

APN# 1319-30-643-012



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Charlotte Ratcliff

Address: 5 Edgewood Lane

City/State/Zip: Canyon, TX 79015

Mail Tax Statements to:

Name: The Ridge Resorts

Address: P.O. Box 5790

City/State/Zip: Stateline, NV 89449-5790

AFFIDAVIT OF HEIRSHIP

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)

Charlotte Ratcliff

Signature

Charlotte Bock Ratcliff

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT OF HEIRSHIP**

**Date:** April 6, 2021

**Decedent:** Hallie Mayo Ratcliff

**Property:** Timeshare at Ridge Tahoe, Terrace Bldg, Odd Year Use, Week #28-011-31-72

**Spouse:** Charlotte Ann Bock Ratcliff

**Affiant:** Darla Nickell

Affiant, on oath, swears that the following statements are true and are within the personal knowledge of Affiant:

1. My name is Darla Nickell, and I live at #26 Hunsley Hills Boulevard, Canyon, Texas 79015. I am personally familiar with the family and marital history of Hallie Mayo Ratcliff and I have personal knowledge of facts stated in this affidavit.
2. I knew Hallie Mayo Ratcliff on or about February 2010 until January 6, 2021. Decedent died on January 6, 2021. Decedent's place of death was Amarillo, Potter County, Texas. At the time of Decedent's death, Decedent's residence was 5 Edgewood Lane, Canyon, Texas.
3. Decedent was married one time to Charlotte Ann Bock Ratcliff. They were married on August 25, 1961, in Dimmitt, Texas. Decedent was still married at the time of his death on January 6, 2021.
4. Decedent had two children with Charlotte Ann Bock Ratcliff:
  - a. Name: Sheri Beth Ratcliff Gervais  
Date of Birth: August 14, 1962  
Current Address: 119 East Chatham Street, Bellville, Texas 77418
  - b. Name: Ronda Marie Ratcliff Norman  
Date of Birth: June 12, 1969  
Current Address: 3310 Linda Lane, Canyon, Texas 79015
5. Decedent did not have or adopt any other children and did not take any other children into Decedent's home or raise any other children.
6. Decedent died leaving a written will.
7. There has not been an administration of Decedent's estate.
8. Decedent left no debts that are unpaid at the time of death.


**AFFIDAVIT OF HEIRSHIP**

9. There are no unpaid estate or inheritance taxes.

10. To the best of my knowledge, decedent owned an interest in the following real property:  
Timeshare at Ridge Tahoe, Terrace Bldg, Odd Year Use, Week #28-011-31-72

Darla Nickell  
Darla Nickell

SUBSCRIBED AND SWORN TO before me on April 8 2021 by  
Darla Nickell

 **SILVIA R. PEREZ**  
Notary Public, State of Texas  
Notary ID #13082766-7  
My Commission Expires 09-19-2027

Silvia R. Perez  
Notary Public, State of Texas  
My commission expires:



**EXHIBIT "A"**

**(28)**

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50<sup>th</sup> interest in and to Lot 28 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 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 011 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, 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 28 only, for one week every other year in ODD-numbered years in accordance with said Declarations.

A Portion of APN: 1319-30-643-012



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

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

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Jan 25 2021

**STATE OF TEXAS**

**CERTIFICATE OF DEATH**

**STATE FILE NUMBER**

**142-21-012078**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>HALLIE MAYO RATCLIFF</b>		(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) <b>JANUARY 6, 2021</b>	
3. SEX <b>MALE</b>	4. DATE OF BIRTH (mm-dd-yyyy) <b>DECEMBER 18, 1942</b>	5. AGE-Last Birthday (Years) <b>78</b>	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) <b>ROTAN, TX</b>
7. SOCIAL SECURITY NUMBER <b>1716</b>		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) <b>CHARLOTTE ANN RATCLIFF</b>	
10a. RESIDENCE STREET ADDRESS <b>5 EDGEWOOD LANE</b>			10b. APT. NO.	10c. CITY OR TOWN <b>CANYON</b>	
10d. COUNTY <b>RANDALL</b>		10e. STATE <b>TEXAS</b>		10f. ZIP CODE <b>79015</b>	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE <b>ARTHUR GLENN RATCLIFF</b>			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE <b>KOMA HYATT</b>		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" 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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH <b>POTTER</b>		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>AMARILLO, 79106</b>		16. FACILITY NAME (if not institution, give street address) <b>BSA HOSPITAL</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>CHARLOTTE ANN RATCLIFF - SPOUSE</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>5 EDGEWOOD LANE, CANYON, TX 79015</b>		
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>JOHN C. HANSARD, BY ELECTRONIC SIGNATURE - 111820</b>		21. <input type="checkbox"/> Unknown Section _____ Block <b>630</b> Lot <b>64</b> Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>FRIONA CEMETERY</b>		23. LOCATION (City/Town, and State) <b>FRIONA, TX</b>			
24. NAME OF FUNERAL FACILITY <b>HANSARD FAMILY FUNERAL HOME</b>		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>815 MAIN STREET, FRIONA, TX 79035</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>TODD EDWARD BELL, BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>JANUARY 21, 2021</b>	29. LICENSE NUMBER <b>M2560</b>	30. TIME OF DEATH (Actual or presumed) <b>01:44 AM</b>	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>TODD EDWARD BELL 1400 S COULTER, AMARILLO, TX 79106</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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>STAPHYLOCOCCAL SEPSIS</b> Due to (or as a consequence of): 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>INFECTIVE ENDOCARDITIS</b> Due to (or as a consequence of): c. <b>LOWER EXTREMITY CELLULITIS</b> Due to (or as a consequence of):					
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1		SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING		34. WAS AN AUTOPSY PERFORMED? <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 type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input checked="" 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)		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input 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.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR <i>Tara Das</i>			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: 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. 191, 198B)

VS-112 REV 1/2008

Q A 1 8 3 2 2 7 2 8

EDR NUMBER 00004444923067

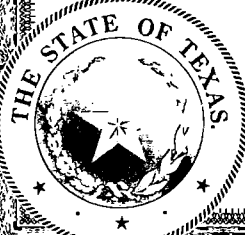
This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Jan 29 2021

*Tara Das*  
TARA DAS  
STATE REGISTRAR

JON

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE