

APN# 42-010-40



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:
Name: Stephens & Stephens LLP
Address: P.O. Box 1454
City/State/Zip: Santa Maria, CA 93456

Mail Tax Statements to:
Name: Chad Stephens
Address: P.O. Box 51607
City/State/Zip: Pacific Grove, CA 93950

Affidavit Terminating Joint Tenancy

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
Chad Stephens

Printed Name

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

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

STEPHENS & STEPHENS LLP
P.O. BOX 1454
SANTA MARIA, CA 93456

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN: 42-010-40

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss
County of Douglas)

I, Betty A. Couey, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That William E. Couey, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as William E. Couey named as one of the parties in that certain Grant, Bargain, Sale Deed, dated on the 28th day of August, 1995 and executed by Harich Tahoe Developments, a Nevada general partnership, known as "Grantor" to William E. Couey and Betty A. Couey, husband and wife as joint tenants with right of survivorship, known as "Grantees", and recorded as Instrument No. 1995-369987, on the 8th day of September, 1995, in book 995, of Official Records of Douglas County, Nevada, covering the following described property situated in County of Douglas, State of Nevada:

LEGAL DESCRIPTION CONTAINED ON ATTACHED
EXHIBIT "A" AND MADE A PART HEREOF.

April 22, 2020
Date: ~~October~~, 2019

(Handwritten mark)

x *Betty A. Couey*
BETTY A. COUEY, Trustee

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

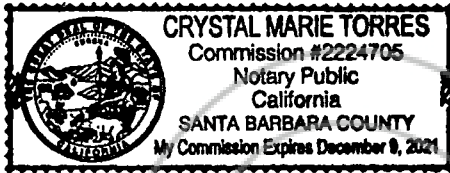
A Notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Santa Barbara)

On 22nd April 2020 before me, Crystal Marie Torres, Notary Public, personally appeared a **Betty A. Couey** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.



Place Notary Seal Above

WITNESS my hand and official seal.

Signature

A handwritten signature in black ink, appearing to read "Crystal Marie Torres", written over a horizontal line.

EXHIBIT "A"
AFFIDAVIT TERMINATING JOINT TENANCY

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths 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. 277 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 by 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 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 each year 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, 13th 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 13th 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: 42-010-40

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

PUBLIC HEALTH DEPARTMENT

3052018128825

CERTIFICATE OF DEATH

3201842001612

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/05)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) WILLIAM		2. MIDDLE E.		3. LAST (Family) COUEY			
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 01/15/1932		5. AGE Yrs. 86		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER -4642		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(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/ccyy 06/13/2018	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED ADMINISTRATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 37			
20. DECEDENT'S RESIDENCE (Street and number, or location) 2737 LORENCITA DRIVE		21. CITY SANTA MARIA		22. COUNTY/PROVINCE SANTA BARBARA		23. ZIP CODE 93455	
24. YEARS IN COUNTY 62		25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP BETTY COUEY, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2737 LORENCITA DRIVE, SANTA MARIA, CA 93455	
28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST BETTY		29. MIDDLE JEAN		30. LAST (BIRTH NAME) ALLEN			
31. NAME OF FATHER/PARENT—FIRST WILLIAM		32. MIDDLE E.		33. LAST COUEY SR.		34. BIRTH STATE ID	
35. NAME OF MOTHER/PARENT—FIRST JOSEPHINE		36. MIDDLE ELIZABETH		37. LAST (BIRTH NAME) DUVAL		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/ccyy 06/22/2018		40. PLACE OF FINAL DISPOSITION SANTA MARIA CEMETERY 1501 S. COLLEGE DR., SANTA MARIA, CA 93454		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT DUDLEY HOFFMAN MORTUARY		45. LICENSE NUMBER FD56		46. SIGNATURE OF LOCAL REGISTRAR CHARITY DEAN, MD, MPH	
47. DATE mm/dd/ccyy 06/21/2018		101. PLACE OF DEATH MERRILL GARDENS		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 type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
104. COUNTY SANTA BARBARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1220 SUEY RD.		106. CITY SANTA MARIA		108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CEREBROVASCULAR DISEASE UNSPECIFIED		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 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 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 06/06/2018 Decedent Last Seen Alive 06/13/2018		115. SIGNATURE AND TITLE OF CERTIFIER EDWARD PAUL JARDINI M.D.		116. LICENSE NUMBER G60166		117. DATE mm/dd/ccyy 06/14/2018	
118. 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		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EDWARD PAUL JARDINI M.D. 1320 LAS TABLAS STE F, TEMPLETON, CA 93465		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
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/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SANTA BARBARA**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

DATE ISSUED

JUN 26 2018

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Health Officer

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

000509538

*Dean MD*CHARITY DEAN, MD
HEALTH OFFICER PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

CASTABAROJ