



KAREN ELLISON, RECORDER

APN# A ptn of 1319-30-645-003

Recording Requested By: Davidek Law Firm, PLLC  
228 S. Seguin Avenue  
New Braunfels, Texas 78130

After Recording Mail to: Davidek Law Firm, PLLC  
228 S. Seguin Avenue  
New Braunfels, Texas 78130

Nancy Ragle  
334 Whiteside Drive  
Spring Branch, Texas 78070

Send Subsequent Tax Bills To: Nancy Ragle  
334 Whiteside Drive  
Spring Branch, Texas 78070

Holiday Inn Club Vacations Incorporated  
9271 S. Hohn Young Pkwy.  
Orlando, Florida 32819

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**AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY**

NANCY K. RAGLE, being first duly sworn, deposes and testifies upon personal knowledge and says:

1. That I am the wife and surviving joint tenant of GEORGE A. RAGLE, decedent, with respect to certain real property more particularly described below.
2. That GEORGE A. RAGLE, deceased, and I are joint tenants with rights of survivorship, by virtue of that certain Grant, Bargain, Sale Deed, dated July 19, 2010, recorded on July 27, 2010, in the Official Records of Douglas County, Nevada, as Document No. 767591; wherein George A. Ragle and Nancy K. Ragle, husband and wife as joint tenants with rights of survivorship, were Grantees, the same conveying that real property as follows:

The Ridge Tahoe, Cascade Building, Emerald Suite, Week #42-286-39-01, Stateline, NV 89449, and as more particularly described in Exhibit "A" attached hereto and by this reference made a part hereof.

3. That GEORGE A. RAGLE, deceased, and I are joint tenants with rights of survivorship, by virtue of that certain Grant, Bargain, Sale Deed, dated October 4, 2010, recorded on October 7, 2010, in the Official Records of Douglas County, Nevada, as Document No. 771814; wherein George A. Ragle and Nancy K. Ragle, husband and wife as joint tenants with rights of survivorship, were Grantees, the same conveying that real property as follows:

The Ridge Tahoe, Cascade Building, Every Year Use, Week #42-257-45-01 and as more particularly described in Exhibit "B" attached hereto and by this reference made a part hereof.

4. That GEORGE A. RAGLE died on or about September 9, 2016, in Comal County, Texas, and is the identical person named as GEORGE ALFRED RAGLE in the certified copy of the Certificate of Death attached as Exhibit "C" and incorporated herein by reference.

5. That all of the real property described in this Affidavit was vested in me upon the death of GEORGE A. RAGLE as of the date of his death.

I, Nancy K. Ragle, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license numbers or identification 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.

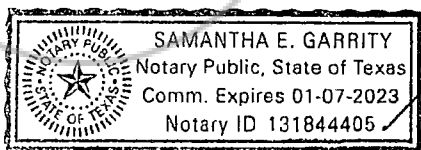
FURTHER AFFIANT SAITH NAUGHT.

Dated: 7/28, 2020.

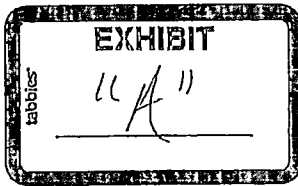
Nancy K Ragle  
NANCY K. RAGLE, Affiant/Surviving  
Joint Tenant

STATE OF TEXAS )  
COUNTY OF COMAL )

This instrument was acknowledged before me on July 28, 2020, by Nancy K. Ragle, Affiant/Surviving Joint Tenant.



Samantha E Garrity  
Notary Public, State of Texas  
Comm. Expires 01-07-2023  
Notary ID 131844405



An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48<sup>th</sup> interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14<sup>th</sup> 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. 286 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 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 - 13<sup>th</sup> Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

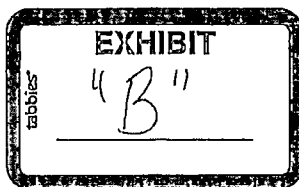
thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13<sup>th</sup> Amended Map;

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.

