

APN: 1319-30-645-003 (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: 4229832A

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Mary E. Burton, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Bruce Renwick Burton having become deceased on 1/23/2019 at Stanislaus County, California, pursuant to the attached certified copy Certificate of Death, is the same person as Bruce R. Burton named as one of the parties in that certain **Grant, Bargain, and Sale Deed** dated 9/23/1997 by Harich Tahoe Developments, a Nevada general partnership to Bruce R. Burton and Mary E. Burton, husband and wife as joint tenants with right of survivorship, recorded on 9/29/1997, as Recorded Document No. 1997-422660, 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, Mary E. Burton is the surviving joint tenant of the named decedent.

Contract # 6753326

Affidavit Terminating Joint Tenancy –
Ridge Tahoe

I, **Mary E. Burton**, 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 31 day of January, 2024.

Mary E. Burton
Affiant: **Mary E. Burton**

STATE OF: California)
COUNTY OF: Stanislaus) Ss

THIS instrument was acknowledged before me this 31st day of January, 2024, by **Mary E. Burton**, who is personally known to me or has produced CA. Driver License as identification.

2024 WITNESS my had and seal at office, on this 31st day of January.

See Attached Cert
Notary Public Signature
JoAnn Mathews
Notary Public Printed Name
My Commission Expires: Nov. 22

(SEAL)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Stanislaus)
On January 31, 2024 before me, Joann Mathews, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Mary E. Burton
Name(s) of Signer(s)

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: [Handwritten Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

EXHIBIT "A"
LEGAL DESCRIPTION
Ridge Tahoe (Lot 42)

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 1/48th interest in and to Lot 42** as shown on Tahoe Village Unit No. 3 - 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and
- (B) Unit No. **298** as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in **Lot 42 only, for one week each year** in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office; thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map; thence S. 14°00'00" W. along said Northerly line, 14.19 feet; thence N. 52°20'29" W., 30.59 feet; thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A Portion of APN: 1319-30-645-003

As shown with Interval Id # **4229832A**

Contract No: **6753326**

Ridge Tahoe (Lot 42 - Annual)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY STANISLAUS COUNTY PUBLIC HEALTH DIVISION

3052019015314

CERTIFICATE OF DEATH

3201950000323

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER																	
1. NAME OF DECEDENT - FIRST (Given) BRUCE		2. MIDDLE RENNICK		3. LAST (Family) BURTON															
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/06/1949		5. AGE Yrs. Mths. Ds. 69		6. SEX M													
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 4105		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SPOP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 01/23/2019		8. HOUR (24 Hours) 0954									
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/AS/PANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LINEMAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UTILITIES		19. YEARS IN OCCUPATION 44									
20. DECEDENT'S RESIDENCE (Street and number, or location) 2112 THOMAS TAYLOR DR.		21. CITY HUGHSON		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95326		24. YEARS IN COUNTY 18		25. STATE/FOREIGN COUNTRY CA									
26. INFORMANT'S NAME, RELATIONSHIP MARY BURTON, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2112 THOMAS TAYLOR DR., HUGHSON, CA 95326		28. NAME OF SURVIVING SPOUSE/SPOP - FIRST MARY		29. MIDDLE ELIZABETH		30. LAST (BIRTH NAME) TOWNSEND		34. BIRTH STATE CA									
31. NAME OF FATHER/PARENT - FIRST CHARLES		32. MIDDLE FREDERICK		33. LAST BURTON		35. NAME OF MOTHER/PARENT - FIRST PATRICIA		36. MIDDLE -		37. LAST (BIRTH NAME) KEEFER		38. BIRTH STATE UNKNOWN							
39. DISPOSITION DATE mm/dd/yyyy 01/28/2019		40. PLACE OF FINAL DISPOSITION RES: MARY BURTON 2112 THOMAS TAYLOR DR., HUGHSON, CA 95326		41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT EATON FAMILY FUNERAL SERVICE		45. LICENSE NUMBER FD1635		46. SIGNATURE OF LOCAL REGISTRAR JULIE VAISHAMPAYAN, MD		47. DATE mm/dd/yyyy 01/28/2019			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2112 THOMAS TAYLOR DR.		106. CITY HUGHSON		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 withdrawal without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST (B) CHRONIC RESPIRATORY FAILURE (C) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MIN C19-000204 (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MOS (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YRS (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		110. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date) NO		111. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		112. SIGNATURE AND TITLE OF CERTIFIER NIRBHAI SINGH HUNDAL M.D.		113. LICENSE NUMBER A67219		114. DATE mm/dd/yyyy 01/25/2019		115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NIRBHAI SINGH HUNDAL M.D. 1516 COLORADO AVE, TURLOCK, CA 95380		116. DATE mm/dd/yyyy 12/27/2007		117. DATE mm/dd/yyyy 12/28/2018			
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 12/28/2018		121. HOUR (24 Hours) 0954		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C		D		E		FAX AUTH.#		CENSUS TRACT		"010001004103579"			

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

Julie Vaishampayan
JULIE VAISHAMPAYAN, MD, MPH
LOCAL REGISTRAR OF VITAL STATISTICS

02/07/2019



000768916

This copy is not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASTANISOL

