

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, **Tina Micheu**, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Anthony Tony Micheu III having become deceased on 09-08-2018 pursuant to the attached Certificate of Death, is the same person **Anthony T. Micheu III** named as one of the parties in that certain Grant, Bargain, Sale Deed dated 05/14/2009 to **Anthony T. Micheu III And Tina Micheu, Husband And Wife As Community Property**, recorded on 05/18/2009, as Recorded Document No. 743386 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, **Tina Micheu**, is the surviving spouse/tenant of the named decedent.

I, **Tina Micheu**, 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 10th day of October, 2023.

Tina B Micheu
Affiant: **Tina Micheu**

STATE OF: Louisiana)
COUNTY OF: St Bernard) Ss

THIS instrument was acknowledged before me this 10 day of October, 2023 by **Tina Micheu**, who is personally known to me or has produced State ID as identification.

WITNESS my hand and seal at office, on this 10 day of October, 2023.

[Signature]
Notary Public Signature

Beau Bowman
Notary Public Printed Name
My Commission Expires: Jan 2024

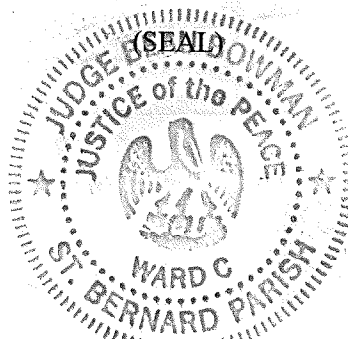


EXHIBIT "A"
LEGAL DESCRIPTION
Ridge Tahoe (Lot 37)

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. **162** 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: **1319-30-644-071**

As shown with Interval Id # **3716228A**

Contract No: **6740611**

Ridge Tahoe (Lot 37 – Annual)

STATE OF LOUISIANA

CERTIFICATION OF VITAL RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2018-030-00691

6501306

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) MICHEU III , ANTHONY TONY		DATE OF BIRTH 11/05/1946	DATE OF DEATH 09/08/2018	TIME OF DEATH 02:47 PM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES		SEX MALE	SOCIAL SECURITY NUMBER 6766	AGE 71 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):				
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 4001 JEAN LAFITTE PKWY. , CHALMETTE, LA 70043 UNITED STATES			WITHIN CITY LIMITS? YES	PARISH/COUNTY ST. BERNARD
PERSONAL	EVER IN U.S. ARMED FORCES? NO		OCCUPATION ENTREPRENEUR	INDUSTRY OF OCCUPATION REAL ESTATE	
	MARITAL STATUS MARRIED			NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX) BRADBURY, TINA	
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) MICHEU JR , ANTHONY TONY		FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES		
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) STRITZINGER, RUBY		MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES		
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) MICHEU, TINA		RELATIONSHIP TO DECEDENT WIFE	INFORMANT'S ADDRESS 4001 JEAN LAFITTE PKWY. , CHALMETTE, LA 70043 UNITED STATES	
	EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE				
	OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO				
	RACE: WHITE				
DEATH INFO	PLACE OF DEATH			FACILITY NAME	
	DECEDENT'S HOME				
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 4001 JEAN LAFITTE PKWY. , CHALMETTE, LA 70043 UNITED STATES			PARISH/COUNTY ST. BERNARD	
DISPOSITION	METHOD OF DISPOSITION BURIAL			PLACE OF DISPOSITION GREENWOOD CEMETERY	
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES			DATE OF DISPOSITION 09/14/2018	
FUNERAL FACILITY	FUNERAL FACILITY NAME GREENWOOD FUNERAL HOME		ADDRESS OF FUNERAL FACILITY 5200 CANAL BLVD. , NEW ORLEANS, LA 70124 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) LOHAN, JAMES J		LICENSE NUMBER U1441	CORONER NOTIFIED? Y	
	SIGNATURE OF FUNERAL DIRECTOR *e-sign*		DATE: 9/14/2018		
MEDICAL INFO	MANNER OF DEATH IF FEMALE? DID TOBACCO USAGE CONTRIBUTE TO DEATH?		NATURAL NOT APPLICABLE UNKNOWN		
CAUSE OF DEATH	PART I. 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
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)		a. CARDIAC ARREST	5 MINUTES	
	Sequentially list conditions, if any, leading to the cause listed on line a.		b. CAD	2 YEARS	
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		c.		
			d.		
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	WAS AN AUTOPSY PERFORMED? NO			FINDINGS USED IN DETERMINING CAUSE? NOT APPLICABLE	
INJURY INFORMATION	PLACE OF INJURY	DATE OF INJURY	TIME OF INJURY	INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY:
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				PARISH/COUNTY
	DESCRIBE HOW INJURY OCCURED				
CERTIFIER	I CERTIFY THAT I ATTENDED THE DECEDENT FROM 9/17/2017 TO 3/1/2018 AND THAT DEATH OCCURED ON THE DATE AND HOUR STATED AND DUE TO THE CAUSE (S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER: *e-sign*		DATE	9/12/2018	
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) CONTREARY, KELVIN J				
	CERTIFIER TITLE: CERTIFYING PHYSICIAN				
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				
	BURIAL TRANSIT PERMIT 281088	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 09/11/2018	DATE FILED WITH REGISTRAR 9/14/2018	
REGISTRAR	SIGNATURE OF REGISTRAR DEVIN GEORGE *e-sign*				

ISSUED BY: Ball, Sandra

Issued On: 9/19/2018 2:58:43 PM



006501306

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID. DO NOT ACCEPT

Devin George
DEVIN GEORGE
STATE REGISTRAR

