

DOUGLAS COUNTY, NV **2021-977144**
Rec:\$40.00
\$40.00 Pgs=6 11/16/2021 02:53 PM
VACATION OWNERSHIP TITLE AGENCY
KAREN ELLISON, RECORDER

A portion of: 1319-30-644-028
Escrow No. 20213175


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: 20213175
APN: 1319-30-644-028

AFFIDAVIT – DEATH OF JOINT TENANT

RICKI LYNNE COELHO, of legal age, being first duly sworn, deposes and says:

1. That **LOUIS J. COELHO**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **LOUIS J. COELHO** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated August 12, 2002 executed by Lori June Stasaitis to Louis J. Coelho and Ricki Lynne Coelho, recorded as Instrument No. 554007, on July 20, 2002 in Book 1002, Page 2136, 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, RICKI LYNNE COELHO, is the surviving spouse of the named decedent.

I, RICKI LYNNE COELHO, 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 8th day of June, 20 21,

Ricki Lynne Coelho
Signature RICKI LYNNE COELHO

STATE OF: _____)

ss

COUNTY OF: _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20 _____,
by RICKI LYNNE COELHO.

**SEE ATTACHED
NOTARIAL CERTIFICATE**

Notary Public Signature

Printed Name:

My Commission Expires:

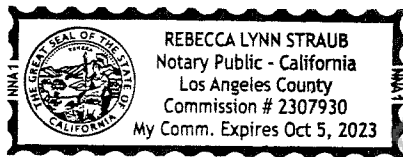
STAMP/SEAL

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 Los Angeles

Subscribed and sworn to (or affirmed) before me on this 8th
day of June, 2021, by Ricki Lynne Corlho

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



(Seal)

Signature

A handwritten signature in black ink, appearing to read 'Ricki Lynne Corlho', written over a horizontal line.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052017188170

CERTIFICATE OF DEATH

3201719041734

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV 3/06)				LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) LOUIS		2. MIDDLE JOSEPH		3. LAST (Family) COELHO JR					
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 11/08/1932		5. AGE Yrs. 84		IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 8789		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/ccyy 09/14/2017	8. HOUR (24 Hour) 1255
13. EDUCATION - Highest Level/Degree (see worksheet on back) PROFESSIONAL		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) PORTUGUESE					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ATTORNEY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW		19. YEARS IN OCCUPATION 30					
20. DECEDENT'S RESIDENCE (Street and number, or location) 1240 E MC WOOD ST									
21. CITY WEST COVINA		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91790		24. YEARS IN COUNTY 33		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP RICKI LYNNE COELHO, WIFE				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1240 E MC WOOD ST, WEST COVINA, CA 91790					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST RICKI		29. MIDDLE LYNNE		30. LAST (BIRTH NAME) WILSON					
31. NAME OF FATHER/PARENT - FIRST LOUIS		32. MIDDLE JOSEPH		33. LAST COELHO		34. BIRTH STATE CALIFORNIA			
35. NAME OF MOTHER/PARENT - FIRST BETTY		36. MIDDLE SUE		37. LAST (BIRTH NAME) CREE		38. BIRTH STATE LOUISIANA			
39. DISPOSITION DATE mm/dd/ccyy 09/22/2017		40. PLACE OF FINAL DISPOSITION CALVARY CEMETERY FRESNO, CA 93728							
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER EDWARD ANTHONY CISNEROS		43. LICENSE NUMBER EMB8752					
44. NAME OF FUNERAL ESTABLISHMENT FAREWELL		45. LICENSE NUMBER FD1629		46. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD		47. DATE mm/dd/ccyy 09/20/2017			
101. PLACE OF DEATH KINDRED HOSPITAL SAN GABRIEL VALLEY		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		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 LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 845 NORTH LARK ELLEN				106. CITY WEST COVINA			
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 (Final disease or condition resulting in death) (A) CARDIAC ARREST (B) SEPTIC SHOCK (C) PNEUMONIA (D) CONGESTIVE HEART FAILURE 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC ATRIAL FIBRILLATION		Time Interval Between Onset and Death (AT) MINS (BT) DAYS (CT) DAYS (DT) MOS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		109. BIOPSY 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		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO					
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 (A) mm/dd/ccyy (B) mm/dd/ccyy 07/21/2017 09/14/2017		115. SIGNATURE AND TITLE OF CERTIFIER SANJAY NATVERLAL KHEDIA M.D.		116. LICENSE NUMBER A56166		117. DATE mm/dd/ccyy 09/19/2017			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SANJAY NATVERLAL KHEDIA M.D.		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/ccyy		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/ccyy		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 LOS ANGELES

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.

Health Officer and Registrar

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



001455436
OCT 10 2017

CALOSANGOL

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. 063 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: 1319-30-644-028