

APN: 1319-30-644-052 (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: 3714436C

## AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Cathy A. Reiter, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Wendy J. Callander having become deceased on September 13, 2009 at Clackamas County, Oregon, pursuant to the attached certified copy Certificate of Death, is the same person as Wendy J. Callander, MD named as one of the parties in that certain **Grant, Bargain, and Sale Deed** dated September 10, 2003 by Michael E. Farmer and Susan D. Farmer, husband and wife to Cathy A. Reiter, a single woman and Wendy J. Callander, MD, a single woman together as joint tenants with right of survivorship, recorded on October 3, 2003, as Recorded Document No. 2003-592349, 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 County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

2. That the undersigned affiant, Cathy A. Reiter is the surviving joint tenant of the named decedent.

Contract # 6739742

Affidavit Terminating Joint Tenancy –  
Ridge Tahoe

I, CATHY A. REITER, 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 04<sup>th</sup> day of January, 2023.

*Cathy Reiter*  
Affiant: CATHY A. REITER

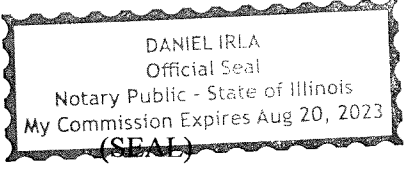
STATE OF: IL)  
COUNTY OF: COOK) Ss

THIS instrument was acknowledged before me this 4<sup>th</sup> day of JANUARY, 2023, by CATHY A. REITER, who is personally known to me or has produced A IL DRIVERS LICENSE as identification.

WITNESS my had and seal at office, on this 4<sup>th</sup> day of JANUARY, 2023

*Daniel Irla*  
Notary Public Signature

DANIEL IRLA  
Notary Public Printed Name  
My Commission Expires: AUG 20, 2023



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**  
**Ridge Tahoe (Lot 37)**

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 1/102nd interest as tenants in common, with each interest having a 1/102nd interest in and to that certain real property and improvements as follows:

- (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and
- (B) Unit No. **144** as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week every other year in **Even** numbered years in the **Prime** "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-052

As shown with Interval Id # 3714436C

Contract No: 6739742

*Ridge Tahoe (Lot 37 - Bi-Annual)*

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK.

### OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

557684  
I.D. TAG NO.

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

1. Legal Name (Include AKAs, if any) First: Wendy Middle: J. Last: Callander Suffix:				2. Death Date (MON DD YYYY) September 13, 2009	
3. Sex (MF) F	4a. Age - Last Birthday 52	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number [REDACTED]-9549	6. County of Death Clackamas
7. Birthdate (MON DD YYYY) May 20, 1957		8a. Birthplace (City/Town, or County) Seattle		8b. (State or Foreign Country) Washington	
9. Decedent's Education Doctorate			10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No		
11. Decedent's Race(s) White			12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 30721 S. W. Peach Cove Road			14. City/Town West Linn		
15. Residence County Clackamas		16. State or Foreign Country Oregon		17. Zip Code + 4 97068	
18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			19. Marital Status at Time of Death Never married		
20. Spouse's Name (If married or widowed, give name prior to first marriage.)			21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Medical Director		
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Medical Doctor			23. Father's Name (First, Middle, Last, Suffix) Douglas M. Callander		
24. Mother's Name Prior to First Marriage (First, Middle, Last) Barbara E. Lynch			25. Informant's Name Cathy Reiter		
26. Telephone Number (503)722-1578		27. Relation to Decedent Domestic Partner		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 30721 SW Peach Cove Rd, West Linn OR 97068	
29. Place of Death Decedent's Residence			30. Facility Name		
31. Location of Death (give address.) 30721 SW Peach Cove Road			32. City/Town or Location of Death West Linn		33. State OR
34. Zip Code + 4 97068		35. Method of Disposition Cremation			
36. Place of Disposition (Name of cemetery, crematory, or other place) Omega Crematory		37. Location Portland, Oregon			
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Omega Funeral and Cremation Service 225 SE 122nd Avenue, Portland, Oregon 97233					
39. Date of Disposition (MON DD YYYY)		40. Funeral Director's Signature <i>[Signature]</i>		41. OR License Number CO 3492	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (MON DD YYYY) SEP 21 2009		44. Local File Number 001547	
45. Record Amendment					

46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
49. Time of Death 0025		CAUSE OF DEATH (See instructions and examples.)			
50. Enter the chain of events - 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.					Approximate Interval: Onset to Death
Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).					3 yrs
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MON DD YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)					
60. Describe how injury occurred.				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Myrna Casono, MD 8375 S.W. Beaverton-Hillsdale Hwy #A Portland OR 97225					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier M. D.		65. License Number 13598		66. Date Signed (MON DD YYYY) 9/16/09	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>			68. 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.		

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR  
**ORIGINAL - VITAL RECORDS COPY**

*[Signature]*  
45-2 (06/06)  
MARTHA FRANCO  
COUNTY REGISTRAR  
CLACKAMAS COUNTY, OREGON

DATE ISSUED: **SEP 21 2009**

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

