

APN: 1319-30-644-086 (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: 3717602A

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Gail Shinn of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That William David Shinn having become deceased on October 16, 2015, at County of Contra Costa, California, pursuant to the attached certified copy Certificate of Death, is the same person as William D. Shinn named as one of the parties in that certain **Joint Tenancy Deed** dated June 3, 1996 by Jesusita S. Commander, an unmarried woman to William D. Shinn and Gail Shinn, husband and wife, as joint tenants with right os survivorship, and not as tenants in common, recorded on June 27, 1996, as Recorded Document No. 1996-390921, 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, Gail Shinn, is the surviving joint tenant of the named decedent.

Contract # 6746970

Affidavit Terminating JT - Ridges

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 1/51st interest as tenants in common, with each interest having a 1/51st interest in and to that certain real property and improvements as follows:

- (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. **176**, 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 each year in the **Prime** “Season” as defined in and in accordance with said Declarations.

A Portion of APN: **1319-30-644-086**

As shown with Interval Id # **3717602A**

Contract No: **6746970**

Ridge Tahoe (Lot 37 – Annual)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
 MARTINEZ, CALIFORNIA

3052015204545 **CERTIFICATE OF DEATH** 3201507006204

STATE FILE NUMBER 3052015204545		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITE OUTS OR ALTERATIONS) SS-11667-2006		LOCAL REGISTRATION NUMBER 3201507006204	
1 NAME OF DECEDENT - FIRST (Given) WILLIAM		2 MIDDLE DAVID		3 LAST (Family) SHINN	
4 DATE OF BIRTH mm/dd/yyyy 10/06/1941		5 AGE Yrs 74		6 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY MN		10 SOCIAL SECURITY NUMBER 0365		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS/SPOF (at time of death) MARRIED		7 DATE OF DEATH mm/dd/yyyy 10/16/2015		8 HOUR (24 hours) 2123	
13 EDUCATION - Highest Level/Degree (per work sheet on back) MASTER'S		14 WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (If yes, see work sheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15 DECEDENT'S RACE - Up to 3 races may be listed (see work sheet on back) WHITE	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COMMANDER		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW ENFORCEMENT		19 YEARS IN OCCUPATION 29	
20 DECEDENT'S RESIDENCE (Street and number, or location) 1532 MAYNARD STREET					
21 CITY CONCORD		22 COUNTY/PROVINCE CONTRA COSTA		23 ZIP CODE 94519	
24 YEARS IN COUNTY 58		25 STATE/FOREIGN COUNTRY CA			
26 INFORMANT'S NAME, RELATIONSHIP GAIL M. SHINN, SPOUSE			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1532 MAYNARD STREET, CONCORD, CA 94519		
28 NAME OF SURVIVING SPOUSE/SPOF - FIRST GAIL		29 MIDDLE MARNELL		30 LAST (BIRTH NAME) LEWIS	
31 NAME OF FATHER/PARENT - FIRST STEVEN		32 MIDDLE CLAYTON		33 LAST SHINN	
34 BIRTH STATE IA		35 NAME OF MOTHER/PARENT - FIRST LURA		36 MIDDLE IVAJEAN	
37 LAST (BIRTH NAME) HUCKINS		38 BIRTH STATE IA			
39 DISPOSITION DATE mm/dd/yyyy 10/23/2015		40 PLACE OF FINAL DISPOSITION RESIDENCE: GAIL M. SHINN 1532 MAYNARD STREET, CONCORD, CA 94519			
41 TYPE OF DISPOSITION(S) CR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA		45 LICENSE NUMBER FD1354		46 SIGNATURE OF LOCAL REGISTRAR WILLIAM WALKER M.D.	
47 DATE mm/dd/yyyy 10/23/2015					
101 PLACE OF DEATH RESIDENCE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> GHOP <input type="checkbox"/> DUA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" 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) 1532 MAYNARD STREET		106 CITY CONCORD	
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 disconnection without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) CEREBROVASCULAR ACCIDENT		108 TIME INTERVAL BETWEEN Cause and Death MINS		109 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110 UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST HYPERTENSION		111 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107 PARKINSON'S DISEASE		114 YEARS YEARS		115 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
116 HYPERTENSIVE HEART DISEASE		117 YEARS YEARS		118 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
119 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107 PARKINSON'S DISEASE		119 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		120 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attendee (Date) 09/11/2007 Deceased: Last Seen Alive 06/16/2015		122 SIGNATURE AND TITLE OF CERTIFIER FRANCIS A. NEPACENA M.D.		123 LICENSE NUMBER, 124 DATE mm/dd/yyyy A87792 10/21/2015	
125 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE FRANCIS A. NEPACENA M.D.		126 TYPE 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		127 INJURY DATE mm/dd/yyyy 128 HOUR (24 hours)	
129 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		129 SIGNATURE OF CORONER/DEPUTY CORONER		130 DATE mm/dd/yyyy 131 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
132 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		133 LOCATION OF INJURY (Street and number, or location, and city, and zip)		134 SIGNATURE OF CORONER/DEPUTY CORONER	
135 SIGNATURE OF CORONER/DEPUTY CORONER		136 DATE mm/dd/yyyy		137 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. CENSUS TRACT	

Effective 06/25/15:

William Walker

WILLIAM WALKER, M.D., Health Officer

END OF DOC

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF CONTRA COSTA } SS

DATE ISSUED 10/28/2015

001132582

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendell Brunner
 CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE