

DOUGLAS COUNTY, NV **2021-976138**
Rec:\$40.00
\$40.00 Pgs=6 10/28/2021 08:35 AM
VACATION OWNERSHIP TITLE AGENCY
KAREN ELLISON, RECORDER

A portion of: 1319-30-644-042
Escrow No. 20213154

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)

Sh Haney 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: 2021 3154
APN: 1319-30-644-042

AFFIDAVIT – DEATH OF JOINT TENANT

CHERYL J. WESTER, of legal age, being first duly sworn, deposes and says:

1. That **KARL R. WESTER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **KARL R. WESTER** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated August 21, 1997 executed by David R. Kounter, an unmarried man and Carole L. Hulse, an unmarried woman to Karl R. Wester and Cheryl J. Wester, husband and wife as joint tenants with right of survivorship and not as tenants in common, recorded as Instrument No. 0421283, on September 10, 1997 in Book 0997, Page 1783, 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, CHERYL J. WESTER, is the surviving spouse of the named decedent.

I, CHERYL J. WESTER, 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 2 day of June, 20 21,

Cheryl J. Wester
Signature CHERYL J. WESTER

SEE ATTACHED
NOTARIZED DOCUMENT

STATE OF: CALIFORNIA)

SS

COUNTY OF: RIVERSIDE)

SUBSCRIBED AND SWORN before me this 2 day of JUNE, 20 21,
by CHERYL J. WESTER.

Guo-Xiong Liu
Notary Public Signature

Printed Name: GUO XIONG LIU

My Commission Expires: FEB 10, 2025

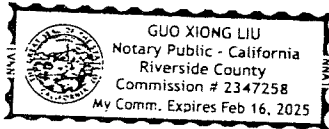
STAMP/SEAL

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 RIVERSIDE

Subscribed and sworn to (or affirmed) before me on this 2
day of JUNE, 2021, by CHERYL JAN
WESTER,

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



(Seal)

Signature Guo Xiong Liu

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3201133008675

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) KARL		2. MIDDLE ROGER		3. LAST (Family) WESTER	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/29/1941		5. AGE Yrs. Months Days 69	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 08/17/2011		8. HOUR (24 Hours) 1215	
9. BIRTH STATE/FOREIGN COUNTRY SWEDEN		10. SOCIAL SECURITY NUMBER [REDACTED] 0491		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. EDUCATION — Highest Level/Degree (see worksheet on back) BACHELOR		14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. 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 RETIRED. PLANT ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) METAL FABRICATORS	
19. YEARS IN OCCUPATION 25		20. DECEDENT'S RESIDENCE (Street and number, or location) 8523 CABIN PL.		21. CITY RIVERSIDE	
22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92508		24. YEARS IN COUNTY 25	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP CHERYL JAN WESTER, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8523 CABIN PL., RIVERSIDE, CA 92508	
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST CHERYL		29. MIDDLE JAN		30. LAST (BIRTH NAME) WALKER	
31. NAME OF FATHER/PARENT—FIRST KARL		32. MIDDLE GEORGE		33. LAST WESTER	
34. BIRTH STATE SWEDEN		35. NAME OF MOTHER/PARENT—FIRST RUTH		36. MIDDLE -	
37. LAST (BIRTH NAME) ANDERSON		38. BIRTH STATE SWEDEN		39. DISPOSITION DATE mm/dd/yyyy 08/24/2011	
40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT PRESTON AND SIMONS MORTUARY		45. LICENSE NUMBER FD-131	
46. SIGNATURE OF LOCAL REGISTRAR ▶ ERIC K. FRYKMAN, M.D.		47. DATE mm/dd/yyyy 08/22/2011		48. SIGNATURE OF LOCAL REGISTRAR	
101. PLACE OF DEATH CYPRESS GARDENS CONVALESCENT CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> E/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 9025 COLORADO AVENUE		106. CITY RIVERSIDE	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) END STAGE MANTLE CELL LYMPHOMA		Time Interval Between Onset and Death (A) MINS (B) MTHS (C) (D)		108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO (B) YES <input type="checkbox"/> NO (C) YES <input checked="" type="checkbox"/> NO (D) YES <input type="checkbox"/> NO	
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 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 ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113A. IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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. Coroner Attached Sheet Document Last Seen At/By (A) mm/dd/yyyy (B) mm/dd/yyyy 08/01/2011 08/17/2011		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ANDRO NASHAAT SHAROBIE M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy A100752 08/18/2011	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDRO NASHAAT SHAROBIE M.D. 4100 CENTRAL AVE STE#106, RIVERSIDE, CA 92506		119. I CERTIFY THAT IN 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		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		129. SIGNATURE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		010001001853425		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Sep 19, 2011

Eric Frykman, M.D.
Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

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

PBNC0 (Rev) 09/10

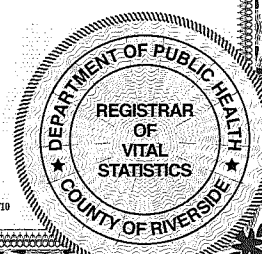


EXHIBIT "A"

(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. 075 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: 1319-30-644-042