

DOUGLAS COUNTY, NV **2021-977140**
Rec:\$40.00
\$40.00 Pgs=6 11/16/2021 02:51 PM
VACATION OWNERSHIP TITLE AGENCY
KAREN ELLISON, RECORDER

A portion of: 1319-30-644-044
Escrow No. 20213176

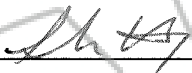
Recording Requested By:
Vacation Ownership Title Agency

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: 20213176
APN: 1319-30-644-044

AFFIDAVIT – DEATH OF JOINT TENANT

MARIA T. CARTER, of legal age, being first duly sworn, deposes and says:

1. That **WALTER K. CARTER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **WALTER K. CARTER** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated December 2, 1988 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to Walter K. Carter and Maria T. Carter, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 193284, on December 27, 1988 in Book 1288, Page 3523, 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, MARIA CARTER, is the surviving spouse of the named decedent.

I, MARIA CARTER, 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 23 day of June, 20 21,

Maria Carter
Signature MARIA CARTER

STATE OF: _____)

ss

COUNTY OF: _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____,
by MARIA CARTER.

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

STAMP/SEAL

attached notarial certificate.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

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.

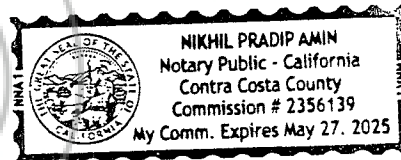
State of California }
County of CONTRA COSTA }

On 6/23/2021, before me, NIKHIL AMIN, NOTARY PUBLIC,
(Date) (insert name and title of the officer)

personally appeared MARIA CARTER who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



[Handwritten Signature]

Signature

(Seal)

OPTIONAL DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Other Information: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA
 MARTINEZ, CALIFORNIA

3052016139455

CERTIFICATE OF DEATH

3201607004050

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT— FIRST (Given) WALTER		2. MIDDLE KENNETH		3. LAST (Family) CARTER	
AKA, ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/13/1943		5. AGE Yrs. 72 6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 6140		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 07/12/2016		8. HOUR (24 Hours) 1408	
13. EDUCATION— Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/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 CONTROLLER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ACCOUNTING		19. YEARS IN OCCUPATION 45	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2757 LARIAT LANE					
21. CITY WALNUT CREEK		22. COUNTY/PROVINCE CONTRA COSTA		23. ZIP CODE 94596	
24. YEARS IN COUNTY 36		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARIA CARTER, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2757 LARIAT LANE, WALNUT CREEK, CA 94596			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST MARIA		29. MIDDLE -		30. LAST (BIRTH NAME) PALERMO	
31. NAME OF FATHER/PARENT—FIRST WALTER		32. MIDDLE -		33. LAST CARTER	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT—FIRST BERNICE		36. MIDDLE M.	
37. LAST (BIRTH NAME) JAKOVICH		38. BIRTH STATE IL			
39. DISPOSITION DATE mm/dd/yyyy 07/15/2016		40. PLACE OF FINAL DISPOSITION RES: MARIA CARTER 2757 LARIAT LANE, WALNUT CREEK, CA 94596			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT HULL'S WALNUT CREEK CHAPEL		45. LICENSE NUMBER FD250		46. SIGNATURE OF LOCAL REGISTRAR ▶ WILLIAM WALKER M.D.	
47. DATE mm/dd/yyyy 07/15/2016		48. LICENSE NUMBER -			
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/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"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1425 S MAIN ST		106. CITY WALNUT CREEK	
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. (A) ACUTE RESPIRATORY FAILURE (B) ACUTE PULMONARY EDEMA (C) SEPSIS DUE TO PNEUMONIA TYPE UNKNOWN		Time Interval Between Onset and Death (A) HRS (B) HRS (C) DYS (D) -		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. SHOUPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 MYELODYSPLASTIC SYNDROME					
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 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: 07/04/2016 Decedent Last Seen Alive: 07/12/2016		115. SIGNATURE AND TITLE OF CERTIFIER ▶ JOHN YOUNG-JOO KIM M.D.		116. LICENSE NUMBER A83968 117. DATE mm/dd/yyyy 07/15/2016	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SEYED MOUSAVI NASAB M.D. 1425 S MAIN ST, WALNUT CREEK, CA 94596		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"/> Investigation <input type="checkbox"/> Pending <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 location, and 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	

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 07/19/2016

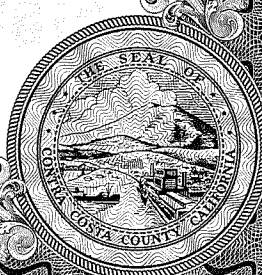
MS

001170563

William Walker MD
 WILLIAM WALKER, MD
 COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



C A C O N T R A C O S T A

EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 077 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 Phase Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-044