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

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES**  
**VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
 SEP 16 2016  
**STATE OF TEXAS**      **CERTIFICATE OF DEATH**      **STATE FILE NUMBER 142-16-132919**

1 LEGAL NAME OF DECEASED (Include AKA's if any) (First Middle Last) <b>GEORGE ALFRED RAGLE</b>			(Maiden)			2 DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) <b>SEPTEMBER 9, 2016</b>		
3 SEX <b>MALE</b>	4 DATE OF BIRTH (mm-dd-yyyy) <b>FEBRUARY 29, 1944</b>	5 AGE-Last Birthday (Years) <b>72</b>	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6 BIRTHPLACE (City & State or Foreign Country) <b>AMHERST, TX</b>			
7 SOCIAL SECURITY NUMBER <b>██████████-██████-9026</b>		8 MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9 SURVIVING SPOUSE'S NAME (If wife give name prior to first marriage) <b>NANCY MCFARLAND</b>				
10a RESIDENCE STREET ADDRESS <b>334 WHITESTONE</b>				10b APT NO	10c CITY OR TOWN <b>SPRING BRANCH</b>			
10d COUNTY <b>COMAL</b>	10e STATE <b>TEXAS</b>	10f ZIP CODE <b>78070</b>	10g INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
11 FATHER'S NAME PRIOR TO FIRST MARRIAGE <b>GEORGE ERNEST RAGLE</b>			12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>BESSIE MAE MOORE</b>					
13 PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14 COUNTY OF DEATH <b>COMAL</b>		15 CITY/TOWN ZIP (If outside city limits, give Precinct No.) <b>PRECINCT 1, 78070</b>		16 FACILITY NAME (If not institution, give street address) <b>334 WHITESTONE</b>				
17 INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>NANCY RAGLE - WIFE</b>			18 MAILING ADDRESS OF INFORMANT (Street and Number City State Zip Code) <b>334 WHITESTONE, SPRING BRANCH, TX 78070</b>					
19 METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20 SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>WILLIAM E PIET, BY ELECTRONIC SIGNATURE - 7257</b>		21 <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____				
22 PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>SCHERTZ CREMATORY</b>		23 LOCATION (City/Town, and State) <b>SCHERTZ, TX</b>		24 NAME OF FUNERAL FACILITY <b>PORTER LORING MORTUARY NORTH</b>				
25 COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State Zip Code) <b>2102 NORTH LOOP 1604 EAST, SAN ANTONIO, TX 78232</b>		26 CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated						
27 SIGNATURE OF CERTIFIER <b>BENJAMIN STAHL, BY ELECTRONIC SIGNATURE</b>		28 DATE CERTIFIED (mm-dd-yyyy) <b>SEPTEMBER 15, 2016</b>		29 LICENSE NUMBER <b>N1905</b>		30 TIME OF DEATH (Actual or presumed) <b>09 16 PM</b>		
31 PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State Zip Code) <b>BENJAMIN STAHL, 1430 SOUTH MAIN, SUITE 111, BOERNE, TX 78006</b>			32 TITLE OF CERTIFIER <b>MD</b>					
33 PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. <b>a. MALIGNANT MELANOMA OF SKIN METASTATIC TO LIVER AND LUNG</b> Due to (or as a consequence of) <b>b. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b> Due to (or as a consequence of) <b>c. HYPERTENSION</b> Due to (or as a consequence of) <b>d. HYPERLIPIDEMIA</b>			34 WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			35 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			37 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38 IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		39 IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a DATE OF INJURY (mm-dd-yyyy)		40b TIME OF INJURY		40c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		
40e LOCATION (Street and Number, City, State, Zip Code)			40f COUNTY OF INJURY					
41 DESCRIBE HOW INJURY OCCURRED								
42a REGISTRAR FILE NO <b>020788</b>		42b DATE RECEIVED BY LOCAL REGISTRAR <b>SEPTEMBER 16, 2016</b>		42c REGISTRAR <b>REGISTRAR - COMAL COUNTY CLERK, ELECTRONICALLY FILED</b>				

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
 The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. Health and Safety Code, Sec. 195, 199B.

Q A 0 9 5 1 6 8 7 4  
 VS-112 REV 1/2006

JLF

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED SEP 19 2016

VICTOR A. FARINELLI  
 ACTING STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

