

A portion of: 1319-30-724-025  
Escrow No. 20212755

Recording Requested By:  
**Vacation Ownership Title Agency**

Mail Tax Statement to:  
TriCom Management  
4025 E. La Palma Ave. Suite #101  
Anaheim, CA 92807

When Recorded Mail to:  
Wilson Title Services, LLC  
4045 S. Spencer Street, Suite A62  
Las Vegas, NV 89119

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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)



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.

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

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, JENNIE SUN, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Kuo-Chung Sun, M.D. having become deceased on 04/27/2008 pursuant to the attached certified copy Certificate of Death, is the same person as Kuo-Chung Sun, M.D. named as one of the parties in that certain The Ridge Tahoe Property Resort Grant, Bargain, Sale Deed dated 12/18/1992 by James R. Whitmer and Christine T. Whitmer, husband and wife to Kuo-Chung Sun M.D. and Jennie Sun, husband and wife, Stella Sun, a single woman and Steven D. Sun, a single man, altogether as joint tenants with\* recorded on December 29, 1992, as Recorded Document No. 296278 of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
2. The real property subject hereof is situated in Douglas County, State of Nevada, bounded and described as follows:

SEE ATTACHED EXHIBIT A LEGAL DESCRIPTION

\* right of survivorship, and not as tenants in common

Contract# M6738925

3. That the undersigned affiant, **JENNIE SUN**, is the surviving spouse of the named decedent.

I, **JENNIE SUN**, 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.

DATED this 3rd day of June, 20 21,

Jennie Sun  
Signature JENNIE SUN

STATE OF: Washington)

COUNTY OF: King) <sup>SS</sup>

SUBSCRIBED AND SWORN before me this 3rd day of June, 20 21,  
by JENNIE SUN.

Zhufeng Fan  
Notary Public Signature

Printed Name: ZHUFENG FAN

My Commission Expires: 9/6/21

ZHUFENG FAN  
Notary Public  
State of Washington  
My Commission Expires  
September 6, 2021

STAMP/SEAL

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

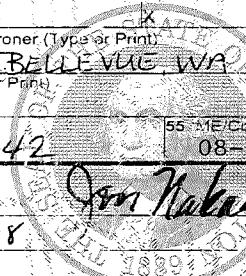
Public Health - Seattle & King County Vital Statistics

## CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number <b>4523</b>		Washington State Certificate of Death			State File Number		
1. Legal Name (includes AKA's if any): First Middle LAST Suffix <b>DR. KUO-CHUNG SUN</b>				2. Death Date <b>April 27, 2008</b>			
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>85</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>[REDACTED]-8710</b>	6. County of Death <b>King</b>		
7. Birthdate <b>Nov. 11, 1922</b>	8a. Birthplace (City, Town, or County) <b>Qingdao</b>	8b. (State or Foreign Country) <b>China</b>		9. Decedent's Education <b>Doctorate/M.D.</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Chinese</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>2203 79th Ave NE</b>				13b. City or Town <b>Medina</b>			
13c. Residence: County <b>King</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98039</b>	
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. <b>6 month</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Jennie Tsao</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Doctor</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Obstetrics And Gynecology</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Kui-Yi Sun</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Mei-Ying Lee Sun</b>				
21. Informant's Name <b>Jennie Sun</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2203 79th Ave NE Medina, WA. 98039</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Nursing Home</b>							
25. Facility Name (If not a facility, give number & street or location) <b>Kelsey Creek Adult Family Home</b>				26a. City, Town, or Location of Death <b>Bellevue</b>		26b. State <b>WA.</b>	
27. Zip Code <b>98005</b>		28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Sunset Hills Memorial Park</b>		30. Location: City/Town, and State <b>Bellevue, WA.</b>	
31. Name and Complete Address of Funeral Facility <b>Sunset Hills Funeral Home 1215-145th Place SE Bellevue, WA. 98007</b>				32. Date of Disposition <b>May 4, 2008</b>			
33. Funeral Director Signature X <i>Susan Broder</i>							
Cause of Death (See instructions and examples)							
34. 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. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. <b>Congestive Heart Failure</b>			Interval between Onset & Death		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. <b>Coronary Artery Disease</b>			Interval between Onset & Death		
		c.			Interval between Onset & Death		
		d.			Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Chronic Kidney Disease, Diabetes</b>				36. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. Date of Injury (MM/DD/YYYY)	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred				48a. Certifying Physician: <i>[Signature]</i>			
48b. Medical Examiner/Coroner: <i>[Signature]</i>				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>GENE HAO M.D. 1407 116<sup>th</sup> AVE NE BELLEVUE WA 98004</b>			
50. Hour of Death (24hrs) <b>0811</b>				51. Name and Title of Attending Physician if other than Certifier (Type or Print)			
52. Date Signed (MM/DD/YYYY) <b>04/28/2008</b>				53. Title of Certifier <b>M.D.</b>			
54. License Number <b>38642</b>		55. ME/Coroner File Number <b>08-1493</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) <b>APR 30 2008</b>			
59. Amendments <b>pa, 14, 18, 5/15/08</b>							

Part 1 completed by Funeral Director

Part 2 completed by Certifier



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

**EXHIBIT "A"**

**(34)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38<sup>th</sup> interest in and to Lot 34 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 024 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 recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-025