

**Recording Requested By and
After Recording Mail To:**

Timely Acquisitions LLC
18005 Saddlehorn Lane
Mansfield, TX 76063

Account No.: **37-056-43-01**
42-299-36-01

AFFIDAVIT
DEATH OF SPOUSE/JOINT TENANT
TITLE OF DOCUMENT

Anthony R. Podue, of legal age, being first duly sworn, deposes and says:

1. The facts and matters contained and recited herein are based upon personal knowledge of the Affiant.
2. Affiant is of legal age to testify to the following matters and perform any and all duties required under this Affidavit.
3. Affiant is the owner of the following described property:

SEE EXHIBITS "A" and "B" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

4. That **Margaret E. Podue**, the decedent mentioned in the attached certified Certificate of Death whose date of death is April 28, 2020, is the same person as **Margaret E. Podue** named as spouse and joint tenant in those certain conveyance documents recorded November 19, 1990 and November 24, 1997, and executed by Harich Tahoe Developments to **Anthony R. Podue and Margaret E. Podue, husband and wife, as joint tenants with rights of survivorship**, recorded as Instrument No.(s) 1990-239304 and 1997-426988, in the office of the Douglas County Recorder, Douglas County, Nevada, conveying the real property commonly known as The Ridge Tahoe, and more particularly described in Exhibits "A" and "B" attached.
5. That **Anthony R. Podue and Margaret E. Podue** were continuously married from prior to the purchase of the described property until April 28, 2020, the date of death of **Margaret E. Podue, deceased**.
6. Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Nevada for falsely swearing to statements in an instrument of this nature. Affiant has read the foregoing Affidavit and fully understands the facts contained herein.

Under penalties of perjury, I declare that I have read this Affidavit and that the facts are true.

Executed this 29 day of July, 2022.

[Handwritten signature of Anthony R. Podue]

Anthony R. Podue

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 LOS ANGELES,

ss

Subscribed and sworn to (or affirmed) before me on this 20th day of July, 2022, by **Anthony R. Podue**, 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 by 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 and County above mentioned, that the foregoing paragraph is true and correct.

Witness my hand and official seal.

[Handwritten signature of Notary Public]

Notary Public
[Handwritten signature]
Title and Rank
My Commission Expires: 06.01.2026



Note to Notary: Please keep seal out of the margins on all sides and do not place it over print of the document. **ONLY BLACK, NO BLUE INK MAY BE USED FOR SIGNATURES OR STAMPS.**

EXHIBIT "A"
LEGAL DESCRIPTION

A Timeshare Estate comprised of:

Parcel One:

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

- (A) An undivided 1/106th interest in and to **Lot 37** of **Tahoe Village Unit No. 3 - 10th** Amended Map recorded September 21, 1990, as Document No. 235008, Official Records of Douglas County, State of Nevada. Excepting therefrom Units **039** through **080**, inclusive, and Units **141** through **204**, inclusive, as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, Nevada.
- (B) Unit No. **056** as shown and defined on said last Condominium Plan.

Parcel Two:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East; and
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

Parcel Three:

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, recorded September 21, 1990, as Document No. 235008, of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East, M.D.B. &M for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modifications thereof recorded September 28, 1973, as Document No. 69063 in Book 973, Page 812 of Official Records; and recorded July 2, 1976, as Document No. 1472 in Book 776, Page 87 of Official Records; and recorded July 26, 1989, as Document No. 207446 in Book 789, Page 3011 of Official Records

Parcel Four:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 30, 35, 39, 40 and 41 as shown on Tahoe Village Unit No. 3 - 10th Amended Map, recorded September 21, 1990, as Document No. 235008 of Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East M.D.B.&M. for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14 1984, as Document No. 96758 and as amended from time to time of Official Records of Douglas County, State of Nevada.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LONG BEACH, CALIFORNIA

3052020100524

CERTIFICATE OF DEATH

3202062001240

STATE FILE NUMBER 3052020100524		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 5/99)		LOCAL REGISTRATION NUMBER 3202062001240	
1. NAME OF DECEDENT—FIRST (Given) MARGARET		2. MIDDLE ELIZABETH		3. LAST (Family) PODUE	
4. DATE OF BIRTH mm/dd/yyyy 11/19/1933		5. AGE Yrs. 86		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER 7743		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (C/P) (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 04/28/2020		8. HOUR (24 Hours) 1800	
13. EDUCATION—Highest Level/Degree (see worksheet on back) HS GRADUATE		14. 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) WHITE	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1367 W. 21ST STREET					
21. CITY SAN PEDRO		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90732	
24. YEARS IN COUNTY 47		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ANTHONY PODUE, HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1367 W. 21ST STREET, SAN PEDRO, CA 90732		
28. NAME OF SURVIVING SPOUSE/SICP—FIRST ANTHONY		29. MIDDLE ROBERT		30. LAST (BIRTH NAME) PODUE	
31. NAME OF FATHER/PARENT—FIRST JOHN		32. MIDDLE JOSEPH		34. BIRTH STATE PA	
35. NAME OF MOTHER/PARENT—FIRST MARY		36. MIDDLE MARGARET		38. BIRTH STATE PA	
39. DISPOSITION DATE mm/dd/yyyy 05/19/2020		40. PLACE OF FINAL DISPOSITION GREEN HILLS MEMORIAL PARK 27501 S. WESTERN AVENUE, RANCHO PALOS VERDES, CA 90275			
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF EMBALMER SUSAN LOOMIS		43. LICENSE NUMBER EMB8779	
44. NAME OF FUNERAL ESTABLISHMENT MC NERNEYS MORTUARY		45. LICENSE NUMBER FD418		46. SIGNATURE OF LOCAL REGISTRAR ANISSA DAVIS, MD, MPH	
47. DATE mm/dd/yyyy 05/11/2020					
101. PLACE OF DEATH LONG BEACH MEMORIAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ENDP <input type="checkbox"/> DGA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2801 ATLANTIC AVE		106. CITY LONG BEACH	
107. CAUSE OF DEATH Enter the chain of events—disease, injury, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular thrombosis without showing the etiology. DO NOT ABBREVIATE. COVID-19 NOT DETECTED, SPINAL STENOSIS, ANEMIA, CONGESTIVE HEART FAILURE, MYELODYSPLASTIC SYNDROME		108. DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <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 COVID-19 NOT DETECTED, SPINAL STENOSIS, ANEMIA, CONGESTIVE HEART FAILURE, MYELODYSPLASTIC SYNDROME					
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. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER RASAM MOHAZAB HOSSEINIAN M.D.		116. LICENSE NUMBER C54175	
117. DATE mm/dd/yyyy 04/25/2020		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RASAM MOHAZAB HOSSEINIAN M.D. 2801 ATLANTIC AVE, LONG BEACH, CA 90806		119. DATE mm/dd/yyyy 05/03/2020	
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"/> 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 Hours)					
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 RECORD
STATE OF CALIFORNIA, CITY OF LONG BEACH

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Long Beach Department of Health and Human Services.

DATE ISSUED

JUN 05 2020



000721095

Anissa Davis, MD, MPH
HEALTH OFFICER

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



CALONGBEACH