

A portion of: 1319-30-643-056
Escrow No. 20213140


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: 20213140
APN: 1319-30-643-056

AFFIDAVIT – DEATH OF JOINT TENANT

DAVID E. RIOS, of legal age, being first duly sworn, deposes and says:

1. That **PEGGY RIOS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **PEGGY RIOS** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated January 27, 1997 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to PEGGY RIOS and DAVID E. RIOS, wife and husband as joint tenants with right of survivorship, recorded as Instrument No. 0405788, on January 3., 1997 in Book 0197, Page 4442, 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, **DAVID E. RIOS**, is the surviving spouse of the named decedent.

I, **DAVID E. RIOS**, 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 21 day of MAY, 20 21,



Signature DAVID E. RIOS

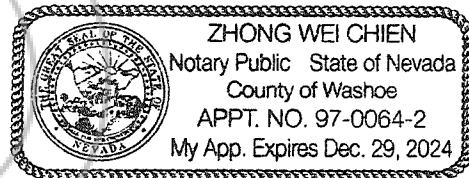
STATE OF: NEVADA)

ss

COUNTY OF: WASHONE)

SUBSCRIBED AND SWORN before me this 21 day of MAY, 20 21,
by DAVID E. RIOS.


Notary Public Signature
Printed Name: ZHONG WEI CHIEN
My Commission Expires: 12/29/2024



STAMP/SEAL

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201301007565

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) PEGGY		2. MIDDLE -		3. LAST (Family) RIOS	
AKA: ALSO KNOWN AS— include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 06/29/1954		5. AGE Yrs. 59 <small>IF UNDER ONE YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes</small>	
6. SEX F		9. BIRTH STATE/FOREIGN COUNTRY OH		10. SOCIAL SECURITY NUMBER 4558	
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		7. DATE OF DEATH mm/dd/yyyy 11/10/2013	
8. HOUR (24 Hours) 1745		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		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
19. YEARS IN OCCUPATION 33		20. DECEDENT'S RESIDENCE (Street and number, or location) 5345 CARNEGIE LOOP			
21. CITY LIVERMORE		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94550	
24. YEARS IN COUNTY 12		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP DAVID RIOS, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5345 CARNEGIE LOOP, LIVERMORE, CA 94550			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST DAVID		29. MIDDLE EDWARD		30. LAST (BIRTH NAME) RIOS	
31. NAME OF FATHER/PARENT—FIRST ROBERT		32. MIDDLE -		33. LAST KOSICKY	
34. BIRTH STATE OH		35. NAME OF MOTHER/PARENT—FIRST VIRGINIA		36. MIDDLE -	
37. LAST (BIRTH NAME) PEJEAU		38. BIRTH STATE OH			
39. DISPOSITION DATE: mm/dd/yyyy 11/13/2013		40. PLACE OF FINAL DISPOSITION RES OF D. RIOS 5345 CARNEGIE LOOP, LIVERMORE, CA 94550			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT CALLAGHAN MORTUARY		45. LICENSE NUMBER FD416		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE: mm/dd/yyyy 11/13/2013					
101. PLACE OF DEATH VALLEY CARE MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5555 WEST LAS POSITAS BLVD		106. CITY PLEASANTON	
107. CAUSE OF DEATH <small>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.</small>		Time Interval Between Onset and Death		108. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death.) (A) ACUTE RESPIRATORY FAILURE		HRS		(AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) PLEURAL EFFUSION		DYS		(BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) METASTATIC BREAST CANCER		WKS		(CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) LEUKEMIA		(DT)		(PT) <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 LEUKEMIA					
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 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. <small>Decedent/Attended Since Decedent/Last Seen Alive</small>		115. SIGNATURE AND TITLE OF CERTIFIER MANISHA NITIN SHINGATE M.D.		116. LICENSE NUMBER A101323	
(A) mm/dd/yyyy (B) mm/dd/yyyy 11/09/2013 11/10/2013		117. DATE: mm/dd/yyyy 11/12/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MANISHA NITIN SHINGATE M.D. 1133 E STANLEY BLVD #201, LIVERMORE, CA 94550	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <small>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</small>		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)		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. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					

STATE REGISTRAR A B C D E *010001002491007* FAX AUTH.# *000958661*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **NOV 18 2013**

[Signature] M.D.
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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

PBNC0 (Rev) 06/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(28)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 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 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 048 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 Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 the same unit type conveyed, in Lot 28 only, for one week every other year in Odd-numbered years in accordance with said Declarations.

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