

APN: ~~42-010-40~~ 1319-30-645-003

When recorded return to:
ANDREA K. PRESSLER, ESQ.
JOHNSON LAW PRACTICE
611 Sierra Rose Drive, Ste. A
Reno, NV 89511

Affiant's Address/Mail Tax Statements To:
HOWARD A. HUNTEN
2422 Greenwich Court
Rocklin CA 95765

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person pursuant to NRS 440.350

AFFIDAVIT OF DEATH OF JOINT TENANT

HOWARD A. HUNTEN does hereby subscribe and swear under penalty of perjury that the following is true and correct:

1. That on July 23, 1997, HARICH TAHOE DEVELOPMENTS, a Nevada general partnership ("Grantor"), executed a Grant, Bargain, Sale Deed in favor of HOWARD A. HUNTEN and BARBARA J. HUNTEN, husband and wife as joint tenants with right of survivorship ("Grantees"), granting to the Grantees the real property known as Assessor's Parcel No. 42-010-40 and legally described as:

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths 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 said map; and (B) Unit No. 292 as shown and defined on said map; together described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for the Ridge Tahoe record February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated 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 of 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 said interest, in Lot 42 only, for one week every other year in EVEN-numbered years in accordance with said Declarations.

Together with a 13 - foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 4319'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 5220'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;

thence S. 1400'00" W., along said Northerly line, 14.19 feet;

thence N. 5220'29" W., 30.59 feet;

thence N. 3733'12" E., 13.00 feet to the POINT OF BEGINNING.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issues and profits thereof;

SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases, if any; rights of way, agreements and the Fourth Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions dated January 30, 1984 and recorded February 14, 1984, as Document No. 96758, Book 284, Page 5202, Official Records of Douglas County, Nevada, as amended from time to time, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein,

2. That said Grant, Bargain, and Sale Deed was recorded on July 31, 1997 in the Official Records of the Douglas County Recorder under Document No. 418384.

3. That BARBARA J. HUNTEN died on August 31, 2018, in Placer County, California, and is the identical person named in the certified copy of the death certificate attached hereto and incorporated herein by this reference.

4. That affiant is the spouse of the decedent and the surviving joint tenant.

DATED on October 19, 2022.

Howard A. Hunt
HOWARD A. HUNTEN

ACKNOWLEDGEMENT

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 Placer) : ss.

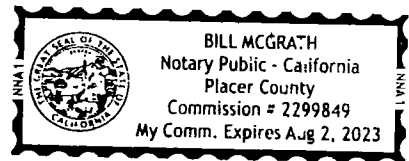
On October 19, 2022, 2022, before me, Bill McGrath, a notary public, personally appeared, Howard Hunt, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.

Bill McGrath
NOTARY PUBLIC

(Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH

3201831002781

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) BARBARA		2. MIDDLE JEAN		3. LAST (family) HUNTEN	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/20/1946		5. AGE Yrs. Mths. Ds. 72	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 08/31/2018		8. HOUR (24 Hour) 0817	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER [REDACTED] 1760		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS/SRDP* (At Time of Death) MARRIED		13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) EDUCATION	
19. YEARS IN OCCUPATION 40		20. DECEDENT'S RESIDENCE (Street and number, or location) 2422 GREENWICH COURT			
21. CITY ROCKLIN		22. COUNTY/PROVINCE PLACER		23. ZIP CODE 95765	
24. YEARS IN COUNTY 39		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP HOWARD HUNTEN, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2422 GREENWICH COURT, ROCKLIN, CA 95765			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST HOWARD		29. MIDDLE ALAN		30. LAST (BIRTH NAME) HUNTEN	
31. NAME OF FATHER/PARENT - FIRST JAMES		32. MIDDLE DAVIDSON		33. LAST WALKER	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST PANSY		36. MIDDLE ANN	
37. LAST (BIRTH NAME) QUANDT		38. BIRTH STATE MN		39. DISPOSITION DATE mm/dd/yyyy 09/10/2018	
40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF KAUAI, HI		41. TYPE OF DISPOSITION(S) CR/TR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1909	
46. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD		47. DATE mm/dd/yyyy 09/10/2018		101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL - ROSEVILLE	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> CRIP <input type="checkbox"/> DOA <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY PLACER	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1600 EUREKA ROAD		106. CITY ROSEVILLE		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final effect of condition resulting in death) A ACUTE RESPIRATORY FAILURE B ACUTE ISCHEMIC STROKE C D E F G H I J K L M N O P Q R S T U V W X Y Z 108. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PSEUDOMONAS BACTEREMIA, SEVERE PROTEIN CALORIE MALNUTRITION, APLASTIC ANEMIA		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. FEMALE: PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES SURVEILLED. Decedent Attended Since: Decedent Last Seen At: 08/23/2018 08/31/2018		115. SIGNATURE AND TITLE OF CERTIFIER ROBERT BRUCE JOBE M.D.		116. LICENSE NUMBER: 117. DATE mm/dd/yyyy G69000 09/05/2018	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NELSON NYINYI TUN M.D. 1600 EUREKA ROAD, ROSEVILLE, CA 95664		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)		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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

09 / 12 / 2018



ROBERT L. OLDHAM, MD
HEALTH OFFICER AND LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

