

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



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, ANTHONY V GOULARTE, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That JANE K. GOULARTE having become deceased on 12/25/2018 pursuant to the attached certified copy Certificate of Death, is the same person JANE K. GOULARTE named as one of the parties in that certain The Ridge Tahoe Property Resort Grant, Bargain, Sale Deed dated 09/05/1994 By The Ridge Tahoe Property Owners' Association, Inc., a Nevada non-profit corporation, to ANTHONY V GOULARTE AND JANE K GOULARTE, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, recorded on 09/30/1994, as Recorded Document No. 347296 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 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 – 13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) as shown on Tahoe Village Units 141 through 204, (inclusive) as shown on that certain Condominium Plan recorded July 14, 1968, as Document No. 182057;
 - (B) Unit 080, 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 Five, recorded August 18, 1988, as Document No. 184461, as amended and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded as Document No. 271619, and subject to said Declaration; with the exclusive right to use said interest in Lot 37 only for one week every other year in **Even** numbered years in the **Prime** "Season" in accordance with said Declarations.

3. That the undersigned affiant, ANTHONY V GOULARTE, is the surviving spouse of the named decedent.

I, ANTHONY V GOULARTE, 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.

ANTHONY V GOULARTE
Surviving Spouse's Name (Print Name)

Affiant
Title

DATED this 12 day of August, 2021,

Anthony V Goularte
Signature

ANTHONY V GOULARTE
Print Name of Affiant/Surviving Spouse

STATE OF California)

ss

COUNTY OF Santa Clara)

SUBSCRIBED AND SWORN before me this 12 day of AUGUST, 2021,
by ANTHONY V GOULARTE.

Tara Ann Parraz
Notary Public Signature

Tara Ann Parraz
Notary Public Print Name
My Commission Expires: 05/25/2022

See Attached Certificate

Notary Stamp/Seal

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

Anthony V. Goularte

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 Santa Clara

Subscribed and sworn to (or affirmed) before me
on this 12 day of August, 2021,
by Anthony V. Goularte
(and (2) _____),
Name(s) of Signer(s)



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

Signature *Tara Ann Parraz*
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Death Terminating Joint Tenancy Document Date: 08/12/2021
Number of Pages: 2 Signer(s) Other Than Named Above: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201843010616

