

DOUGLAS COUNTY, NV **2021-977142**
Rec:\$40.00
\$40.00 Pgs=5 11/16/2021 02:53 PM
VACATION OWNERSHIP TITLE AGENCY
KAREN ELLISON, RECORDER

A portion of: 1319-30-631-001
Escrow No. 20213210


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: 20213210
APN: 1319-30-631-001

AFFIDAVIT – DEATH OF JOINT TENANT

KENNETH MAWBY, of legal age, being first duly sworn, deposes and says:

1. That **IRENE A. MAWBY**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **IRENE A. MAWBY** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated June 14, 1989 executed by Jack K. Sievers, a married man to Kenneth M. Mawby and Irene A. Mawby, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 220831, on February 27, 1990 in Book 290, Page 3816, 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, KENNETH MAWBY, is the surviving spouse of the named decedent.

I, KENNETH MAWBY, 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 16th day of JUNE, 20 21,

Kenneth Mawby
Signature KENNETH MAWBY

STATE OF: California)

COUNTY OF: Santa Clara)

ss

SUBSCRIBED AND SWORN before me this 16th day of June, 20 21,
by KENNETH MAWBY.

Andrew Nguyen
Notary Public Signature
Printed Name: Andrew Minh Nguyen
My Commission Expires: 11/08/2024

ANDREW MINH NGUYEN
COMM. #2336984
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My Comm. Exp. Nov. 8, 2024

STAMP/SEAL

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201843008381

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 4/06)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) IRENE		2. MIDDLE A.		3. LAST (Family) MAWBY	
	AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 10/21/1954		5. AGE Yrs. 63
	9. BIRTH STATE/FOREIGN COUNTRY AZORES		10. SOCIAL SECURITY NUMBER ██████-9078		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	13. EDUCATION—Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED MEDICAL BILLING			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL BILLING		19. YEARS IN OCCUPATION 25	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 1747 SEPTEMBERSONG COURT					
	21. CITY SAN JOSE		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 95131	
	24. YEARS IN COUNTY 48		25. STATE/FOREIGN COUNTRY CA			
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP KENNETH M. MAWBY, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1747 SEPTEMBERSONG COURT, SAN JOSE, CA 95131			
	28. NAME OF SURVIVING SPOUSE/SRDP—FIRST KENNETH		29. MIDDLE M.		30. LAST (BIRTH NAME) MAWBY	
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT—FIRST JOSE		32. MIDDLE -		33. LAST ALMADA	
	35. NAME OF MOTHER/PARENT—FIRST MARIA		36. MIDDLE -		37. LAST (BIRTH NAME) REIS	
	34. BIRTH STATE AZORES		38. BIRTH STATE AZORES			
FUNERAL DIRECTORY LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 10/13/2018		40. PLACE OF FINAL DISPOSITION RES: KENNETH M. MAWBY 1747 SEPTEMBERSONG COURT, SAN JOSE, CA 95131			
	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT WILLOW GLEN FUNERAL HOME		45. LICENSE NUMBER FD813	46. SIGNATURE OF LOCAL REGISTRAR ▶ SARA H CODY, MD		47. DATE mm/dd/yyyy 10/12/2018	
PLACE OF DEATH	101. PLACE OF DEATH REGIONAL MEDICAL CENTER OF SAN JOSE					
	104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 225 N JACKSON AVENUE		106. CITY SAN JOSE	
	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. (A) HEMORRHAGIC STROKE NON TRAUMATIC (B) HYPERTENSION			108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO HR REFERRAL NUMBER 18-02726		
	109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YRS			110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
111. USED IN DETERMINING CAUSE? (DT) <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 ESSENTIAL THROMBOCYTOSIS						
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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER ▶ KATHLEEN ANNE KENNY M.D.		116. LICENSE NUMBER A64545	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 10/18/2005 (A) mm/dd/yyyy 08/03/2018 (B) mm/dd/yyyy 300 PASTEUR DRIVE N300, PALO ALTO, CA 94304		117. DATE mm/dd/yyyy 10/12/2018			
CORONER'S USE ONLY	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"/> Fencing Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
	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 RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **OCT 18 2018**



* H 3 3 2 4 9 0 8 *

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

PBNC0 (REV) 03/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

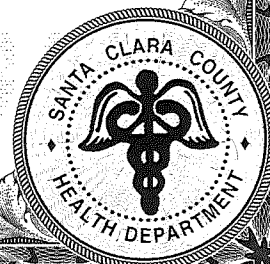


EXHIBIT "A"

(49)

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

- (A) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.
- (B) Unit No. 101 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: a non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-631-001