

APN: 1319-30-722-015 (ptn)

R.P.T.T.: \$ 0.00

Recording Requested By:
Wilson Title Services
4045 S. Spencer St #A62
Las Vegas, NV 89119

After Recording Mail To:
Wilson Title Services
4045 S. Spencer St #A62
Las Vegas, NV 89119

Send Subsequent Tax Bills To:
Holiday Inn Club Vacations Incorporated
9271 S John Young Pkwy
Orlando, FL 32819

Interval ID: 3211401A

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Robert W. Ehrlich, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Marth Jane Ehrlich having become deceased on March 16, 2014 at Cowlitz County, State of Washington, pursuant to the attached certified copy Certificate of Death, is the same person as M. Jane Ehrlich named as one of the parties in that certain **Grant, Bargain, and Sale Deed** dated March 13, 1985 by Harich Tahoe Developments to Robert E. Ehrlich and M. Jane Ehrlich, husband and wife as joint tenants with right of survivorship, recorded on March 15, 1985, as Recorded Document No. 1985-114811, 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 County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

Contract # 6742184

Affidavit Terminating JT - Ridge Tahoe

3. That the undersigned affiant, ROBERT E EHRLICH, is the surviving spouse of the named decedent.

I, ROBERT E EHRLICH, 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.

ROBERT E EHRLICH

Surviving Spouse's Name (Print Name)

Affiant

Title

DATED this 17th day of March, 20 20,

Robert E. Ehrlich

Signature

Robert E Ehrlich

Print Name of Affiant/Surviving Spouse

STATE OF Washington)

COUNTY OF Cowlitz) ss

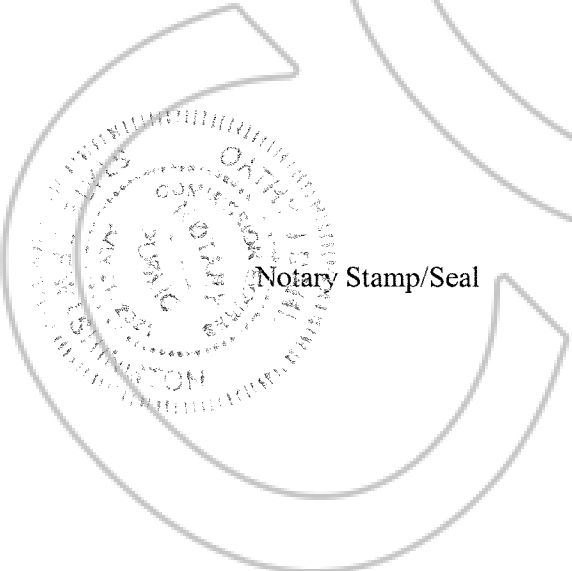
SUBSCRIBED AND SWORN before me this 17th day of March, 20 20,
by ROBERT E EHRLICH.

Cathy Dahl

Notary Public Signature

Cathy Dahl

Notary Public Print Name
My Commission Expires: 7/1/2021



Notary Stamp/Seal

EXHIBIT "A"
LEGAL DESCRIPTION
Ridge Tahoe (Lot 32)

ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

That certain timeshare estate, as said timeshare estate is defined 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, which timeshare estate is comprised of:

an undivided 1/51st interest as tenants in common, with each interest having a 1/51st interest in and to that certain real property and improvements 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 No. **114** as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 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" as defined in and in accordance with said Declarations.

A Portion of APN: **1319-30-722-015**

As shown with Interval Id # **3211401A**

Contract No: **6742184**

Ridge Tahoe (Lot 32 – Annual)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number **248** Washington State Certificate of Death State File Number **2014 45362**

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Martha Jane Ehrlich				2. Death Date March 16, 2014	
3. Sex (M/F) F	4a. Age - Last Birthday 67	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 9423	6. County of Death Cowlitz
7. Birthdate Jan 10, 1947	8a. Birthplace (City, Town, or County) Portland	8b. (State or Foreign Country) Oregon		9. Decedent's Education Some College Credit	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 2317 Trillium Heights				13b. City or Town Longview	
13c. Residence: County Cowlitz		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98632
14. Estimated length of time at residence: 30 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Robert Ehrlich	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Technician			18. Kind of Business/Industry (Do not use Company Name) Radiology		
19. Father's Name (First, Middle, Last, Suffix) Warren L. Nott			20. Mother's Name Before First Marriage (First, Middle, Last) Donna A. Roberts		
21. Informant's Name Robert Ehrlich		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2317 Trillium Heights Longview WA 98632	
24. Place of Death, if Death Occurred in a Hospital: Hospice Facility			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) Community Home Health and Hospice			26a. City, Town, or Location of Death Longview		26b. State WA
27. Zip Code 98632		28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Longview Memorial Park Crematory	
30. Location-City/Town, and State Longview WA			31. Name and Complete Address of Funeral Facility Dahl-McVicker Funeral Home, 301 Cowlitz Way Kelso WA 98626		
32. Date of Disposition March 21 2014			33. Funeral Director Signature X <i>Kenneth O. Dahl</i>		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Pancreatic Cancer Due to (or as a consequence of):		Interval between Onset & Death unknown	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Cerebral Vascular Accident Due to (or as a consequence of):		Interval between Onset & Death unknown	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:			
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Sandra Broeren, MD 1035 11th Ave Longview WA 98632			50. Hour of Death (24hrs) 0250		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) 3-19-14		
53. Title of Certifier Physician		54. License Number MD60275108		55. ME/Coroner File Number	
57. Registrar Signature <i>[Signature]</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
58. Date Received (MM/DD/YYYY) MAR 21 2014				59. Amendments	

Part 1 completed by Funeral Director

Part 2 completed by Certifier