

Recording Requested By:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, FL 32819

DOUGLAS COUNTY, NV **2022-984621**
Rec:\$40.00
\$40.00 Pgs=3 **05/06/2022 09:36 AM**
WILSON TITLE SERVICES
KAREN ELLISON, RECORDER

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

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

The undersigned, GARY B INMAN, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That VIRGINIA C. INMAN having become deceased on 12/21/2002 pursuant to the attached certified copy Certificate of Death, is the same person VIRGINIA C. INMAN named as one of the parties in that certain The Ridge Tahoe Property Resort Grant, Bargain, Sale Deed dated October 4, 1992 By The Ridge Tahoe Property Owners' Association, Inc., a Nevada non-profit corporation, to GARY B INMAN and VIRGINIA C. INMAN as community property with right of survivorship, recorded on 11/06/1992, as Recorded Document No. 292507 of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
2. The real property subject hereof is situated in the Douglas of Clark, State of Nevada, bounded and described as follows:
 - (A) An undivided 1/20th interest in and to Lot 32 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 101 through 120 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and
 - (B) Unit 110, as shown and defined on said map; 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 Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, as each may be amended, supplemented, and amended and restated from time to time (collectively, the "Declarations") 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 Lots 31, 32, or 33 only, for one week each year in the Summer "Season" in accordance with said Declarations.

M6741400

OL Ridge Tahoe Death of Spouse



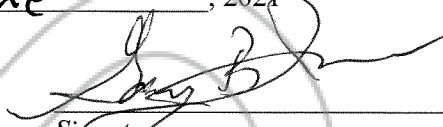
3. That the undersigned affiant, **Gary B. Inman**, is the surviving spouse of the named decedent.

I, **Gary B. Inman**, 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.

Gary B. Inman
Surviving Spouse's Name (Print Name)

Affiant
Title

DATED this 7 day of June, 2021



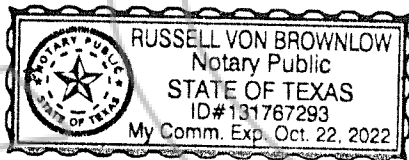
Signature
Gary B. Inman
Print Name of Affiant/Surviving Spouse

STATE OF Texas)

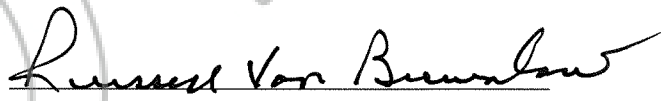
ss

COUNTY OF Denton)

SUBSCRIBED AND SWORN before me this 7 day of June, 2021,
by **Gary B. Inman**.



Notary Stamp/Seal



Notary Public Signature

Russell Von Brownlow
Notary Public Print Name
My Commission Expires: 10/22/2022



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER										LOCAL REGISTRATION NUMBER																																												
1. NAME OF DECEDENT—FIRST (GIVEN) VIRGINIA					2. MIDDLE CHIZMAR					3. LAST (FAMILY) INMAN																																												
4. DATE OF BIRTH MM/DD/CCYY 10/31/1940			5. AGE YRS. 62		IF UNDER 1 YEAR MONTHS: _____ DAYS: _____		IF UNDER 24 HOURS HOURS: _____ MINUTES: _____		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 12/21/2002			8. HOUR 1359																																								
9. STATE OF BIRTH IN			10. SOCIAL SECURITY NO. [REDACTED] 9388			11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> X NO <input type="checkbox"/> UNK			12. MARITAL STATUS MARRIED			13. EDUCATION—YEARS COMPLETED 16																																										
14. RACE CAUCASIAN					15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> X NO					16. USUAL EMPLOYER SELF EMPLOYED																																												
17. OCCUPATION HOMEMAKER					18. KIND OF BUSINESS OWN HOME					19. YEARS IN OCCUPATION 18																																												
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1817 S. HOLT AVE.																																																						
21. CITY LOS ANGELES					22. COUNTY LOS ANGELES					23. ZIP CODE 90035			24. YRS IN COUNTY 40		25. STATE OR FOREIGN COUNTRY CALIFORNIA																																							
26. NAME, RELATIONSHIP GARY B. INMAN - HUSBAND										27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1817 S. HOLT AVE. LOS ANGELES, CA 90035																																												
28. NAME OF SURVIVING SPOUSE—FIRST GARY					29. MIDDLE B.					30. LAST (MAIDEN NAME) INMAN																																												
31. NAME OF FATHER—FIRST JOHN					32. MIDDLE -					33. LAST CHIZMAR					34. BIRTH STATE INDIANA																																							
35. NAME OF MOTHER—FIRST GERTRUDE					36. MIDDLE -					37. LAST (MAIDEN) LEENSWAART					38. BIRTH STATE IL																																							
39. DATE MM/DD/CCYY 12/30/2002					40. PLACE OF FINAL DISPOSITION OAKWOOD MEMORIAL PARK 22601 LASSEN ST. CHATSWORTH, CA 91311																																																	
41. TYPE OF DISPOSITION(S) CR/BU					42. SIGNATURE OF EMBALMER NOT EMBALMED					43. LICENSE NO. -																																												
44. NAME OF FUNERAL DIRECTOR PIERCE BROS. WESTWOOD					45. LICENSE NO. FD-951					46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas W. Williams</i>					47. DATE MM/DD/CCYY 12/26/2002																																							
101. PLACE OF DEATH CEDARS SINAI MEDICAL CTR.					102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA					103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER					104. COUNTY LOS ANGELES																																							
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 8700 BEVERLY BLVD.															106. CITY LOS ANGELES																																							
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)										TIME INTERVAL BETWEEN ONSET AND DEATH					108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> X NO REFERRAL NUMBER																																							
IMMEDIATE CAUSE (A) STROKE										2days																																												
DUE TO (B) PANCREATIC CANCER										2mos.					109. BIOPSY PERFORMED <input checked="" type="checkbox"/> X YES <input type="checkbox"/> NO																																							
DUE TO (C)															110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> X NO																																							
DUE TO (D)															111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO																																							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 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																																																						
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 MM/DD/CCYY 12/11/2002					115. SIGNATURE AND TITLE OF CERTIFIER <i>Gregory P. Sarna MD</i>					116. LICENSE NO. A24234					117. DATE MM/DD/CCYY 12/24/2002																																							
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP GREGORY P. SARNA, M.D. 8700 BEVERLY BLVD. LOS ANGELES, CA 90048																																																						
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED										120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					121. INJURY DATE MM/DD/CCYY					122. HOUR					123. PLACE OF INJURY																													
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)																																																						
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)																																																						
126. SIGNATURE OF CORONER OR DEPUTY CORONER										127. DATE MM/DD/CCYY					128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER																																							
STATE REGISTRAR																																																						
A										B					C					D					E					F					G					H					FAX AUTH. #					CENSUS TRACT 840074896				

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED

Thomas W. Williams Registrar 208 DEC 26 2002

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

