

A portion of: 1319-30-644-034
Escrow No. 20212931

Recording Requested By:
Vacation Ownership Title Agency

Mail Tax Statement to:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, FL 32819

When Recorded Mail to:
Codie G. Larson
4835 W. Coppola Ct.
Visalia, CA 93277

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.

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 Tulare

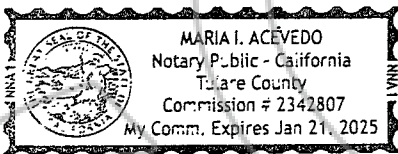
Subscribed and sworn to (or affirmed) before me on this 23rd
day of December, 2021, by _____

_____ CODIE G. LARSON _____

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

(Seal)

Signature _____



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

COUNTY OF TULARE

TULARE, CALIFORNIA

3052014174080

CERTIFICATE OF DEATH

3201454001881

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-TWRY 5/09				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT--FIRST, (Given) JOEL		2. MIDDLE WILLIAM		3. LAST (Family) HEDLUND		
	AKA, ALSO KNOWN AS-- Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy 01/20/1971	5. AGE Yrs. 43	IF UNDER ONE YEAR Months: Days: Hours: Minutes:	6. SEX M
	9. BIRTH STATE/FOREIGN COUNTRY NE	10. SOCIAL SECURITY NUMBER ██████-0455	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/ccyy 09/18/2014	8. HOUR (24 Hours) 1153	
	13. EDUCATION--Highest Level/Degree (see worksheet on back) BACHELOR	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) CAUCASIAN				
17. USUAL OCCUPATION-- Type of work for most of life. DO NOT USE RETIRED MINISTER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RELIGION			19. YEARS IN OCCUPATION 25	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 841 WEST LOYOLA AVENUE						
	21. CITY VISALIA	22. COUNTY/PROVINCE TULARE	23. ZIP CODE 93277	24. YEARS IN COUNTY 14	25. STATE/FOREIGN COUNTRY CA		
	26. INFORMANT'S NAME, RELATIONSHIP CODIE HEDLUND, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 841 WEST LOYOLA AVENUE, VISALIA, CA 93277			
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP--FIRST CODIE		29. MIDDLE GENE		30. LAST (BIRTH NAME) KIDMAN		
	31. NAME OF FATHER/PARENT--FIRST EARL		32. MIDDLE WILLIAM		33. LAST HEDLUND		
	34. BIRTH STATE MN		35. NAME OF MOTHER/PARENT--FIRST ALICE		36. MIDDLE TEENA		
37. LAST (BIRTH NAME) GRUSING		38. BIRTH STATE CANADA					
FUNERAL DIRECTORY LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy 09/24/2014		40. PLACE OF FINAL DISPOSITION VISALIA PUBLIC CEMETERY DISTRICT 1300 WEST GOSHEN AVENUE, VISALIA, CA 93291				
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED			43. LICENSE NUMBER -	
	44. NAME OF FUNERAL ESTABLISHMENT EVANS MILLER GUINN EXETER CHAPEL		45. LICENSE NUMBER FD1058	46. SIGNATURE OF LOCAL REGISTRAR ▶ KAREN HAUGHT, MD		47. DATE mm/dd/ccyy 09/23/2014	
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE					102. IF HOSPITAL, SPECIFY ONE <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other
	104. COUNTY TULARE		105. FACILITY, ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 841 WEST LOYOLA AVENUE			106. CITY VISALIA	
	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) BRAIN TUMOR					Time Interval Between Onset and Death MOS	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
CAUSE OF DEATH	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					(B)	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						(C)	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						(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 NONE						
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	
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. Decedent Attended Since: Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ANCA PETRASCU, MD		116. LICENSE NUMBER A66037	117. DATE mm/dd/ccyy 09/23/2014	
	(A) mm/dd/ccyy 08/14/2014	(B) mm/dd/ccyy 09/17/2014	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANCA PETRASCU, MD 4050 SOUTH DEMAREE, VISALIA, CA 93277				
	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						
CORONER'S USE ONLY	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)						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.#	
					"010001002740057"		CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.

DATE ISSUED **SEP 26 2014**

Karen Haught
Karen Haught, M.D., M.P.H., Tulare County Health Officer
Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.
PBNC0 (Rev) 10/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(37)

An undivided 1/102nd 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. 067 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 every other year in the Even -numbered years in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-034