

A portion of: 1319-30-724-001
Escrow No. 20213218

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: 20213218
APN: 1319-30-724-001

AFFIDAVIT – DEATH OF JOINT TENANT

ARTHUR P. WU, of legal age, being first duly sworn, deposes and says:

1. That **MICHIKO F. WU**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MICHIKO F. WU** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated January 7, 1989 executed by Arthur P. Wu and Michiko F. Wu, husband and wife to Arthur P. Wu and Michiko F. Wu, husband and wife, Lisa Fukushima Wu, a single woman and Mark Fukushima Wu, a single man, as joint tenants with right of survivorship, recorded as Instrument No. 194134, on January 10, 1989 in Book 189, Page 1086, 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, ARTHUR P. WU, is the surviving spouse of the named decedent.

I, ARTHUR P. WU, 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 1ST day of July, 20 21,

Arthur P. Wu
Signature ARTHUR P. WU
ARTHUR PINGYONG WU

STATE OF: _____)
COUNTY OF: _____) ss

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____,
by ARTHUR P. WU.

Notary Public Signature
Printed Name: _____
My Commission Expires: _____

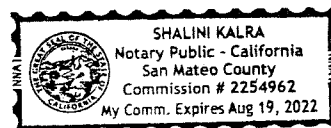
STAMP/SEAL

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 SAN MATEO
Subscribed and sworn to (or affirmed) before me on this 1ST day of JULY,
20 21 by ARTHUR PING YONG WU

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

Shalini Kalra
(Signature of Notary)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH

3199841 000537

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 11/86)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Michiko		2. MIDDLE Fukushima		3. LAST (FAMILY) Wu			
4. DATE OF BIRTH M/M/DD/CCYY 09/14/1937		5. AGE YRS. 60		6. SEX F		7. DATE OF DEATH M/M/DD/CCYY 02/05/1998	
9. STATE OF BIRTH Japan		10. SOCIAL SECURITY NO. [REDACTED]-3795		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS Married	
14. RACE Japanese		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self-employed			
17. OCCUPATION Homemaker		18. KIND OF BUSINESS At Home		19. YEARS IN OCCUPATION 20			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 121 Ketch Court							
21. CITY Foster City		22. COUNTY San Mateo		23. ZIP CODE 94404		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Arthur P. Wu (husband)				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 121 Ketch Court, Foster City, CA 94404			
29. NAME OF SURVIVING SPOUSE—FIRST Arthur		29. MIDDLE P.		30. LAST (MAIDEN NAME) Wu			
31. NAME OF FATHER—FIRST Masao		32. MIDDLE -		33. LAST Fukushima		34. BIRTH STATE Japan	
35. NAME OF MOTHER—FIRST Takeko		36. MIDDLE -		37. LAST (MAIDEN) Fukushima		38. BIRTH STATE Japan	
39. DATE M/M/DD/CCYY 02/06/1998		40. PLACE OF FINAL DISPOSITION Skylawn Memorial Park, San Mateo, CA					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Patterson & O'Connell		45. LICENSE NO. FD 948		46. SIGNATURE OF LOCAL REGISTRAR <i>Scott Morrow MD</i>		47. DATE M/M/DD/CCYY 02/06/1998	
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY San Mateo	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 121 Ketch Court		106. CITY Foster City					
107. DEATH WAS CAUSED BY—(ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) <i>Hepatic failure</i>		108. TIME INTERVAL BETWEEN ONSET AND DEATH <i>months</i>		109. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 98-0249C			
DUE TO (B) <i>Carcinoma of the breast</i>		110. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO					
DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <i>Yes. Left modified radical mastectomy, 04/28/1986</i>							
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 M/M/DD/CCYY 05/13/1993		115. SIGNATURE AND TITLE OF CERTIFIER <i>Robert W. Carlson</i>		116. LICENSE NO. 642022		117. DATE M/M/DD/CCYY 02/05/1998	
DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 01/08/1998		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Robert W. Carlson, M.D., 300 Pasteur Dr., Stanford, CA 94305					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

STATE REGISTRAR: A B C D E F G H FAX AUTH. # CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.



05/21/2021 Jovana Nuevo

DATE ISSUED

Scott Morrow MD
SCOTT MORROW, MD
HEALTH OFFICER AND REGISTRAR

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

PB/CDO (Rev) 01/87

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

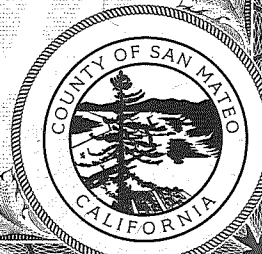


EXHIBIT "A"

(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. 001 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 Prime "Season" as defined in and in accordance with said Declarations.

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