

APN# 1319-30-645-003

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

DOUGLAS COUNTY, NV      **2022-984632**  
Rec:\$40.00  
\$40.00      Pgs=3      **05/06/2022 09:57 AM**  
WILSON TITLE SERVICES  
KAREN ELLISON, RECORDER

### **AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY**

The undersigned, **George William Smith**, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **Robin Dayle Barton Smith** having become deceased on **10/09/2009** pursuant to the attached certified copy Certificate of Death, is the same person **Robin Dayle Barton Smith** named as one of the parties in that certain The Ridge Tahoe Property Resort Grant, Bargain, Sale Deed dated **August 15, 1996** By The Ridge Tahoe Property Owners' Association, Inc., a Nevada non-profit corporation, to James E. Moss and Mary Ann Moss, Trustees of the Moss Family trust dated Nov. 23, 2004, as community property with right of survivorship, recorded on **08/26/1996**, as Recorded Document No. **394977** 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 1/48th interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 – 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (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 280, 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 April 26, 1995, as Document No. 360927, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461 and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905. And as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use interest, in the Lot 42 only, for one week each year in accordance with said Declarations.

ICN: 4228030A

Contract # 6746597

Ridge Tahoe - Affidavit Terminating  
Joint Tenancy



3. That the undersigned affiant, Mary Ann Moss, is the surviving spouse of the named decedent.

I, George William Smith, 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.

George William Smith  
Surviving Spouse's Name (Print Name)

\_\_\_\_\_  
Affiant  
Title

DATED this 23rd day of September, 2021

George W. Smith  
Signature

George William Smith  
Print Name of Affiant/Surviving Spouse

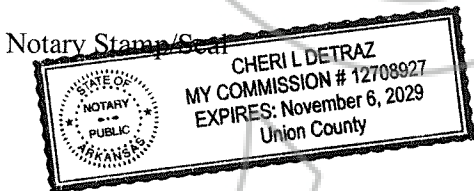
STATE OF Arkansas )  
COUNTY OF Union ) ss

SUBSCRIBED AND SWORN before me this 23rd day of September, 2021,  
by George William Smith.

Cheri L DeTray  
Notary Public Signature

Cheri L DeTray  
Notary Public Print Name

My Commission Expires: 11-6-2029



STATE OF ARKANSAS

OCT 20 2009

ARKANSAS DEPARTMENT OF HEALTH  
Vital Records  
CERTIFICATE OF DEATH

09 021368

TYPE, PRINT OR  
PERMANENT  
BLACK INK  
SEE  
INSTRUCTIONS

1 DECEDENT'S LEGAL NAME (Please Affix First, Middle, Last, Suffix)  
**ROBIN DAYLE SMITH**

2 SEX **FEMALE** 3a DATE OF DEATH (MO/DA/YR) **OCTOBER 9, 2009** 3b TIME OF DEATH (AM/PM) **0015**

4 SOCIAL SECURITY NO. **7200** 5a AGE - Last (Month/Day/Year) **53** 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes **AUGUST 26, 1956** 7 BIRTHPLACE (City and State or Foreign Country) **HOT SPRINGS, ARKANSAS**

8a RESIDENCE STATE OR FOREIGN COUNTRY **ARKANSAS** 8b COUNTY **UNION** 8c CITY OR TOWN **EL DORADO**

8d NUMBER AND STREET **2335 O'NEAR ROAD** 8e APT. NO. 8f ZIP CODE **71730** 8g INS. DE. CITS. LIMITS?  Yes  No

9 EVER IN US ARMED FORCES?  Yes  No 10 MARITAL STATUS AT TIME OF DEATH  Married  Widowed  Never Married  Married but Separated  Divorced  Unknown 11 SURVIVING SPOUSE'S NAME (Please give name prior to first marriage) **GEORGE SMITH**

12a IF DEATH OCCURRED IN A HOSPITAL  Inpatient  Emergency Room  Dead on Arrival  Decedent's Home  Hospice Facility  Nursing Home  Long Term Care Facility  Other (Specify) 12b IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL 12c COUNTY OF DEATH **UNION**

