

A ptn of 1319-15-000-015
Escrow No. 20234108

Recording Requested By:
Vacation Ownership Title Agency

Mail Tax Statement to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

When Recorded Mail to:
Irene E. Ingham
1130 Gridley Ave.
Gridley, CA 95948

AFFIDAVIT – DEATH OF JOINT TENANT
(Title of Document)

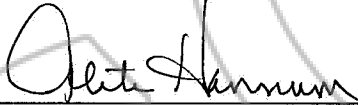
----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death of Joint Tenant – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Aleta Hannum

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

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.

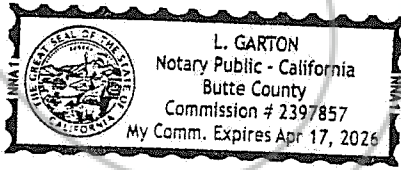
State of California
County of Butte

Subscribed and sworn to (or affirmed) before me on this 27th
day of June, 2023, by _____
Irene E. Ingham

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

(Seal)

Signature 



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF BUTTE

202 MIRA LOMA DRIVE
OROVILLE, CALIFORNIA 95965

3052019158708

CERTIFICATE OF DEATH

3201904001291

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-16 (REV 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MAX		2. MIDDLE KANE		3. LAST (Family) INGHAM			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 09/24/1938		5. AGE Yrs. 80	6. SEX M
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 8962	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/GRDP* (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 07/31/2019	8. HOUR (24 Hours) 1000	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		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 5 races may be listed (see worksheet on back) WHITE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ELECTRICIAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRICAL	19. YEARS IN OCCUPATION 60
20. DECEDENT'S RESIDENCE (Street and number, or location) 8617 COOLWOODS WAY							
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95828	24. YEARS IN COUNTY 39	25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP IRENE INGHAM, WIFE				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 8617 COOLWOODS WAY, SACRAMENTO, CA 95828			
28. NAME OF SURVIVING SPOUSE/GRDP - FIRST IRENE		29. MIDDLE ELIZABETH		30. LAST (BIRTH NAME) BRAZIL			
31. NAME OF FATHER/PARENT - FIRST WALTER		32. MIDDLE -		33. LAST INGHAM		34. BIRTH STATE CALIFORNIA	
35. NAME OF MOTHER/PARENT - FIRST EVELYN		36. MIDDLE -		37. LAST (BIRTH NAME) KANE		38. BIRTH STATE CA	
39. DISPOSITION DATE: mm/dd/yyyy 08/31/2019		40. PLACE OF FINAL DISPOSITION GRIDLEY-BIGGS CEMETERY 2023 HIGHWAY 99, GRIDLEY, CA 95948					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT HERBERGER FAMILY ELK GROVE FUNERAL CHAPEL		45. LICENSE NUMBER FD1677	46. SIGNATURE OF LOCAL REGISTRAR ANDREW MILLER, MD			47. DATE: mm/dd/yyyy 08/06/2019	
101. PLACE OF DEATH DAUGHTERS RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other				
104. COUNTY BUTTE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1130 GRIDLEY AVE				106. CITY GRIDLEY	
107. CAUSE OF DEATH Enter the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) NONTRAUMATIC SUBDURAL HEMORRHAGE		Time Interval Between Onset and Death WKS	108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 1908050053				
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
(C)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
(D)		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 THORACIC VERTEBRAL FRACTURE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) 06/29/2019 BURR HOLE HEMATOMA EVACUATION, LEFT						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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: Decedent Last Seen Alive: (A) 05/30/2019 (B) 07/28/2019		115. SIGNATURE AND TITLE OF CERTIFIER MALRUBIO CABRERA II M.D.		116. LICENSE NUMBER A74118	117. DATE: mm/dd/yyyy 08/06/2019		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MALRUBIO CABRERA II M.D. 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823							
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 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.#
							GENSUS TRACT
							"010001004277523"

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF BUTTE

This is to certify that the attached is a true and correct copy of the vital record which is on file in this office of which I am legal custodian.

DATE ISSUED

AUG 07 2019

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



000285708

A. Miller
ANDREW MILLER, M.D.
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 'A'
LEGAL DESCRIPTION
FOR
DAVID WALLEY'S HOT SPRINGS RESORT & SPA

The land referred to herein is situated in the

State of Nevada

County of Douglas

and is described as follows:

An **undivided** fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the recorder in and for Douglas County, Nevada in Book 0801, Page 6980, as amended:

Unit Type: 2BD Phase: 2 (Bodie) Inventory Control No. : 36022048290

Alternate Year Time Share: Annual First Year Use: 2015

If acquiring a Time Share Interest in the **Phase II**, BUYER will receive fee title to a **1/1989th undivided interest** (if annually occurring) or a **1/3978th undivided interest** (if biennially occurring) in said Phase.