

Recording Requested By:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, FL 32819

After Recording Mail To:
Wilson Title Services, LLC
4045 S. Spencer Street, Suite A62
Las Vegas, NV 89119

Send Subsequent Tax Bills To:
Holiday Inn Club Vacations Incorporated
9271 S. John Young Pkwy.
Orlando, FL 32819

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

The undersigned, ARTHUR S. SPENCER, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That MAY LING SPENCER having become deceased on August 21, 1998 pursuant to the attached Certificate of Death, is the same person as MAY. L SPENCER named as one of the parties in that certain Grant, Bargain, Sale Deed dated 11/12/1990 to Arthur S. Spencer and May L. Spencer, husband and wife as joint tenants with right of survivorship, recorded on 11/26/1990, as Recorded on Book No. 1190, Page 3656 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 Douglas of Clark, State of Nevada, bounded and described as follows:

See attached Exhibit A – Legal Description attached hereto and made a part hereof
3. That the undersigned affiant, ARTHUR S. SPENCER, is the surviving spouse/tenant of the named decedent.

I, **ARTHUR S. SPENCER**, 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 8th day of JANUARY, 2023.

Arthur S. Spencer
Affiant: ~~«Primary ID» «Primary ID»~~
ARTHUR S. SPENCER

STATE OF: California)
COUNTY OF: Sacramento) Ss

THIS instrument was acknowledged before me this 8th day of January, 2023, by **ARTHUR S. SPENCER**, who is personally known to me or has produced _____ as identification.

WITNESS my had and seal at office, on this _____ day of _____, 20____

Notary Public Signature * see attachment

Notary Public Printed Name
My Commission Expires: _____

(SEAL)

Attachment to Affidavit of Death Terminating
Joint Tenancy

ACKNOWLEDGMENT

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 SACRAMENTO)

On JAN. 08, 2023 before me, ADELE M. DIN NOTARY PUBLIC
(insert name and title of the officer)

personally appeared ARTHUR S. SPENCER
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 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 of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



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. **056** 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 **Swing** "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-021

As shown with Interval Id # 3705642C

Contract No: 6740197

Ridge Tahoe (Lot 37 - Bi-Annual)

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

93 009645

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH				
1. May Ling SPENCER		2. August 21, 1998		3a. Carson City					
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX				
3b. Carson City		3c. 917 North Carson Street, Room 216		3e.	4. Female				
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)		
5. Chinese		6.		7a. 40	7b. :	7c. :	8. February 22, 1958		
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
9a. China		9b. U.S.A.		10. 14		11. Married		12. Arthur Stanley Spencer	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY					
13. ██████████-7330		14a. Budget Specialist		14b. Federal Operating Budget					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. California		15b. 05 734 Sacramento		15c. Elk Grove		15d. 5204 Meadowland Way		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last							
16. Tim Wing Tam		17. Ngan Wan Lee							
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a. Arthur S. Spencer		18b. 5204 Meadowland Way, Elk Grove, California 95758							
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State					
19a. Removal/Burial		19b. East Lawn Cemetery		19c. Sacramento, California					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		16 Nevada 89502			
20a. <i>Harvey Simon</i>		20b. 72		20c. Ross, Burke & Knobel, 2155 Kietzke Lane, Reno,					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		21b. HOUR OF DEATH		21c. 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d.			
21a. <i>Eric Cantlin</i>		21b. 0947		21c. 0947		21d.			
22a. 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. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		22b. 8-26-98		22c. 0947		22d. ON August 21, 1998 AT 0947			
22a. <i>Eric Cantlin</i>		22b. 8-26-98		22c. 0947		22d. ON August 21, 1998 AT 0947			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER							
23a. Eric Cantlin, Carson City Coroner, 901 E. Musser St., Carson City		23b. C06							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
24a. (Signature) <i>Catherine Bodnar</i>		24b. Sept. 3-1998		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death			
PART I (a) Intracerebral Hemorrhage						Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death			
(b) Berry Aneurysm						Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death			
(c)						Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		26. Yes 27. Yes			
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
28a.		28b.		28c. M		28d.			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No.		CITY OR TOWN STATE			
28e.		28f.		28g.					

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



STATE REGISTRAR

No. 132014

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva

Date Issued: NOV 12 1998

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT