

A portion of: 1319-30-712-001
Escrow No. 20213135

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: 20213135
APN: 1319-30-712-001

AFFIDAVIT – DEATH OF JOINT TENANT

JOHN B. MULLEN, of legal age, being first duly sworn, deposes and says:

1. That **DEBORAH L. MULLEN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **DEBORAH MULLEN** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated September 29, 1999 executed by RIDGE POINTE LIMITED PARTNERSHIP to JOHN B. MULLEN and DEBORAH L. MULLEN, wife and husband as joint tenants with right of survivorship, recorded as Instrument No. 0477938, on October 1, 1999 in Book 1099, Page 47, 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, **JOHN MULLEN**, is the surviving spouse of the named decedent.

I, **JOHN MULLEN**, 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 4 day of June, 20 21,

John Mullen
Signature JOHN MULLEN

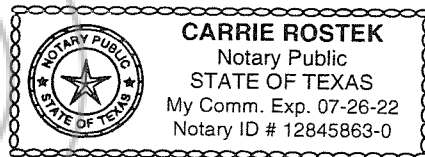
STATE OF: Texas)

COUNTY OF: Dallas)

SS

SUBSCRIBED AND SWORN before me this 4th day of June, 20 21,
by JOHN MULLEN.

Carrie Rostek
Notary Public Signature
Printed Name: Carrie Rostek
My Commission Expires: 07/26/22



STAMP/SEAL

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
OCT 15 2012
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-12-130567

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 198B)
VS-112 REV 1/2006

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) DEBORAH LOU MULLEN		(Maiden) CONNALLY		2. DATE OF DEATH (Actual or Presumed) (mm-dd-yyyy) OCTOBER 11, 2012	
3. SEX FEMALE	4. DATE OF BIRTH (mm-dd-yyyy) SEPTEMBER 13, 1948	5. AGE-Last Birthday (Years) 64	IF UNDER 1 YR Mo Days Hours Min		6. BIRTHPLACE (City & State or Foreign Country) OKLAHOMA CITY, OK
7. SOCIAL SECURITY NUMBER ██████████-5993		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) JOHN B. MULLEN	
10a. RESIDENCE STREET ADDRESS 2128 CARLOTTA DRIVE			10b. APT. NO.	10c. CITY OR TOWN FORT WORTH	
10d. COUNTY TARRANT		10e. STATE TEXAS	10f. ZIP CODE 76177		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME RAY CONNALLY			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE WANDA MELOTT		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH COLLIN		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) PLANO, 75075		16. FACILITY NAME (if not institution, give street address) MEDICAL CENTER OF PLANO	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED JOHN B. MULLEN - SPOUSE			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 2979 SICILY WAY, LEWISVILLE, TX 75067		
19. 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)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WENDELL JACKSON COX, BY ELECTRONIC SIGNATURE - 113127		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) REST HAVEN CREMATORY		23. LOCATION (City/Town, and State) ROCKWALL, TX			
24. NAME OF FUNERAL FACILITY LOCALCREMATION.COM		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 8499 GREENVILLE AVE, SUITE 107, DALLAS, TX 75231			
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Judice of the Peace - On the basis of examination, an odor investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER TIMOTHY CHAPPELL, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) OCTOBER 15, 2012	29. LICENSE NUMBER E7029	30. TIME OF DEATH (Actual or presumed) 16:51	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) TIMOTHY CHAPPELL, 1630 COIT ROAD SUITE 104, PLANO, TX 75075				32. TITLE OF CERTIFIER MD	
33. PART 1. 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 EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) CAUSE OF DEATH		a. HYPERKALEMIA Due to (or as a consequence of):		1DAY	
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		b. COPD Due to (or as a consequence of):		20 YEARS	
		c. NONISCHEMIC CARDIOMYOPATHY Due to (or as a consequence of):		7YEARS	
		d.			
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH - BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. DEPRESSION				34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" 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 one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	
40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		40e. COUNTY OF INJURY	
40e. LOCATION (Street and Number, City, State, Zip Code)					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 07-2864		42b. DATE RECEIVED BY LOCAL REGISTRAR OCTOBER 15, 2012		42c. REGISTRAR REGISTRAR - COLLIN COUNTY, ELECTRONICALLY FILED	

Q A 0 1 6 5 0 5 3 3

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

OCT 16 2012

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR



EXHIBIT "A"

(160)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/2652nd interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458, in Book 996, at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31°11'12" East, 81.16 feet; thence South 58°48'39" West, 57.52 feet; thence North 31°11'12" West, 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet, the chord of said curve bears North 60°39'00" East, 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 0463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 0463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period every other year in Even-numbered years in accordance with said Declaration.

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