

APN: 1319-30-644-002 (ptm)

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: 3704031A

## AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Jeffrey A. Dickenson of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Ronald Dickenson having become deceased on May 26, 2021 at Los Angeles County, California, pursuant to the attached certified copy Certificate of Death, is the same person as Ronald Dickenson named as one of the parties in that certain **Grant, Bargain, and Sale Deed** dated October 12, 1990 by Harich Tahoe Developments, a Nevada general partnership to Ronald Dickenson and Raquel M. Dickenson, husband and wife as joint tenants with right of survivorship, recorded on October 15, 1990, as Recorded Document No. 1990-236709, 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 County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

3. That the undersigned affiant, Jeffrey A. Dickenson, who is the attorney in fact of Raquel M. Dickenson, who is the surviving joint tenant of the named decedent.

I, Jeffrey A. Dickenson, 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.

Jeffrey A. Dickenson  
Name of Affiant

\_\_\_\_\_  
Affiant  
Title

DATED this 5 day of JANUARY, 2024,

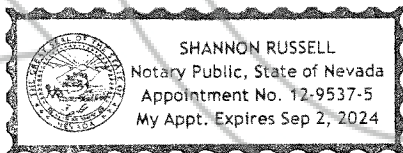
Jeffrey A. Dickenson  
Signature of Affiant  
Jeffrey A. Dickenson

STATE OF: Nevada  
SS

COUNTY OF: Douglas

SUBSCRIBED AND SWORN before me this 5 day of January, 2024

by Jeffrey A. Dickenson.



Shannon Russell  
Notary Public Signature

Shannon Russell  
Notary Public Print Name

My Commission Expires: 09/02/2024

**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. **040** 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: **1319-30-644-002**

As shown with Interval Id # **3704031A**


Contract No: **6742994**

*Ridge Tahoe (Lot 37 – Annual)*

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF PUBLIC HEALTH**

3052021153994 **CERTIFICATE OF DEATH** 6202119037855

STATE FILE NUMBER 3052021153994		STATE OF CALIFORNIA USE BLACK INK ONLY / IN SPACES WRITED OUTS OR ALTERATIONS (S-1 (REV 5/10))		LOCAL REGISTRATION NUMBER 6202119037855	
1. NAME OF DECEDENT - FIRST (Given) <b>RONALD</b>		2. MIDDLE -		3. LAST (Family) <b>DICKENSON</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>07/13/1932</b>		5. AGE Yrs. <b>88</b> If UNDER ONE YEAR: Months Days Hours Minutes Seconds If UNDER 24 HOURS: Hour Minute Seconds 6. SEX <b>M</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>00050</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP* (at time of death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/26/2021</b>		8. HOUR (24 Hour) <b>1641</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		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 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>CITY PLANNER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) <b>CITY GOVERNMENT</b>		19. YEARS IN OCCUPATION <b>27</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>13507 WENTWORTH STREET</b>					
21. CITY <b>ARLETA</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>91331</b>	
24. YEARS IN COUNTY <b>66</b>		25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>RAQUEL DICKENSON, SPOUSE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>13507 WENTWORTH STREET, ARLETA, CA 91331</b>		
28. NAME OF SURVIVING SPOUSE/SDP - FIRST <b>RAQUEL</b>		29. MIDDLE <b>MARIA</b>		30. LAST (BIRTH NAME) <b>DICKENSON</b>	
31. NAME OF FATHER/PARENT - FIRST <b>CECIL</b>		32. MIDDLE -		33. LAST <b>DICKENSON</b>	
34. BIRTH STATE <b>TX</b>		35. NAME OF MOTHER/PARENT - FIRST <b>RHEA</b>		36. MIDDLE <b>IONE</b>	
37. LAST (BIRTH NAME) <b>VOGEL</b>		38. BIRTH STATE <b>CA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>06/15/2021</b>		40. PLACE OF FINAL DISPOSITION RESIDENCE DICKENSON <b>13507 WENTWORTH STREET, ARLETA, CA 91331</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT <b>SMART CREMATION</b>		45. LICENSE NUMBER <b>FD2008</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS, M.D.</b>	
47. DATE mm/dd/yyyy <b>06/15/2021</b>		48. LOCAL REGISTRAR'S OFFICE 			
101. PLACE OF DEATH <b>KAISER FOUNDATION HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOIP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>13852 CANTARA STREET</b>		106. CITY <b>PANORAMA CITY</b>	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>COMPLETE HEART BLOCK</b>		Time interval Between Onset and Death (A) HRS <b>2021-54530</b>		108. DEATH REPORTED TO CORNER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(B) <b>CONGESTIVE HEART FAILURE</b>		(B1) DAYS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) <b>PROSTHETIC VALVE ENDOCARDITIS</b>		(C1) WKS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) <b>CORONARY ARTERY DISEASE</b>		(D1) YRS		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 <b>CHRONIC KIDNEY DISEASE, PROTEIN CALORIE MALNUTRITION</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 (If yes, list type of operation and date.) <b>AORTIC VALVE REPLACEMENT 02/--/2016, TRANSVENOUS PACEMAKER 05/26/2021</b>					
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: mm/dd/yyyy <b>05/21/2021</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>CHIA-YI JOYCE LEE M.D.</b>		116. LICENSE NUMBER <b>A93476</b>	
115. SIGNATURE AND TITLE OF CERTIFIER <b>CHIA-YI JOYCE LEE M.D.</b>		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>CHIA-YI JOYCE LEE M.D. 13652 CANTARA STREET, PANORAMA CITY, CA 91402</b>		117. DATE mm/dd/yyyy <b>06/11/2021</b>	
118. 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		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)			
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'L	
CENSUS TRACT		1. CHECK ONE FROM THIS COLUMN THAT BEST DESCRIBES THE DEATH AND OTHER DATA FROM THIS RECORD *010001004974145*			

**CERTIFIED COPY OF VITAL RECORD**  
**STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



DATE ISSUED **JUN 24 2021**  
 Health Officer and Registrar *[Signature]*

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



CALOSANGOI