

APN: 1319-30-712-001 (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: 1600133A

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Michael T. Milet of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Marie Euphemia Milet having become deceased on February 23, 2014 at Contra Costa County, California, pursuant to the attached certified copy Certificate of Death, is the same person as Marie E. Milet named as one of the parties in that certain **The Ridge Pointe Grant, Bargain, Sale Deed** dated July 16, 1998 by Ridge Pointe Limited Partnership, a Nevada Limited partnership to Michael T. Milet and Marie E. Milet, husband and wife as joint tenants with right of survivorship, recorded on July 21, 1998, as Recorded Document No. 1998-444859, 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.

3. That the undersigned affiant, Michael T. Milet, is the surviving joint tenant of the named decedent.

Contract # 6752499


Affidavit Terminating JT – Ridge Pointe

I, Michael T. Milet, 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.

Michael T. Milet
Surviving Joint Tenant (Print Name)

Affiant
Title

DATED this 17th day of June, 2023,


Signature of Surviving Joint Tenant
Michael T. Milet

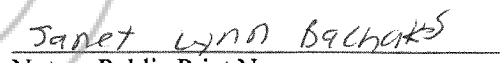
STATE OF: Nevada

COUNTY OF: Douglas

SUBSCRIBED AND SWORN before me this 17th day of June, 2023,

by Michael T. Milet.


Notary Public Signature


Notary Public Print Name

My Commission Expires: 06-25-2026

Notary Stamp/Seal

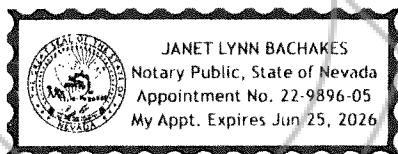


EXHIBIT "A"
LEGAL DESCRIPTION
Ridge Pointe (Lot 160)

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 Declaration of Timeshare Covenants, Conditions and restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as may be amended, supplemented, and amended and restated from time to time (the "Declaration"), which timeshare estate comprised of an undivided interest 1/51st in and to that certain real property and improvements as follows:

One (1) 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:

An undivided 1/1326th interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458, in Book 996, at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31°11'12" East, 81.16 feet; thence South 58°48'39" West, 57.52 feet; thence North 31°11'12" West, 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet, the chord of said curve bears North 60°39'00" East, 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 0463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 0463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each year in accordance with said Declaration.

As shown with Interval Id # 1600133A

A Portion of APN: 1319-30-712-001

Contract No.: 6752499

Ridge Pointe (Annual)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052014037397

CERTIFICATE OF DEATH

3201407001174

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) MARIA		2 MIDDLE EUPHEMIA	
3 LAST (Family) MILET			
AKA ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST) MARIE EUPHEMIA MILET		4 DATE OF BIRTH mm/dd/yyyy 05/25/1942	
5 AGE Yrs 71		6 SEX F	
9 BIRTH STATE/FOREIGN COUNTRY CO		10 SOCIAL SECURITY NUMBER -1299	
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SDOP (at Time of Death) MARRIED	
13 EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes see worksheet on back) <input checked="" type="checkbox"/> YES SPANISH <input type="checkbox"/> NO	
16 DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7 DATE OF DEATH mm/dd/yyyy 02/23/2014	
17 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED SOCIAL WORKER		8 HOUR (24 Hours) 0455	
18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store road construction employment agency etc.) COUNTY GOVERNMENT		19 YEARS IN OCCUPATION 9	
20 DECEDENT'S RESIDENCE (Street and number or location) 1255 LANCASTIRE DRIVE			
21 CITY CONCORD		22 COUNTY/PROVINCE CONTRA COSTA	
23 ZIP CODE 94518		24 YEARS IN COUNTY 39	
25 STATE/FOREIGN COUNTRY CA			
26 INFORMANT'S NAME RELATIONSHIP MICHAEL MILET, SPOUSE		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number city or town state and zip) 1255 LANCASTIRE DRIVE, CONCORD, CA 94518	
28 NAME OF SURVIVING SPOUSE/SDOP - FIRST MICHAEL		29 MIDDLE TIMOTHY	
30 LAST (BIRTH NAME) MILET			
31 NAME OF FATHER/PARENT - FIRST LORENZO		32 MIDDLE JUSTIANO	
33 LAST MEDINA		34 BIRTH STATE CO	
35 NAME OF MOTHER/PARENT - FIRST FERNANDA		36 MIDDLE -	
37 LAST (BIRTH NAME) LUCERO		38 BIRTH STATE CO	
39 DISPOSITION DATE mm/dd/yyyy 03/05/2014		40 PLACE OF FINAL DISPOSITION HOLY SEPULCHRE CEMETERY 26320 MISSION BLVD, HAYWARD, CA 94544	
41 TYPE OF DISPOSITION(S) BU		42 SIGNATURE OF EMBALMER CANDICE BROOKE	
43 LICENSE NUMBER EMB9200			
44 NAME OF FUNERAL ESTABLISHMENT HOLY ANGELS FUNERAL AND CREMATION CENTER		45 LICENSE NUMBER FD1456	
46 SIGNATURE OF LOCAL REGISTRAR WENDEL BRUNNER, MD		47 DATE mm/dd/yyyy 02/26/2014	
101 PLACE OF DEATH JOHN MUIR MEDICAL CENTER		102 IF HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DCA	
103 IF OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other			
104 COUNTY CONTRA COSTA		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1601 YGNACIO VALLEY ROAD	
106 CITY WALNUT CREEK			
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 ventricular fibrillation without showing the etiology DO NOT ABBREVIATE ACUTE RESPIRATORY FAILURE		Time Interval Between Death and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 3 DYS	
108 DEATH REPORTED TO CORONER? FURNAL NUMBER <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) NONE			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes list type of operation and date) NO		113A IF 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 STATED Decedent Attended Since: mm/dd/yyyy (A) 02/10/2014 Decedent Last Seen At: mm/dd/yyyy (B) 02/23/2014		115 SIGNATURE AND TITLE OF CERTIFIER RAMI GEORGE FASHEH M D	
116 LICENSE NUMBER A115812		117 DATE mm/dd/yyyy 02/25/2014	
118 TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE RAMI GEORGE FASHEH M D 1601 YGNACIO VALLEY ROAD, WALNUT CREEK, CA 94598			
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"/> Investigation <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121 PLACE OF INJURY (e.g. home construction site wooded area etc.)		122 INJURY DATE mm/dd/yyyy	
123 HOUR (24 Hours)		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		FAX AUTH #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA



This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Contra Costa County Recorder.

ATTEST _____
DATE ISSUED **06/27/2023**

Kristin B. Connelly
KRISTIN B. CONNELLY
COUNTY CLERK

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CACONTRAD2