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (MAY 2005)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JANE		2. MIDDLE KATHRYN		3. LAST (Family) REED-GOULARTE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) JANE KATHRYN GOULARTE					
4. DATE OF BIRTH mm/dd/yyyy 08/29/1953		5. AGE Yrs 65	6. UNDER ONE YEAR Months Days 0 0	7. UNDER 24 HOURS Hours Minutes 0 00	8. SEX F
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 4329	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	13. DATE OF DEATH mm/dd/yyyy 12/25/2018
13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) CAUCASIAN		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RE-TIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION 41	
20. DECEDENT'S RESIDENCE (Street and number, or location) 13747 SYCAMORE DRIVE					
21. CITY MORGAN HILL		22. COUNTY/PROVINCE SANTA CLARA	23. ZIP CODE 95037	24. YEARS IN COUNTY 65	25. STATE/FOREIGN COUNTRY CALIFORNIA
26. INFORMANT'S NAME, RELATIONSHIP ANTHONY GOULARTE, HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 13747 SYCAMORE DRIVE, MORGAN HILL, CA 95037		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ANTHONY		29. MIDDLE V.	30. LAST (BIRTH NAME) GOULARTE		
31. NAME OF FATHER/PARENT - FIRST CHARLES		32. MIDDLE E.	33. LAST REED	34. BIRTH STATE UNKNOWN	
35. NAME OF MOTHER/PARENT - FIRST DOROTHY		36. MIDDLE S.	37. LAST (BIRTH NAME) WHITFORD	38. BIRTH STATE UNKNOWN	
39. DISPOSITION DATE mm/dd/yyyy 12/28/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF ANTHONY GOULARTE 13747 SYCAMORE DRIVE, MORGAN HILL, CA 95037			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT LIMA-CAMPAGNA-JOHNSON FUNERAL HOME		45. LICENSE NUMBER FD-2270	46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	47. DATE mm/dd/yyyy 12/27/2018	48. OTHER (Specify) FO
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 13747 SYCAMORE DRIVE		106. CITY MORGAN HILL	
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or veno-occlusive circulation without signifying the etiology. DO NOT ABBREVIATE. STAGE IV BREAST CANCER METASTATIC TO BONE, MULTIPLE LYMPH NODES, LIVER, BLADDER AND BRAIN					
108. TIME INTERVAL BETWEEN ONSET AND DEATH (in YRS) 4 YRS					
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ICD 107 OR 112? (If yes, list type of operation and date) NO					113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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 mm/dd/yyyy 04/23/2014		115. SIGNATURE AND TITLE OF CERTIFIER SEJAL JHATAKIA M.D.		116. LICENSE NUMBER A88424	117. DATE mm/dd/yyyy 12/27/2018
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SEJAL JHATAKIA M.D. 270 INTERNATIONAL CIR, SAN JOSE, CA 95119	
119. I CERTIFY THAT BY MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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		F	G	H	I
J		K	L	M	N
O		P	Q	R	S
T		U	V	W	X
Y		Z	AA	AB	AC
AD		AE	AF	AG	AH
AI		AJ	AK	AL	AM
AN		AO	AP	AQ	AR
AS		AT	AU	AV	AW
AX		AY	AZ	BA	BB
BC		BD	BE	BF	BG
BH		BI	BJ	BK	BL
BM		BN	BO	BP	BQ
BR		BS	BT	BU	BV
BW		BX	BY	BZ	CA
CB		CC	CD	CE	CF
CG		CH	CI	CJ	CK
CL		CM	CN	CO	CP
CQ		CR	CS	CT	CU
CV		CW	CX	CY	CZ
DA		DB	DC	DD	DE
DF		DG	DH	DI	DJ
DK		DL	DM	DN	DO
DP		DQ	DR	DS	DT
DU		DV	DW	DX	DY
DZ		EA	EB	EC	ED
EE		EF	EG	EH	EI
EJ		EK	EL	EM	EN
EO		EP	EQ	ER	ES
ET		EU	EV	EW	EX
EY		EZ	FA	FB	FC
FD		FE	FF	FG	FH
FI		FJ	FK	FL	FM
FN		FO	FP	FQ	FR
FS		FT	FU	FV	FW
FX		FY	FZ	GA	GB
GC		GD	GE	GF	GG
GH		GI	GJ	GK	GL
GM		GN	GO	GP	GQ
GR		GS	GT	GU	GV
GW		GX	GY	GZ	HA
HB		HC	HD	HE	HF
HG		HH	HI	HJ	HK
HL		HM	HN	HO	HP
HQ		HR	HS	HT	HU
HV		HW	HX	HY	HZ
IA		IB	IC	ID	IE
IF		IG	IH	II	IJ
IK		IL	IM	IN	IO
IP		IQ	IR	IS	IT
IU		IV	IW	IX	IY
IZ		JA	JB	JC	JD
JE		JF	JG	JH	JI
JJ		JK	JL	JM	JN
JO		JP	JQ	JR	JS
JT		JU	JV	JW	JX
JY		JZ	KA	KB	KC
KD		KE	KF	KG	KH
KI		KJ	KK	KL	KM
KN		KO	KP	KQ	KR
KS		KT	KU	KV	KW
KX		KY	KZ	LA	LB
LC		LD	LE	LF	LG
LH		LI	LJ	LK	LL
LM		LN	LO	LP	LQ
LR		LS	LT	LU	LV
LW		LX	LY	LZ	MA
MB		MC	MD	ME	MF
MG		MH	MI	MJ	MK
ML		MN	MO	MP	MQ
MR		MS	MT	MU	MV
MW		MX	MY	MZ	NA
NB		NC	ND	NE	NF
NG		NH	NI	NJ	NK
NL		NM	NO	NP	NQ
NR		NS	NT	NU	NV
NW		NX	NY	NZ	OA
OB		OC	OD	OE	OF
OG		OH	OI	OJ	OK
OL		OM	ON	OO	OP
OQ		OR	OS	OT	OU
OV		OW	OX	OY	OZ
PA		PB	PC	PD	PE
PF		PG	PH	PI	PJ
PK		PL	PM	PN	PO
PP		PQ	PR	PS	PT
PU		PV	PW	PX	PY
PZ		QA	QB	QC	QD
QE		QF	QG	QH	QI
QJ		QK	QL	QM	QN
QO		QP	QQ	QR	QS
QT		QU	QV	QW	QX
QY		QZ	RA	RB	RC
RD		RE	RF	RG	RH
RI		RJ	RK	RL	RM
RN		RO	RP	RQ	RR
RS		RT	RU	RV	RW
RX		RY	RZ	SA	SB
SC		SD	SE	SF	SG
SH		SI	SJ	SK	SL
SM		SN	SO	SP	SQ
SR		SS	ST	SU	SV
SW		SX	SY	SZ	TA
TB		TC	TD	TE	TF
TG		TH	TI	TJ	TK
TL		TM	TN	TO	TP
TQ		TR	TS	TT	TU
TV		TV	TV	TV	TV

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } DATE ISSUED
COUNTY OF SANTA CLARA } SS By 12/31/2018

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

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

PINK COPIES ONLY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* H 3 3 4 3 9 3 5 *

Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

