

A portion of: 1319-30-644-096
Escrow No. 20213153

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)

Shanna 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: 20213153
APN: 1319-30-644-096

AFFIDAVIT – DEATH OF JOINT TENANT

WINIFRED A. WAINWRIGHT, of legal age, being first duly sworn, deposes and says:

1. That **GORDON A. WAINWRIGHT**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **GORDON A. WAINWRIGHT** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated November 17, 1988 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to Gordon A. Wainwright and Winifred A. Wainwright, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 191785, on December 1, 1988 in Book 1288, Page 046, 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, WINIFRED WAINWRIGHT, is the surviving spouse of the named decedent.

I, WINIFRED WAINWRIGHT, 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 4th day of June, 20 21,

Winifred Wainwright
Signature WINIFRED WAINWRIGHT

STATE OF: _____)

ss

COUNTY OF: _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____,
by WINIFRED WAINWRIGHT.

Notary Public Signature

Printed Name: _____

My Commission Expires: _____

STAMP/SEAL

SEE ATTACHED DOCUMENT

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)

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.

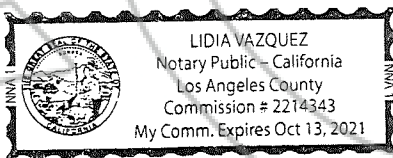
State of California
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me
on this 4TH day of JUNE, 2021,
by Date Month Year

(1) WINIFRED A WAINWRIGHT

(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 _____
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 JOINT TENANCY

Title or Type of Document: AFFIDAVIT OF DEATH TERMINATION Document Date: 06/04/21

Number of Pages: _____ Signer(s) Other Than Named Above: NONE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052018195031

CERTIFICATE OF DEATH

3201819043487

STATE FILE NUMBER 3052018195031		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 (REV 3/09))		LOCAL REGISTRATION NUMBER 3201819043487	
1. NAME OF DECEDENT - FIRST (Given) GORDON		2. MIDDLE A.		3. LAST (Family) WAINWRIGHT	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/30/1948		5. AGE Yrs. Months Days 70	
9. BIRTH STATE/FOREIGN COUNTRY NEW YORK		10. SOCIAL SECURITY NUMBER -5477		6. SEX M	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
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) WHITE		7. DATE OF DEATH mm/dd/yyyy 09/19/2018	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED GENERAL CONTRACTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION		8. HOUR (24 Hours) 1016	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1638 GRAFTON STREET		19. YEARS IN OCCUPATION 47			
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90026	
24. YEARS IN COUNTY 31		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP WINIFRED WAINWRIGHT, SPOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1638 GRAFTON STREET, LOS ANGELES, CA 90026			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST WINIFRED		29. MIDDLE ANNE		30. LAST (BIRTH NAME) DAUM	
31. NAME OF FATHER/PARENT - FIRST GORDON		32. MIDDLE GILBERT		33. LAST WAINWRIGHT	
34. BIRTH STATE NY		35. NAME OF MOTHER/PARENT - FIRST HELEN		36. BIRTH STATE NY	
37. LAST (BIRTH NAME) YULE					
39. DISPOSITION DATE mm/dd/yyyy 09/27/2018		40. PLACE OF FINAL DISPOSITION RES. OF WINIFRED WAINWRIGHT. 1638 GRAFTON STREET, LOS ANGELES, CA 90026			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT ARMSTRONG FAMILY MALLOY-MITTEN		45. LICENSE NUMBER FD 380		46. SIGNATURE OF LOCAL REGISTRAR ▶ MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 09/26/2018					
101. PLACE OF DEATH RONALD REAGAN UCLA MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 757 WESTWOOD PLAZA			
106. CITY LOS ANGELES					
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) SEPTIC SHOCK (B) ACUTE RENAL FAILURE (C) END STAGE ALCOHOLIC LIVER CIRRHOSIS (D) _____ 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		Time Interval Between Onset and Death (AT) _____ DAYS (BT) _____ DAYS (CT) _____ YRS (DT) _____		108. DEATH REPORTED TO CORNER? <input type="checkbox"/> YES <input checked="" 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 CORONARY ARTERY DISEASE, HYPERTENSION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT 08/14/2018					
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 _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER ▶ KAYLENE A BARRERA M.D.		116. LICENSE NUMBER A155585	
(A) mm/dd/yyyy 09/19/2018		(B) mm/dd/yyyy 09/19/2018		117. DATE mm/dd/yyyy 09/19/2018	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KAYLENE A BARRERA M.D. 757 WESTWOOD PLAZA, LOS ANGELES, CA 90095					
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	
A		B		C	
D		E		F	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health. It bears the Registrar's signature in purple ink.

Kaylene A. Barrera, M.D.
VG
DATE ISSUED

OCT 10 2018

Health Officer and Registrar

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



CALOSANGOI

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. 186 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.

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