

A portion of: 1319-30-644-106
Escrow No. 20212898

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

AFFIDAVIT – DEATH OF JOINT TENANT
(Title of Document)

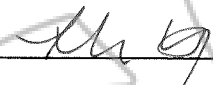
------(Only use if applicable)-----

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: 20212898
APN: 1319-30-644-106

AFFIDAVIT – DEATH OF JOINT TENANT

PAULA W. EPPINGER, of legal age, being first duly sworn, deposes and says:

1. That **ROBERT E. EPPINGER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **ROBERT E. EPPINGER** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated March 23, 1999 executed by ELLIOTT C. MERCER and JOANNE MERCER, husband and wife, to ROBERT E. EPPINGER and PAULA W. EPPINGER, husband and wife as joint tenants with right of survivorship, and not as Tenants in Common, recorded as Instrument No.0465268, on April 8, 1999 in Book 0499, Page 1549, 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, PAULA W. EPPINGER, is the surviving spouse of the named decedent.

I, PAULA W. EPPINGER, 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 2021,

Paula W. Eppinger
Signature PAULA W. EPPINGER

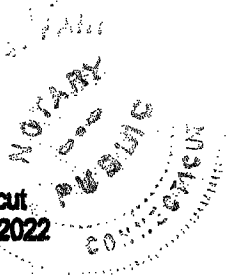
STATE OF: Connecticut)
COUNTY OF: Fairfield) ss Stamford

SUBSCRIBED AND SWORN before me this 3 day of June, 20 21,
by PAULA W. EPPINGER.

Connie S. Fair
Notary Public Signature
Printed Name: Connie S. Fair
My Commission Expires: 9/30/2022

STAMP/SEAL

CONNIE S. FAIR
Notary Public, State of Connecticut
My Commission Expires Sept. 30, 2022



CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Robert Eliot Eppinger				2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) July 05 2014	4. ACTUAL OR PRESUMED TIME OF DEATH 6:18	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
5. AGE LAST BIRTHDAY 80	6. UNDER 1 YEAR Mo. Days	7. UNDER 1 DAY Hours Min.	7. DATE OF BIRTH (MM/DD/YYYY) 04/17/1934	8. BIRTHPLACE (City, State or Foreign Country) NYC New York			
9. RESIDENCE (State) Connecticut		10. RESIDENCE (County) Fairfield		11. RESIDENCE (City or Town) Stamford		12. RESIDENCE (Street and No.) 15 Very Merry Road	
14. ZIP CODE 06903		15. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. MARITAL STATUS AT TIME OF DEATH: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (Give full name prior to first marriage) Paula Wallach	
18. FATHER'S NAME (First, Middle, Last) Julius M. Eppinger				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Marion Oettinger			
20. INFORMANT'S NAME Paula Wallach			21. INFORMANT'S RELATIONSHIP TO DECEDENT wife		22. MAILING ADDRESS (Street and Number, City, State, Zip Code) 15 Very Merry Road Stamford CT 06903		
23. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival		24. 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)		25. FACILITY NAME (If not institution, give street & number) 15 Very Merry Road			
26. CITY OR TOWN OF DEATH Stamford		27. COUNTY OF DEATH Fairfield		28. 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)		29. DISPOSITION (Name of cemetery, crematory, other place) Riverview Crematory	
30. LOCATION (city/town, state) Old Saybrook CT		31. DATE (MM/DD/YYYY) 07/09/2014		32. WAS BODY EMBALMED? *If yes, Name of Embalmer <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No		33. FUNERAL FACILITY - Name and Address (street, town, state, zip) Leo P. Gallagher & Son Funeral Home 2900 Summer St Stamford CT 06905	
34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <i>[Signature]</i>				35. LICENSE NUMBER OF SIGNEE IN BOX 34 2637			
36. DATE PRONOUNCED DEAD (MM/DD/YYYY) 07/05/2014		37. TIME PRONOUNCED 7:12pm		38. PRONOUNCER'S NAME AND DEGREE OR TITLE (Print) Andrew Smith RN		39. PRONOUNCER'S SIGNATURE <i>[Signature]</i>	
40. DATE SIGNED 07/05/14		41. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. 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. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.							APPROXIMATE INTERVAL ONSET TO DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →							
(a) Cardio-Respiratory Arrest Due to (or as a consequence of):							
(b) End stage Renal Disease Due to (or as a consequence of):							
(c) Metastatic Renal Carcinoma Due to (or as a consequence of):							
(d)							
45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				46. 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 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
48. CERTIFIER (Check only one box) <input type="checkbox"/> Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.							
49. MAKING - CERTIFIER Lynn Morris (Type or Print)		Certifier Signature <i>[Signature]</i>		Title of Certifier MD		Date Certified 7/10/14	
100 Bedford St. (Street)		Stamford (City or Town)		CT (State)		06905 (Zip)	
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: JUL 08 2014				BY: <i>[Signature]</i> REGISTRAR			
50. 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"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input checked="" type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		51. DECEDENT OF HISPANIC ORIGIN? <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)		52. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)			
53. DECEDENT'S USUAL OCCUPATION Furniture Business		54. KIND OF BUSINESS/INDUSTRY self employed		55. SOCIAL SECURITY NUMBER ██████████-██████-0942			

I hereby certify that the foregoing is a true copy of the record on file in the Office of Stamford Town Clerk, attested by the Raised Seal of the City of Stamford, CT.

Legal Fee: \$20.00

[Signature]
Assistant Registrar

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL

July 8, 2014

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 1/106th 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, 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. 195 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: 1319-30-644-106