; or ventricular fibrillation without	showing the eriology. DO NOT ABBREVIATE.	Onset and Death (AT)	YES
	(Final disease or condition resulting in death) (B) CARDIAC ARTE	RY DISEASE		MINS (	2015-1719 100: BIOPSY PERFORMED?
,	Sequentially, list conditions, if any, leading to cause on Line A. Enter.			YRS (cn)	X YES
	UNDERLYING  CAUSE (disaese or injury that			(DT).	YES
	resulting in death) LAST				X YES:
4	HYPERTENSION, HYPERLIPIE	DEMIA, MITRAL VALVE	PERLYING CAUSE GIVEN IN 107	BALY	
ı	119, WAS OPERATION PERFORMED FOR ANY CONDITION NONE	NIN-TEM 107 OR 112? (If yes, list type of oper	ration and date.)	113A IF	FEMALE, PREGNANT IN LAST Y
	114, I CEPTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OC	CURRED 115. SIGNATURE AND TITLE OF C	ERTIFIER.	116. LICENSE NUMBE	R 117 DATE mm/dd/ccy
5	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STAT		AND LAIDNIEN NAC		
NULLANION	ATTHE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen  (A) mm/dd/coyy (B) mm/dd/coyy	AINA PURA MARIA SA	N'S NAME, MAILING ADDRESS, ZIP CODE PURA MAF	A72529	04/14/2015 NTIN MD
GERIFICATION	ATTHE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen	PURA MARIA SA  118. TYPE ATTENDING PHYSICIAN  7601 STONERIDG  HOUR, DATE, AND PLACE STATED FROM THE CAUS	N'S NAME, MAILING ADDRESS, 2P CODE PURA MAR BE DR., PLEASANTON, CA 94588 ES STATED [120, INJURED AT WORK?]	RIA SAN VALE	NTIN MD
3	ATTHE NOUR DATE AND PLOCE STATED FROM THE COUSES STATE Decedent Altended Since Deceded Last Sean (A) mm/dd/copy (B) mm/dd/copy mm/dd/copy 0.4/07/2015 119.1 GERTIFY THAT IN MY OPINION DEATH OCCUPRED AT THE P MANNER OF DEATH MANNER (F) CECTATION  MANNER OF DEATH MANNER (F) COURTED AT THE P	PURA MARIA SA  118. TYPE ATTENDING PHYSICIAN  7601 STONERIDG  HOURDATE, AND PLACE STATED FROM THE CAUSH Hornoids Suicide Prending Investigation	N'S NAME, MAUING ADDRESS, ZP CODE PURA MAF GE DR., PLEASANTON, CA 94588 ES STATED. 120, INJURED AT WORK?	RIA SAN VALE	NTIN MD
H	ATTHE HOUR DATE AND PLOCE STATED FROM THE CRUSSS SIGN Decodern Altended Since Decodern Last Sam.  (A) mm/dd/copy (B) mm/dd/copy (B) M/07/2015  119. CERTEY THAT IN MY CHANCH DEATH OCCUPRED AT THE FMANNER OF DEATH NAME AND COURSE OF THE MANNER OF DEATH NAME NAME OF DEATH NAME NAME OF DEATH NAME NAME NAME NAME NAME NAME NAME NAME	PURA MARIA SJ  118. TYPE ATENDING PHYSICIAN 7601 STONERIDG Hormidis Suidab Pending Fending Suidab Pending Fending Oded sree; etc.)	VS NAME, MAILING ADDRESS, 2P CODE PURA MAF GE DR., PLEASANTON, CA 94588 ESSTATED COURT FOR 120, INJURED AT WORK? Generalized YES. NO UN	RIA SAN VALE	NTIN MD
3	ATTHE HOUR DATE AND PLOCE STATED FROM THE CRUSES SIGN Decodern Altended Since Decodern Last Sam.  (A) mm/dd/copy (B) mm/dd/copy  (B) (M/07/2015 04/07/2015  119. (GETTEY THAT IN MY ORNON DEATH OCCUPRED AT THE F MANNER OF DEATH (IN Natural CACCIDENT)  ACCIDENT THAT IN MY ORNON DEATH OCCUPRED AT THE F MANNER OF DEATH (IN Natural CACCIDENT)  123. PLACE OF INJURY (e.g., Norme, construction site, wo	PURA MARIA SJ  118. TYPE ATENDING PHYSICIAN 7601 STONERIDG Hormidis Suidab Pending Fending Suidab Pending Fending Oded sree; etc.)	VS NAME, MAILING ADDRESS, 2P CODE PURA MAF GE DR., PLEASANTON, CA 94588 ESSTATED COURT FOR 120, INJURED AT WORK? Generalized YES. NO UN	RIA SAN VALE	NTIN MD
