

Recording Requested By:
 Holiday Inn Club Vacations Incorporated
 9271 S. John Young Pkwy.
 Orlando, FL 32819



00129071202109622910040048

KAREN ELLISON, RECORDER

After Recording Mail To:
 Wilson Title Services, LLC
 4045 S. Spencer Street, Suite A62
 Las Vegas, NV 89119

Send Subsequent Tax Bills To:
 Holiday Inn Club Vacations Incorporated
 9271 S. John Young Pkwy.
 Orlando, FL 32819

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

The undersigned, Mary Ann Moss , of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That James E. Moss having become deceased on 10/08/2018 pursuant to the attached certified copy Certificate of Death, is the same person James E Moss named as one of the parties in that certain The Ridge Tahoe Property Resort Grant, Bargain, Sale Deed dated August 28, 2006 By The Ridge Tahoe Property Owners' Association, Inc., a Nevada non-profit corporation, to James E. Moss and Mary Ann Moss, Trustees of the Moss Family trust dated Nov. 23, 2004 as community property with right of survivorship, recorded on 9/08/06, as Recorded Document No. 0684073 of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
2. The real property subject hereof is situated in the Douglas of Clark, State of Nevada, bounded and described as follows:
 - (A) An undivided 1/50th interest in and to Lot 31 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 101 through 120 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and
 - (B) Unit 98, 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 Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, as each may be amended, supplemented, and amended and restated from time to time (collectively, the "Declarations") 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 each year in the Prime Summer "Season" in accordance with said Declarations.



3. That the undersigned affiant, Mary Ann Moss, is the surviving spouse of the named decedent.

I, Mery Ann Moss, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license numbers or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

Mery Ann Moss
Surviving Spouse's Name (Print Name)

Affiant
Title

DATED this 8th day of February, 20 21.

Mary Ann Moss
Signature

Mary Ann Moss
Print Name of Affiant/Surviving Spouse

STATE OF California)
COUNTY OF Orange) ss

SUBSCRIBED AND SWORN before me this 8 day of February, 20 21,
by Mary Ann Moss.

Manaf W. Georges
Notary Public Signature

Manaf W. Georges
Notary Public Print Name
My Commission Expires: 5/12/22

Notary Stamp/Seal



This certificate is attached to a 1 page document dealing with/entitled Affidavit and dated 2/8/21.

California JURAT

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 Orange

Subscribed and sworn to (or affirmed) before me on this 8 day of February, 2021, by Mary Ann Moss,

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



Signature Manal Gerges (Seal)

Printed 01-18

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
 1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CA 92701

3052018204486

CERTIFICATE OF DEATH

3201830016316

STATE FILE NUMBER 3052018204486		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERNATIONS DATE: 10/24/2018		LOCAL REGISTRATION NUMBER 3201830016316	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE E		3. LAST (Family) MOSS	
4. DATE OF BIRTH mm/dd/yyyy 10/12/1942		5. AGE Yrs. 75		6. SEX M	
9. BIRTH STATE-FOREIGN COUNTRY ILLINOIS		10. SOCIAL SECURITY NUMBER 9731		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 10/08/2018		8. HOUR (24 hours) 0515	
13. EDUCATION - Highest Level (Degree) SOME COLLEGE		14. WAS DECEDENT HISpanic/LATINO/ASIAN/PACIFIC ISLANDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED SALES PERSON		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FASTENERS		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1908 PARK ST					
21. CITY HUNTINGTON BEACH		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92648	
24. YEARS IN COUNTRY 19		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARY ANN MOSS; WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1908 PARK ST, HUNTINGTON BEACH, CA 92648			
28. NAME OF SURVIVING SPOUSE/PARTNER MARY ANN		29. MIDDLE ANN		30. LAST (BIRTH NAME) JACOBSON	
31. NAME OF FATHER/PARENT - FIRST GLENN		32. MIDDLE ELDON		33. LAST MOSS	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT - FIRST WILMA		36. MIDDLE LEE	
37. LAST (BIRTH NAME) BOOMGARDEN		38. BIRTH STATE IL			
39. DISPOSITION DATE mm/dd/yyyy 10/10/2018		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF ORANGE COUNTY			
41. TYPE OF DISPOSITION CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT THE OMEGA SOCIETY		45. LICENSE NUMBER FD1280		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy 10/10/2018					
101. PLACE OF DEATH RESIDENCE - HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		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 ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1908 PARK STREET		106. CITY HUNTINGTON BEACH	
107. CAUSE OF DEATH Metastatic small cell lung cancer with metastasis to the liver		108. DEATH REPORTED TO CORONER (Cause and Death) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER (Hospital Number) 4 MOS	
110. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. LISTED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) NONE		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 12/19/2016		117. SIGNATURE AND TITLE OF CERTIFIER NERSES SIMON TCHEKMEYIAN M.D.		118. LICENSE NUMBER A42410	
119. I CERTIFY THAT IN ANY COMMON DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 10/08/2018		120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NERSES SIMON TCHEKMEYIAN M.D., 19582 BEACH BLVD. STE 212, HUNTINGTON BEACH, CA 92649		121. LICENSE NUMBER A42410	
122. 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 BIRTH (e.g., home, construction site, wooded area, etc.)		124. HURRY DATE mm/dd/yyyy	
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. LOCATION OF INJURY (Street and number, or location, and city, and zip)		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. HOUR (24 hours)	
131. SIGNATURE OF CORONER / DEPUTY CORONER		132. DATE mm/dd/yyyy		133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS

DATE ISSUED **October 24, 2018.**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler H.O.
 ERIC G. HANDLER, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE