

RECORDING REQUESTED BY

Carol Ann Norwood

AND WHEN RECORDED MAIL TO:

NAME: Carol Ann Norwood

STREET ADDRESS: 73966 Boca Chica Trail

CITY & STATE: Thousand Palms, CA 92276



KAREN ELLISON, RECORDER

ABOVE SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT – DEATH OF JOINT TENANT**

Assessor's Parcel Number: Membership Number: 0377-8400

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE ) ss.

I, Carol Ann Norwood, of legal age, being first duly sworn, deposes and says:

That David Leroy Norwood, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David L. Norwood named as one of the parties in that certain Membership Purchase Contract and Escrow Instructions dated September 30, 2009 executed by Resorts West Vacation Club to David L. Norwood and Carol A. Norwood, as joint tenants, recorded Instrument No. \_\_\_\_\_, on \_\_\_\_\_, in Book/Reel \_\_\_\_\_, Page/Image \_\_\_\_\_ of Official Records of Douglas County, Nevada, covering the following described property situated in the Holiday Inn Club Vacations Tahoe Ridge Resort, 400 Ridge Club, Stateline, Nevada 89449, County of Douglas, State of Nevada:

That the value of all real and personal property owned by said decedent at date of death, including the property above described, did not then exceed the sum of \$1000.

Dated June 17, 2021 Carol Ann Norwood

SUBSCRIBED AND SWORN TO (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SEAL

*See CA Norwood ATTACHED*

Notary Signature  
Notary Public Commissioned by said County and State

**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 Riverside } SS.

Subscribed and sworn to (or affirmed) before me on this 17<sup>th</sup> day of June, 2021, by

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



[Signature]  
NOTARY'S SIGNATURE

PLACE NOTARY SEAL IN ABOVE SPACE

**OPTIONAL INFORMATION**

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

**CAPACITY CLAIMED BY SIGNER (PRINCIPAL)**

- INDIVIDUAL
- CORPORATE OFFICER \_\_\_\_\_
- PARTNER(S) \_\_\_\_\_ TITLE(S)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

**DESCRIPTION OF ATTACHED DOCUMENT**

A Affidavit - Death of Joint Tenant  
TITLE OR TYPE OF DOCUMENT

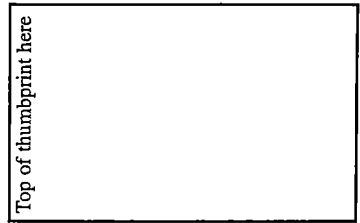
NUMBER OF PAGES

6-17-2021  
DATE OF DOCUMENT

**ABSENT SIGNER (PRINCIPAL) IS REPRESENTING:**

NAME OF PERSON(S) OR ENTITY(IES)  
\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052020140559

CERTIFICATE OF DEATH

3202033008957

STATE FILE NUMBER		STATE OF CALIFORNIA LSE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 REV 9/06)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>DAVID</b>		2. MIDDLE <b>LEROY</b>		3. LAST (Family) <b>NORWOOD</b>		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy <b>01/03/1944</b>		5. AGE Yrs. <b>76</b>	6. SEX <b>M</b>
	9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>	10. SOCIAL SECURITY NUMBER <b>0007</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/RDP* (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/25/2020</b>	8. HOUR (24 Hours) <b>0555</b>
	13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>BACHELOR</b>	14/15. WAS DECEDENT HISPANIC/LATINO/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) <b>CAUCASIAN</b>				
USUAL RESIDENCE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>REGIONAL PAYROLL MANAGER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>POSTAL SERVICE</b>		19. YEARS IN OCCUPATION <b>38</b>		
	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>73966 BOCA CHICA TRAIL</b>						
INFORMANT	21. CITY <b>THOUSAND PALMS</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92276</b>	24. YEARS IN COUNTY <b>4</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>
	26. INFORMANT'S NAME, RELATIONSHIP <b>CAROL NORWOOD, SPOUSE</b>				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) <b>73966 BOCA CHICA TRAIL, THOUSAND PALMS, CA 92276</b>		
SPOUSE/RDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/RDP - FIRST <b>CAROL</b>		29. MIDDLE <b>ANN</b>		30. LAST (BIRTH NAME) <b>NEWTON</b>		
	31. NAME OF FATHER/PARENT - FIRST <b>LEROY</b>		32. MIDDLE <b>B.</b>		33. LAST <b>MOTT</b>		34. BIRTH STATE <b>MO</b>
	35. NAME OF MOTHER/PARENT - FIRST <b>WILMA</b>		36. MIDDLE <b>R.</b>		37. LAST (BIRTH NAME) <b>GERMAN</b>		38. BIRTH STATE <b>CA</b>
	39. DISPOSITION DATE mm/dd/yyyy <b>07/07/2020</b>						
FUNERAL DIRECTOR/ LOCAL REGISTRAR	40. PLACE OF FINAL DISPOSITION <b>RES. CAROL NORWOOD</b>		41. TYPE OF DISPOSITION(S) <b>CR/RES</b>				
	42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>				
	44. NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEMORIAL-PARKS &amp; MORTUARIES</b>		45. LICENSE NUMBER <b>FD1847</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>		47. DATE mm/dd/yyyy <b>06/29/2020</b>	
PLACE OF DEATH	101. PLACE OF DEATH <b>DESERT REGIONAL MEDICAL CENTER</b>			102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY <b>RIVERSIDE</b>	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1150 NORTH INDIAN CANYON DRIVE</b>				106. CITY <b>PALM SPRINGS</b>	
	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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) CARDIAC ARREST</b>						108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>HOURS</b>
	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>DAYS</b>						110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>YEARS</b>
CAUSE OF DEATH	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 <b>ATRIAL FIBRILLATION, URINARY TRACT INFECTION</b>						
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>						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: <b>06/22/2020</b> Decedent Last Seen Alive: <b>06/25/2020</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>EMMA CONCEPCION JAVIER, M.D.</b>		116. LICENSE NUMBER <b>C53572</b>	117. DATE mm/dd/yyyy <b>06/29/2020</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>EMMA CONCEPCION JAVIER, M.D. 1150 NORTH INDIAN CANYON DRIVE, RANCHO MIRAGE, CA 92270</b>							
CORONER'S USE ONLY	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)	
	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
010001004583135*							

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Jul 13, 2020**

Dr. Cameron Kaiser, M.D., County Health Officer  
RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an er-gated border, displaying the date, seal, and signature of the Registrar.

PBNC D (Rev.) 05/18

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**MEMBERSHIP PURCHASE CONTRACT  
AND ESCROW INSTRUCTIONS  
RESORTS WEST VACATION CLUB**

MEMBERSHIP NUMBER 0377-8400

**David L. Norwood and Carol A. Norwood**

**This is a binding contract by which you agree to purchase an interest in a Timeshare Project. You should examine the statement of your right to revoke this contract which is contained elsewhere in this contract.**

I/We, the undersigned purchaser (the "Purchaser"), hereby agrees to purchase, Resort Investment Capital, LLC, a Nevada limited liability company (the "Sponsor" or "Developer") hereby agrees to sell and Resorts West Vacation Club, a Nevada nonprofit corporation (the "Club") hereby agrees to transfer, the Membership in Club which is described below (the "Membership"), subject to the terms and conditions of (a) the Membership Agreement attached hereto as **Exhibit "A"**, which is by this reference incorporated herein, and (b) the Club Governing Documents which are by this reference incorporated herein. In the event that any provision of this Membership Purchase Contract or the attachments hereto are inconsistent with the Club Governing Documents, the Club Governing Documents shall control. The Member's Understanding and Acknowledgement is attached hereto as **Exhibit "B"** is by this reference incorporated herein.

All capitalized terms not otherwise defined herein shall have the meanings ascribed to such terms in the bylaws of the Club ("Club Bylaws").

The Membership type and value of the Use Period which is the subject of this Contract is shown below:

Type of Membership:	Use Period Value:
<u>Platinum</u>	<u>8,400</u>

**Purchase Price and Finance Charge:** The Purchaser unconditionally agrees to pay when due the following Purchase Price and Finance Charge, together with all other assessments, personal charges, late fees, and costs provided for in this Membership Purchase Contract and Escrow Instructions.

Purchase Price of Membership:	<u>\$6,995.00</u>	
Owner Discount	\$-	
Cash Discount	<u>\$(349.00)</u>	
Trade In Club Points	7,000	See Exhibit A - Membership Agreement
Closing Costs	\$	
Loan fees	\$-	
Cash Down Payment paid today:	<u>\$6,646.00</u>	
Additional Cash Down Payments:	\$ _____	Date Due: ___/___/___
	\$ _____	Date Due: ___/___/___
Unpaid Balance ("Amount Financed"):	\$-	

Finance Charge begins to accrue on: Closing Date

**Payment Schedule of Amount Financed and Finance Charges:** First payment of \$- due 30 days after close with payments of \$- due on the same day of each month thereafter until the Amount Financed and Finance Charges thereon shall be paid in full.

**Address for Payments:** Purchaser agrees to make all payments to Sponsor at the address set forth below, unless written notice of a new address is sent to Purchaser, or if this Contract is sold or assigned, then to such place as the purchaser or assignee shall direct in writing:

Resort Investment Capital, LLC  
P.O. Box 5790  
Stateline, Nevada 89449

**Interest Calculations:** Purchaser will be charged interest each month at the annual percentage rate on the unpaid balance of the Amount Financed. Creditor shall apply each payment first to any late charges and interest and then to the Amount Financed.