H	ATTHE HOUR DATE AND PLOCE STATED FROM THE CRUSSS SIGN Decodern Altended Since Decodern Last Sam.  (A) mm/dd/copy (B) mm/dd/copy (B) M/07/2015  119. CERTEY THAT IN MY CHANCH DEATH OCCUPRED AT THE FMANNER OF DEATH NAME AND COURSE OF THE MANNER OF DEATH NAME NAME OF DEATH NAME NAME OF DEATH NAME NAME NAME NAME NAME NAME NAME NAME	PURA MARIA SJ  118. TYPE ATTENDING PHYSICIAN 7601 STONE RIDGE HOUR, DATE, NOT PLACE STATED FROM THE CAUS Horizoido Suddo Pendro oded grasa, etc.)  (resulted in Injury)	VS NAME, MAILING ADDRESS, 2P CODE PURA MAF GE DR., PLEASANTON, CA 94588 ESSTATED COURT FOR 120, INJURED AT WORK? Generalized YES. NO UN	RIA SAN VALE	NTIN MD
H	ATTHE HOUR DATE AND PLOUSE SATIO FROM THE COUSES STAND Decoder After and editions (6) mondations (7) 04/07/2015 04/07/2015 04/07/2015 04/07/2015 04/07/2015 05/07/201	PURA MARIA SJ  118. TYPE ATTENDING PHYSICIAN 7601 STONE RIDGE HOUR, DATE, NOT PLACE STATED FROM THE CAUS Horizoido Sudido Pendro oded avas, atc.)  resulted in injury)  in; and city, and zip)	VS NAME, MAILING ADDRESS, 2P CODE PURA MAF GE DR., PLEASANTON, CA 94588 ESSTATED COURT FOR 120, INJURED AT WORK? Generalized YES. NO UN	RIA SAN VALE	NTIN MD
AIX	ATTHE HOUR DATE AND PLOCE STATED FROM THE COUSS STATED Decoders After add Since Decoders Last Sean Decoders After add Since Power of the Coust State County (8) mm/dd/copy (9) mm/dd/copy (9) mm/dd/copy (9) mm/dd/copy (9) mm/dd/copy (9) mm/dd/copy (9) D4//07/2015  119.1 CERTIFY, THAT IN MY OPRION DEATH OCCUPRED A THE MANNES OF DEATH NINDERS OF DEATH AND PLACE OF INJURY (9.5, home, construction site, wo 124. DESCRIBE HOW INJURY OCCUPRED (Events which 125. DESCRIBE HOW INJURY OCCUPRED (Events which 125. ECCATION OF INJURY, (Street and nutritions) or localities and nutritions of recalling the County of the County Occupancy (126. SIGNATURE OF CORONER / DEPUTY CORONER.)	PURA MARIA SJ  118. TYPE ATTENDING PHYSICIAN 7601 STONE RIDGE HOUR, DATE, NOT PLACE STATED FROM THE CAUS Horizoido Sudido Pendro oded avas, atc.)  resulted in injury)  in; and city, and zip)	VS NAME, MAILING ADDRESS, 2P 000E PURA MAR BE DR., PLEASANTON, CA 94588 85 STATE Could roube 120, INJURED AT WORK? VES	RIA SAN VALE	U4/3-4/2/015 NTIN MD n/darcepy 122, HOUR-2-4-H

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA

DATE ISSUED

\*0 0 1 1 1 0 6 6 6 \*

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.

CONTRA COSTA COUNTY HEALTH OFFICER

பு ம This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer. Pinco (கோ) மூ

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48<sup>ths</sup> interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 282 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week every other year in Even numbered years in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13<sup>th</sup> Amended Map;

thence S. 14°00'00" W. along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A Portion of APN: 1319-30-645-003