

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

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

The undersigned, Richard L Mattson, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

That Barbara S. Brawn having become deceased on March 21, 2022 pursuant to the attached Certificate of Death, is the same person BARBARA S BRAWN named as one of the parties in that certain Grant, Bargain, Sale Deed dated 10/07/1989 to Richard L Mattson and Barbara S. Brawn, husband and Wife as Joint Tenants with Right of survivorship, recorded on 10/17/1989, as Recorded Document No. 1989-213089 of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.

1. The real property subject hereof is situated in the Douglas of Clark, State of Nevada, bounded and described as follows:

See attached Exhibit A – Legal Description attached hereto and made a part hereof

2. That the undersigned affiant, Richard L Mattson, is the surviving spouse/tenant of the named decedent.

EXHIBIT "A"
LEGAL DESCRIPTION
Ridge Tahoe (Lot 33)

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 33 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 121 through 140 (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. **123** 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 in the Declaration of Annexation of The Ridge Tahoe Phase III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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: **1319-30-723-003**

As shown with Interval Id # **3312314A**

Contract #: **6744148**

Ridge Tahoe (Lot 33 – Annual)

I, Richard L Mattson, 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 02 day of MAY, 2022.

Richard L. Mattson

Affiant: Richard L Mattson

STATE OF: _____)

Ss

COUNTY OF: _____)

THIS instrument was acknowledged before me this _____ day of _____, 20____, by **Richard L Mattson**, who is personally known to me or has produced _____ as identification.

WITNESS my had and seal at office, on this _____ day of _____, 20____.

Notary Public Signature

Notary Public Printed Name
My Commission Expires: _____

SEE ATTACHED
FOR NOTARY

(SEAL)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

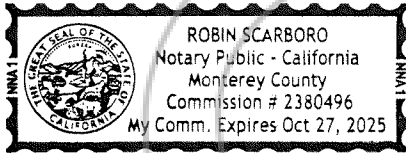
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Monterey)
On May 2nd 2022 before me, Robin Scarboro, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Richard L Mattson
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Quit, Bargain, Sale deed
Document Date: May 2nd 2022 Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

Salinas, California

CERTIFIED COPY OF VITAL RECORDS

3052022075798

CERTIFICATE OF DEATH

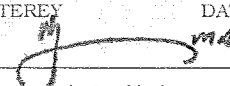
3202227000694

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITEDITS OR ALTERATIONS VS-11 (REV. 06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)			
BARBARA		SEVERA		BRAUN			
AKA: ALSO KNOWN AS—include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy		5. AGE Yrs		6. SEX	
		11/06/1936		85		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDP* (at Time of Death)	
NM		-1252		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION—highest Level/Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		15. DECEASED'S RACE—Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/ccyy	
BACHELOR		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		CAUCASIAN		03/21/2022	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
MANAGER		COMPUTERS		26			
20. DECEDENT'S RESIDENCE (Street and number, or location)							
243 DEL MESA CARMEL							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		25. STATE/FOREIGN COUNTRY	
CARMEL		MONTEREY		93923		CA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
RICHARD L. MATTSON, HUSBAND				243 DEL MESA CARMEL, CARMEL, CA 93923			
28. NAME OF SURVIVING SPOUSE/SDP—FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
RICHARD		LEWIS		MATTSON			
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
MANUEL		-		PINO		UNK	
35. NAME OF MOTHER/PARENT—FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
PRISCILLA		-		SANCHEZ		UNK	
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION					
03/29/2022		RESIDENCE OF RICHARD L. MATTSON 243 DEL MESA CARMEL, CARMEL, CA 93923					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER				43. LICENSE NUMBER	
CREMATE/RESIDENCE		▶ NOT EMBALMED				-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/ccyy	
THE PAUL MORTUARY		FD280		▶ EDWARD L. MORENO, MD		03/29/2022	
107. PLACE OF DEATH		108. COUNTY		109. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
BROOKDALE MANOR		MONTEREY		6385 BROOKDALE DR.		CARMEL	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?				109. BIOPSY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events—disease, injury, or circumstances—that direct, led to, and caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE.				108. DEATH REPORTED TO CORONER? (If YES, include N. AKA)	
A) DEMENTIA		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				109. BIOPSY PERFORMED? (If YES, include N. AKA)	
B) _____		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				110. AUTOPSY PERFORMED? (If YES, include N. AKA)	
C) _____		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				111. USED IN DETERMINING CAUSE? (If YES, include N. AKA)	
D) _____		YES <input type="checkbox"/> NO <input type="checkbox"/>					
E) _____		YES <input type="checkbox"/> NO <input type="checkbox"/>					
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					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/ccyy	
Decedent Attended Since _____ Decedent Last Seen Alive _____		▶ JOHN ANDREW HAUSDORFF, MD		G72868		03/28/2022	
(A) mm/dd/ccyy (B) mm/dd/ccyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
08/15/2021 03/20/2022		5 HARRIS CT BUILDING T 2ND FLOOR, MONTEREY, CA 93940					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)	
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Acc. Ident. <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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	

MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

APR 14 2022
DATE ISSUED

000443472

By:  Local Registrar.

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.
This copy is not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

