

**Return Mailing Address and
Recording Requested By:**
Jinger Jewell
Resort Closings, Inc.
3701 Trakker Trail, Suite 2J
Bozeman, MT 59718
Escrow #70044

AFFIDAVIT OF DEATH – JOINT TENANTS

APN/PIN:

KIM M DAWSON is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 1. JACK L DAWSON AKA JACK LEE DAWSON is the person referenced in the attached certified copy of the Certificate of Death who died on 12/11/2017 in at Clark County, NV.**
- 2. JACK L DAWSON AKA JACK LEE DAWSON is the same person who was named as a Grantee in that certain Grant Bargain, Sale Deed dated 4/7/1989 and executed by HARLESK MANAGEMENT INC. TO JACK L DAWSON AND KIM M DAWSON , as Joint Tenants, recorded 4/21/1989 as Instrument Number 200653, Book 489, Page 2737-2738, of Official Records of Douglas County, NV, legally described as follows:**

**SEE ATTACHED HERETO AS "EXHIBIT "A" AND "EXHIBIT B"
AND INCORPORATED HEREIN BY THIS REFERENCE**

Date: 10/22/2022

AFFIANT(S):

Kim M. Dawson
KIM M DAWSON

Signed, Sealed and Delivered in the Presence Of:

STATE OF: Nevada
COUNTY OF: Clark

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 22 DAY OF October 20 22 BY KIM M DAWSON PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME.

I certify under PENALTY OF PERJURY under the laws of the state of Nevada that the forgoing paragraph is true and correct.

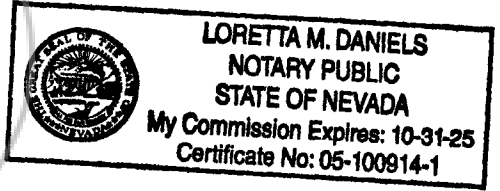
WITNESS my hand and official seal:

Press Notarial Seal/Stamp Here

Signature: Loretta M Daniels

A Notary Public in and for said State

My Commission Expires: October 31, 2025



LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County Douglas, State of Nevada, described as follows:

A timeshare estate comprised of:

PARCEL 1:

An undivided 1/51st interest in and to that certain condominium estate described as follows:

(a) An undivided 1/8th interest as tenants in common, in and to the Common Area of Lot 3 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada.

(b) Unit No. A2 as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2:

A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Areas as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary line adjustment map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3:

An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above, during one "use week" within the "Prime use season" as that term is defined in the First Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No. 134786, Official Records, Douglas County, State of Nevada (the "C,C & R's"). The above-described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "use week" in the above referenced "use season" as more fully set forth in the C,C & R's.

A Portion of APN 42-230-10

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 3992789

2017023211
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

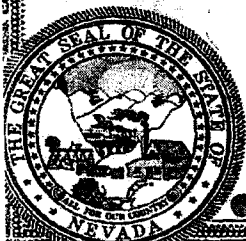
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jack Lee DAWSON		2. DATE OF DEATH (Mo/Day/Year) December 11, 2017		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or location)(Specify) 2500 North Tenaya Way Hospice Facility (HFS)		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 73	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) November 01, 1944		9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kim DIXON	
13. SOCIAL SECURITY NUMBER 4099		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Msgt		14b. KIND OF BUSINESS OR INDUSTRY U.s. Air Force	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION North Las Vegas	15d. STREET AND NUMBER 3508 Herring Gull Lane	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jack Marion DAWSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) June Elizabeth DEMOSS		
18a. INFORMANT - NAME (Type or Print) Kim DAWSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3508 Herring Gull Lane North Las Vegas, Nevada 89084			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL TOTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD858	20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Northwest 6701 N. Jones Blvd. Las Vegas NV 89131		
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROWENA E ACHIN MD SIGNATURE AUTHENTICATED			22a. 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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) December 12, 2017		21c. HOUR OF DEATH 00:23		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Rowena E Achin MD 7391 W Charleston Blvd Las Vegas, NV 89117			
23b. LICENSE NUMBER 13768		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Acute On Chronic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c) Severe Bilateral Pulmonary Fibrosis DUE TO, OR AS A CONSEQUENCE OF: (d) Chronic Obstructive Pulmonary Disease					Interval between onset and death Hours Interval between onset and death Hours Interval between onset and death Years Interval between onset and death Years
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE

LOCAL REGISTRAR

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA. This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



495876

DATE ISSUED: **DEC 18 2017**

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-799-1010 • Fax ID # 88-0151573

Registrar of Vital Statistics

By: *Mary Wilson*