12d FACILITY NAME (Please include name, number & street) **LIFETOUCH'S JOHN R. WILLIAMSON HOSPICE HOUSE** 12e CITY OR TOWN **EL DORADO** 12f ZIP CODE **71730**

13 FATHER'S NAME (First, Middle, Last) **ROBERT WILLIAMSON** 14 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **HELEN WYATT**

15a INFORMANT'S NAME **GEORGE SMITH** 15b RELATIONSHIP TO DECEDENT **SPOUSE** 15c MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) **2335 O'NEAR ROAD, EL DORADO, ARKANSAS 71730**

16a METHOD OF DISPOSITION  Burial  Cremation  Donation  Entombment  Removal from State  Other (Specify) 16b LOCATION - CITY, TOWN, AND STATE **LITTLE ROCK, PULASKI COUNTY, ARKANSAS**

16c PLACE OF DISPOSITION (Name of cemetery, crematory, etc. - see page 1) **ARKANSAS CENTRAL CREMATORY**

17a EMBALMER'S NAME **NONE**  Not Embalmed 17b EMBALMER'S LICENSE # **NA** 17c SIGNATURE (Please Print Name, License #, or Other Agent) *[Signature]*

17d NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY **BALILEY FUNERAL HOME, PO BOX 1757, EL DORADO, ARKANSAS 71730** 17e LICENSE # **8**

18a DATE PRONOUNCED DEAD (MO/DA/YR) **October 9, 2009** 18b TIME PRONOUNCED DEAD **12:15**  AM  PM 18c NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT TYPE) **Audrey Tidball, Hospice RN** 19 WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No

20 PART 1: Enter the immediate cause—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. Enter only the cause of a line.

IMMEDIATE CAUSE (If the disease or condition resulting in death): **Lung Cancer with Brain metastasis** APPROXIMATE INTERVAL (Onset to Death): **months**

20 PART 2: Enter other medical conditions contributing to death, but not resulting in the underlying cause given in PART 1: **Cardiovascular Disease**

21a WAS AN AUTOPSY PERFORMED?  Yes  No 21b WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  Yes  No

22 MANNER OF DEATH  Natural  Accident  Suicide  Homicide  Pending Investigation  Could not be determined

23 DID TOBACCO USE CONTRIBUTE TO DEATH?  Yes  No  Unknown  Possibly 24 IF FEMALE:  Not pregnant within past year  Not pregnant, but pregnant within 42 days of death  Unknown if pregnant within last year  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death

25a DATE OF INJURY (MO/DA/YR) 25b TIME OF INJURY  AM  PM 25c PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 25d INJURY AT WORK?  Yes  No

25e LOCATION OF INJURY (Number, Street, Apartment No., City, State, Zip Code)

25f DESCRIBE HOW INJURY OCCURRED 25g IF TRANSPORTATION INJURY, SPECIFY  Driver/Operator  Passenger  Pedestrian  Other (Specify)

26a CERTIFIER (Check only one):  Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  Pronouncing & 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.  Medical Examiner - 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.  Other - 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.  Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

SIGNATURE **Audrey Tidball** TITLE **RN** DATE **October 9, 2009** (MO/DA/YR)

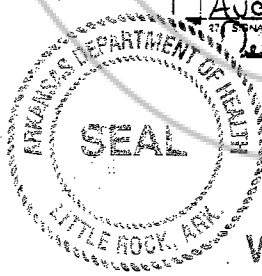
26b NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a (Type Print) **Audrey Tidball, RN, 2301 Champagne Rd, El Dorado, Ar, 71730 A79235** 26c LICENSE #

27 SIGNATURE OF REGISTRAR **Shirley Louise** 27b REGISTRAR ONLY DATE FILED **October 14, 2009**

To Be Completed & Verified by FUNERAL DIRECTOR

NAME OF DECEDENT (To Be Printed in Death Certificate)

To Be Completed & Verified by MEDICAL CERTIFIER



NOV 12 2021

WARNING: A REPRODUCTION OF THIS DOCUMENT PROVIDES NO GUARANTEE AND IS VALID TO NOT ACCEPT UNLESS BY EXCESSIVE SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

Shirley Louise 7572018  
State License  
State Registrar