

DOUGLAS COUNTY, NV **2021-976290**
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\$40.00 Pgs=5 10/28/2021 02:42 PM
VACATION OWNERSHIP TITLE AGENCY
KAREN ELLISON, RECORDER

A portion of: 1319-30-724-016
Escrow No. 20213161

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 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 3161
APN: 1319-30-724-016

AFFIDAVIT – DEATH OF JOINT TENANT

DANIEL GRAEF, of legal age, being first duly sworn, deposes and says:

1. That **THERESA GRAEF**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **THERESA GRAEF** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated June 30, 1988 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to U. Daniel Graef and Theresa B. Graef, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 181480, on July 5, 1988 in Book 788, Page 373, 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, **DANIEL GRAEF**, is the surviving spouse of the named decedent.

I, **DANIEL GRAEF**, 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 21,

Daniel Graef
Signature DANIEL GRAEF

STATE OF: Ohio)

COUNTY OF: Trumbull) ss

SUBSCRIBED AND SWORN before me this 3rd day of June, 20 21,
by DANIEL GRAEF.

Jaimee Klingensmith
Notary Public Signature

Printed Name: Jaimee Klingensmith

My Commission Expires: August 25, 2021



DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) THERESA BERNOSKI GRAEF					2. Sex FEMALE	3. Date of Death (Month/Day/Year) JUNE 17, 2020
	4. Social Security Number -7936	5a. Age (Years) 69	5b. Under 1 Year Months	5c. Under 1 day Days	6. Date of Birth (Mo/Day/Year) JULY 05, 1950	7. Birthplace (City and State or Foreign Country) MORGANTOWN, WEST VIRGINIA	
	8a. Residence State OHIO		8b. County TRUMBULL		8c. City or Town WARREN		
	8d. Street Address and Zip Code 2910 PARKMAN RD NW 44485					9. Ever in US Armed Forces? NO	
	10. Marital Status at Time of Death MARRIED				11. Surviving Spouse's Name (if wife, give name prior to first marriage) DAN GRAEF		
	12. Decedent's Education COLLEGE, BUT NO DEGREE			13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE		
	15. Father's Name WALTER BERNOSKI				16. Mother's Name (prior to first marriage) CARMELLA LEMINE		
	17a. Informant's Name DAN GRAEF			17b. Relationship to Decedent SPOUSE	17c. Mailing Address (Street and Number, City, State, Zip Code) 2910 PARKMAN RD NW WARREN, OHIO 44485		
	18a. Facility Name (if not institution, give street & number) 2910 PARKMAN RD NW					18b. City or Town, State and Zip Code WARREN, OH 44485	18c. County of Death TRUMBULL
	19. Funeral Service Licensee or Other Agent CHRISTINE KLERK BROBERG			20. License Number (of licensee) 009806	21. Name and Complete Address of Funeral Facility LANE FUNERAL HOMES, ROBERTS-CLARK CHAP 180 GARFIELD DR NE WARREN, OH 44483		
DISPOSITION	22. Method and Place of Disposition CREMATION - BROOK PARK CREM CTR, BROOKFIELD, OH					23. Local Registrar <i>Amanda Capers</i>	
	24. Date Filed (Month/Day/Year) <i>6-19-2020</i>						
CERTIFIER	25a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
	25b. Time of Death 2140	25c. Date Pronounced Dead (Month/Day/Year) 6/17/2020			25d. Was Case Referred to Medical Examiner or Coroner? NO		
	25e. Certifier Name and Title <i>Walter J. George MD</i>		25f. License number 35.043159	25g. Date Signed (Month/Day/Year) <i>June 18, 2020</i>			
27. Name (First, Middle, Last) and Address of Person Who Completed Cause of Death WALTER L GEORGE, 9775 ROCKSIDE RD SUITE 270, VALLEY VIEW, OH 44125							
CAUSE OF DEATH	28. Part I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.					Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death) End Stage Heart Failure					24 hours	
	Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death) d. Due to (or as Consequence of) Hospice Patient						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					28a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Applicable	
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably		31. If Female, Pregnancy Status <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			32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)							
33f. Describe How Injury Occurred:					33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:		

1603870 2020062230 1603870

2020062230

EXHIBIT "A"

(34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38th interest in and to Lot 34 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 015 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 recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 34 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-016