

A portion of: 1319-30-712-001  
Escrow No. 20213179

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

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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: 20213179  
APN: 1319-30-712-001

### **AFFIDAVIT – DEATH OF JOINT TENANT**

**CAROLYN L. CROW**, of legal age, being first duly sworn, deposes and says:

1. That **WILLIAM R. CROW**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **WILLIAM R. CROW** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated July 17, 2003 executed by Sunterra Ridge Pointe Development, LLC, a Delaware limited liability company to William R. Crow and Carolyn L. Crow, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 0584987, on July 31, 2003 in Book 0703, Page 16262, 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, CAROLYN L. CROW, is the surviving spouse of the named decedent.

I, CAROLYN L. CROW, 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 18<sup>th</sup> day of June, 2021,

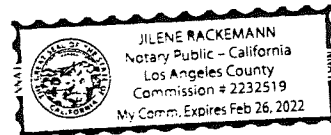
Carolyn L. Crow  
Signature CAROLYN L. CROW

STATE OF: CA)

COUNTY OF: Los Angeles)  
SS

SUBSCRIBED AND SWORN before me this 18 day of June, 2021,  
by CAROLYN L. CROW.

Jilene Rackemann  
Notary Public Signature  
Printed Name: Jilene Rackemann  
My Commission Expires: Feb. 26, 2022



STAMP/SEAL

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

**CERTIFICATE OF DEATH**

3200919029599

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITEDITS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) <b>WILLIAM</b>		2. MIDDLE <b>ROGER</b>		3. LAST (Family) <b>CROW</b>	
4A. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy <b>11/07/1941</b>	
5. AGE Yrs. <b>67</b>		IF UNDER ONE YEAR Months Days		IF UNDER 24 HOURS Hours Minutes	
6. SEX <b>M</b>		7. DATE OF DEATH mm/dd/yyyy <b>07/22/2009</b>		8. HOUR (24 Hours) <b>1245</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>██████-██-0993</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>		13. EDUCATION — Highest Level/Degree (see worksheet on back) <b>MASTER'S</b>			
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) <b>WHITE</b>			
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>FIREMAN</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>FIRE PREVENTION</b>		19. YEARS IN OCCUPATION <b>30</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>1800 GRENADIER DR.</b>					
21. CITY <b>SAN PEDRO</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>90732</b>	
24. YEARS IN COUNTY <b>61</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>CAROLYN LEE CROW, WIFE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>1800 GRENADIER DR., SAN PEDRO, CA 90732</b>		
28. NAME OF SURVIVING SPOUSE — FIRST <b>CAROLYN</b>		29. MIDDLE <b>LEE</b>		30. LAST (Maiden Name) <b>FOAT</b>	
31. NAME OF FATHER — FIRST <b>WILFRED</b>		32. MIDDLE <b>MARKUS</b>		33. LAST <b>CROW</b>	
34. BIRTH STATE <b>AZ</b>		35. NAME OF MOTHER — FIRST <b>LORIS</b>		36. MIDDLE <b>JEANNE</b>	
37. LAST (Maiden) <b>LARUE</b>		38. BIRTH STATE <b>WA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>07/27/2009</b>		40. PLACE OF FINAL DISPOSITION <b>RES. CAROLYN LEE CROW 1800 GRENADIER DR., SAN PEDRO, CA 90732</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>GREEN HILLS MORT MEM CHPL INC</b>		45. LICENSE NUMBER <b>FD1175</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>	
47. DATE mm/dd/yyyy <b>07/23/2009</b>					
101. PLACE OF DEATH <b>TORRANCE MEMORIAL MEDICAL CENTER</b>					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <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			
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>3330 WEST LOMITA BLVD.</b>		106. CITY <b>TORRANCE</b>	
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 (A) <b>SEPTIC SHOCK</b>		Time Interval Between Onset and Death (A) <b>1 DAY</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>2009-54905</b>	
(B) <b>METHICILLIN RESISTANCE STAPHYLOCOCCUS AUREUS</b>		(B) <b>3 DAYS</b>		109. BICPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) <b>ETIOLOGY UNKNOWN</b>		(C)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(D)		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 <b>DIABETES MELLITUS TYPE II, CORONARY ARTERY DISEASE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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. Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER <b>ROMAN MARK CULJAT M.D.</b>		116. LICENSE NUMBER <b>A79991</b>	
(A) mm/dd/yyyy <b>07/21/2009</b>		(B) mm/dd/yyyy <b>07/22/2009</b>		117. DATE mm/dd/yyyy <b>07/23/2009</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ROMAN MARK CULJAT M.D. 3701 SKYPARK DRIVE STE 200, TORRANCE, CA 90505</b>					
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 local address, city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	FAX AUTH. #	CENSUS TRACT <b>* HD 1656838 *</b>
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This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan Fielding MD*  
TO

JUL 27 2009

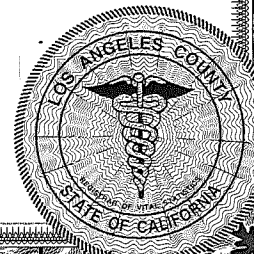
DATE ISSUED

Director of Public Health and Registrar

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

PBNC0 (REV) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**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 1/2652<sup>nd</sup> interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14<sup>th</sup> 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 Odd-numbered years in accordance with said Declaration.**

**A Portion of APN: 1319-30-712-001**