

A portion of: 1319-30-644-078  
Escrow No. 20212932

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

Mail Tax Statement to:  
Holiday Inn Club Vacations Inc.  
9271 So. John Young Parkway  
Orlando, FL 32819

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

Escrow: 20212932  
APN: 1319-30-644-078

### **AFFIDAVIT – DEATH OF JOINT TENANT**

**ANITA L. DAVIS**, of legal age, being first duly sworn, deposes and says:

1. That **KEITH A. DAVIS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **KEITH A. DAVIS** named as one of the parties in that certain GRANT DEED dated July 15, 2003 executed by PLINY L. OLIVER, JR and SHERYL A. OLIVER to ANITA L. DAVIS and KEITH A. DAVIS, wife and husband as joint tenants, recorded as Instrument No. 583347, on July 16, 2003 in Book 0703, Page 06850, of Official Records of Douglas County, Nevada, covering the following described property situated in 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 **Exhibit 'A'** attached hereto and by reference made a part hereof.

3. That the undersigned affiant, **ANITA L. DAVIS**, is the surviving spouse of the named decedent.

I, **ANITA L. DAVIS**, 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 1<sup>ST</sup> day of June, 20 21.

Anita L Davis  
Signature **ANITA L. DAVIS**

STATE OF: North Carolina )  
COUNTY OF: Henderson ) ss

SUBSCRIBED AND SWORN before me this 1<sup>st</sup> day of June, 20 21,  
by **ANITA L. DAVIS**.

Deborah Yarborough  
Notary Public Signature  
Printed Name: Deborah Yarborough  
My Commission Expires June 29, 2023

STAMP/SEAL



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
N.C. VITAL RECORDS  
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 01-95 LOCAL NO. \_\_\_\_\_ COUNTY OF DEATH Buncombe STATE FILE NO. \_\_\_\_\_

DECEDENT TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	DECEDENT'S LEGAL NAME 1a. FIRST <u>Keith</u>		1b. MIDDLE <u>Alan</u>		1c. LAST <u>Davis</u>		1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
	aka _____		aka _____		aka _____			
NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)	2. SEX <u>M</u>	3a. AGE-LAST BIRTHDAY (Yrs) <u>64</u>	3b. UNDER 1 YEAR Months _____ Days _____	3c. UNDER 1 DAY Hours _____ Minutes _____	4. DATE OF BIRTH (Month/Day/Year) <u>May 30, 1950</u>	5. BIRTHPLACE (County/State or Foreign Country) <u>Allegheny Co., PA</u>	6. DATE OF DEATH (Month/Day/Year) <u>May 1, 2015</u>	
	PLACE OF DEATH (Check only one) 7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
7c. FACILITY NAME (If not institution, give street and number) <u>John F. Keever Solace Center</u>			7d. CITY OR TOWN <u>Asheville</u>			7e. COUNTY OF DEATH <u>Buncombe</u>		
8. MARITAL STATUS <input checked="" type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (If wife, give name prior to first marriage) <u>Anita Louise Chipoletti</u>		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) <u>Principal</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Education</u>		
11. SOCIAL SECURITY NUMBER <u>██████████-0897</u>		12a. RESIDENCE-STATE OR FOREIGN COUNTRY <u>North Carolina</u>		12b. COUNTY <u>Henderson</u>		12c. CITY OR TOWN <u>Hendersonville</u>		
12d. STREET AND NUMBER <u>210 Cold Stream Way</u>		12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12f. ZIP CODE <u>28791</u>		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input checked="" type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify)			
PARENTS 17. FATHER'S NAME (First, Middle, Last) <u>James Richard Davis</u>		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <u>Dorothy Irene Wallace</u>		19a. INFORMANT'S NAME <u>Anita C. Davis</u>		19b. RELATIONSHIP TO DECEDENT <u>Wife</u>		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <u>210 Cold Stream Way, Hendersonville, NC 28791</u>
DISPOSITION 20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Sunrise Crematory</u>		20c. LOCATION (City or Town and State) <u>Hendersonville, NC</u>				
21a. SIGNATURE OF FUNERAL DIRECTOR <u>Antonia Jankovic</u>		21b. LICENSE NUMBER <u>FSL-2688</u>		21c. NAME OF EMBALMER <u>Not Embalmed</u>		21d. LICENSE NUMBER		
22. NAME AND ADDRESS OF FUNERAL HOME <u>Shuler Funeral Home, 125 Orr's Camp Road, Hendersonville, NC 28792</u>								
MEDICAL CERTIFICATION 23. Part I. 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 on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in 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.		a. <u>Lung Cancer</u> Due to (or as a consequence of)		b. _____ Due to (or as a consequence of)		c. _____ Due to (or as a consequence of)		Approximate interval: Onset to death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No				
25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26b. IF YES <input type="checkbox"/> Declined by Medical Examiner		27. TIME OF DEATH (Approximate) <u>1920</u>		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
29. IF FEMALE <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30. DATE PRONOUNCED (Month/Day/Year)		31a. DATE OF INJURY (Month/Day/Year)		31b. TIME OF INJURY		31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc.		31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		31f. LOCATION OF INJURY (Street/Number/City/State)				
31g. DESCRIBE HOW INJURY OCCURRED								
CERTIFIER 32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - 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.		33a. SIGNATURE AND TITLE OF CERTIFIER <u>Jeffrey Stallson MD</u>		33b. LICENSE NUMBER <u>26057</u>		33c. DATE SIGNED (Month/Day/Year) <u>5/3/15</u>		
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly) <u>Jeffrey Stallson 21 Belvedere Rd Asheville NC 28803</u>		34. FOR LOCAL REGISTRAR (Name) <u>Anita C. Logans</u>		35. DATE FILED (Month/Day/Year) <u>TR 5-5-2015</u>				
REGISTRAR 34. DATE CORRECTED (Mo/Day/Yr)		DATE AMENDED (Mo/Day/Yr)		ITEM(S) CORRECTED		ITEM(S) AMENDED		

**EXHIBIT "A"**

**(37)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 169 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 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 February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-644-078**