

APN: 1319-30-723-003
Escrow No. 20201312- #33-123-42-82

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:
Steven A. Gonzales
9324 Hito Court
San Diego, CA 92129

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)

Shanna Haney Signature

Shanna Haney 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 portion of 1319-30-723-003
ESCROW NO. 20201312
RECORDING REQUESTED BY:
STEWART VACATION OWNERSHIP
Mail Tax Statements to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

WHEN RECORDED MAIL TO:
Steven A. Gonzales
9324 Hito Court
San Diego, CA 92129

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss
COUNTY OF Douglas }

STEVEN A. GONZALES, of legal age, being first duly sworn, deposes and says:
That REBECCA ACOSTA GONZALES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as REBECCA ACOSTA GONZALES, named as one of the parties in that certain Grant Deed dated November 26, 1996 executed by HARICH TAHOE DEVELOPMENT, a Nevada General Partnership to STEVEN A. GONZALES & REBECCA ACOSTA GONZALES, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 402442, on December 9, 1996 in Book 1296, Page 1049, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:
See Exhibit 'A' attached hereto and by this reference made a part hereof.

DATE: 3/10/20


STEVEN A. GONZALES

STATE OF _____ }
 } ss.
COUNTY OF _____ }

This instrument was acknowledged before me on

by _____

Signature _____
Notary Public

SEE ATTACHED
For Notary Certificate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

8429

3052010155422

CERTIFICATE OF DEATH

3201037013862

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) REBECCA		2. MIDDLE ACOSTA		3. LAST (Family) GONZALES			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/29/1950		5. AGE Yrs. 59		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 4847		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 (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN AMERICAN <input type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) HISPANIC		7. DATE OF DEATH mm/dd/yyyy 09/12/2010	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SCHOOL TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PRIMARY EDUCATION		19. YEARS IN OCCUPATION 36			
20. DECEDENT'S RESIDENCE (Street and number, or location) 1341 STANISLAUS DRIVE							
21. CITY CHULA VISTA		22. COUNTY/PROVINCE SAN DIEGO		23. ZIP CODE 91913		24. YEARS IN COUNTY 36	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP STEVEN GONZALES, SPOUSE					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1341 STANISLAUS DRIVE, CHULA VISTA, CA 91913		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST STEVEN					
29. MIDDLE A.		30. LAST (BIRTH NAME) GONZALES				31. NAME OF FATHER/PARENT - FIRST UNKNOWN	
32. MIDDLE -		33. LAST UNKNOWN		34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT - FIRST JOVENTINA	
36. MIDDLE -		37. LAST (BIRTH NAME) MARTINEZ		38. BIRTH STATE UNKNOWN			
38. DISPOSITION DATE mm/dd/yyyy 09/14/2010		40. PLACE OF FINAL DISPOSITION RES STEVEN GONZALES 1341 STANISLAUS DRIVE, CHULA VISTA, CA 91913					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT COMMUNITY MORTUARY		45. LICENSE NUMBER FD1682		46. SIGNATURE OF LOCAL REGISTRAR ▶ WILMA WOOTEN, MD		47. DATE mm/dd/yyyy 09/14/2010	
101. PLACE OF DEATH OWN HOME		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"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SAN DIEGO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1341 STANISLAUS DRIVE				106. CITY CHULA VISTA	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) METASTATIC VAGINAL ADENOCARCINOMA		Time Interval Between Onset and Death (AT) YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(B)		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(C)	
(C)		(D)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(E)	
(D)		(E)		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 DIABETES MELLITUS II, HYPERTENSION, HYPERLIPIDEMIA							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) LEFT PARA-AORTIC NODE DISSECTION 08/18/2009						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 Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER ▶ CELESTINE ARAMBULO, D.O.		116. LICENSE NUMBER 20A7401		117. DATE mm/dd/yyyy 09/14/2010	
(A) mm/dd/yyyy 04/16/2010		(B) mm/dd/yyyy 09/09/2010		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CELESTINE ARAMBULO, D.O.			
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. HOUR (24 Hours)	
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		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	



A002167906

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: September 16, 2010

Wilma J. Wooten, M.D.
WILMA J. WOOTEN, MD
REGISTRAR OF VITAL RECORDS
County of San Diego

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(33)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 33 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 123 as shown and defined on said Condominium Plan; 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 III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Lots 31, 32 or 33 only, for one week every other year in EVEN-numbered years in the WINTER "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-003