

APN: 1319-30-519-011 (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: 5001108A

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Della M. Casey, of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Ronald Calvin Casey having become deceased on September 16, 2011 at Sacramento County, California, pursuant to the attached certified copy Certificate of Death, is the same person as Ronald C. Casey named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated September 11, 1985 by Saida of Nevada, Inc., a Nevada Corporation to Ronald C. Casey and Della M. Casey, husband and wife as joint tenants with right of survivorship, recorded on September 13, 1985, as Recorded Document No. 1985-123447, 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, Della M. Casey is the surviving joint tenant of the named decedent.

Contract # 6747255

Affidavit Terminating Joint Tenancy –
Ridges

I, DELLA M CASEY 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 1 day of April, 2024.

Della M. Casey
Affiant: DELLA M CASEY

STATE OF: _____)

Ss

COUNTY OF: _____)

THIS instrument was acknowledged before me this _____ day of _____, 20____, by, DELLA M CASEY, who is personally known to me or has produced _____ as identification.

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

*Please see attached
California acknowledgment*

Notary Public Signature

Notary Public Printed Name
My Commission Expires: _____

(SEAL)

CALIFORNIA 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 Sacramento }

On April 1st, 2024 before me, Majida Sunnaa "Notary Public"
Date Here Insert Name and Title of the Officer

personally appeared Della Mae Casey
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.



Place Notary Seal and/or Stamp Above

Signature Majida Sunnaa
Signature of Notary Public

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 View (Lot 50)

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 Declaration of Timeshare Covenants, Conditions and restrictions for Ridgeview. recorded December 21, 1984 in Book 1284, Page 1993, as Document No. 111558 of the Official Records, Douglas County, as may be amended, supplemented, and amended and restated from time to time (the "Declaration"), which timeshare estate comprised of:

Parcel 1:

One-(1) 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 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.
- (B) Unit No. 011 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2:

A non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3:

The exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "**Summer** use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-011

As shown with Interval Id # 5001108A

Contract Number: 6747255

Ridge View (Annual)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052011169250

CERTIFICATE OF DEATH

3201134007682

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RONALD		2. MIDDLE CALVIN		3. LAST (Family) CASEY	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 09/05/1944		5. AGE Yrs. Mths. Days 67	
9. BIRTH STATE/FOREIGN COUNTRY MO		10. SOCIAL SECURITY NUMBER [REDACTED] 0377		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/ccyy 09/16/2011		8. HOUR (24 Hours) 1225	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/AYSPANISH? (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) BLACK	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HIGHWAY PATROL		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STATE OF CALIFORNIA		19. YEARS IN OCCUPATION 32	
20. DECEDENT'S RESIDENCE (Street and number, or location) 14 COOL RIVER COURT					
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95831	
24. YEARS IN COUNTY 49		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP DELLA CASEY, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 14 COOL RIVER COURT, SACRAMENTO, CA 95831		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST DELLA		29. MIDDLE M		30. LAST (BIRTH NAME) COLE	
31. NAME OF FATHER/PARENT - FIRST EDGAR		32. MIDDLE -		33. LAST CASEY	
34. BIRTH STATE TN		35. NAME OF MOTHER/PARENT - FIRST ELEANOR		36. MIDDLE -	
37. LAST (BIRTH NAME) MCCLURE		38. BIRTH STATE MS			
39. DISPOSITION DATE mm/dd/ccyy 09/23/2011		40. PLACE OF FINAL DISPOSITION SUNSET LAWN 4701 MARYSVILLE BLVD, SACRAMENTO, CA 95838			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER TYP. GILLIAM		43. LICENSE NUMBER EMB8369	
44. NAME OF FUNERAL ESTABLISHMENT MORGAN JONES FUNERAL HOME		45. LICENSE NUMBER FD855		46. SIGNATURE OF LOCAL REGISTRAR LAURIE A. WERNER, MD, MPH	
47. DATE mm/dd/ccyy 09/20/2011					
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6600 BRUCEVILLE ROAD		106. CITY SACRAMENTO	
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. (A) ISCHEMIC CEREBROVASCULAR ACCIDENT (B) HYPERTENSIVE CARDIOVASCULAR DISEASE (C) (D)		108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HRS (BT) YRS (CT) (DT)		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 PROSTATE CANCER					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) PROSTATECTOMY AND LYMPH NODE BIOPSY 11/27/2000				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: Decedent Last Seen Alive: (A) mm/dd/ccyy (B) mm/dd/ccyy 09/15/2011 09/16/2011		115. SIGNATURE AND TITLE OF CERTIFIER YUEN WAN KWAN M.D.		116. LICENSE NUMBER A7752	
117. DATE mm/dd/ccyy 09/20/2011		115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE YUEN WAN KWAN M.D. 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823			
119. 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
122. HOUR (24 Hours)					
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/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	
				010001001875315	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

} SS



* 0 0 1 2 4 4 2 0 7 *

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **September 21, 2011**

Laurie A. Werner, MD, MPH
LOCAL REGISTRAR

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

PNCO (REV) 08/09

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

