



**RECORDING REQUESTED and RETURN TO:**

Mary Tracy  
Preferred Transfers, LLC  
855 Trospen Road, Suite 108-322  
Tumwater, WA 98512-8108

File No:33829

RECORDERS USE ONLY

**CORRECTIVE AFFIDAVIT-DEATH OF JOINT TENANT**

STATE OF Arizona

SS.

COUNTY OF Maricopa

Mary Tracy, of legal age, being duly sworn, deposes and says

That Naomi Ann Collings, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ann L. Collings, named as one of the parties in that certain Corporation Grant Deed executed by Ridge Pointe Limited Partnership to Dale F. Collings and Ann L. Collings, recorded as Book 1098/Page 1651 on 10/09/1998, of Official Records of Douglas County, covering the following described property situated in the County Douglas, State of Nevada.

**\*\* THIS DEED IS BEING RECORDED TO CORRECT THE LEGAL DESCRIPTION ON THE AFFIDAVIT-DEATH OF JOINT TENANT THAT RECORDED AT DOCUMENT NO. 764951, ON 06/08/2010 \*\***

SEE EXHIBIT "A" ATTACHED HERETO FOR COMPLETE LEGAL DESCRIPTION

Dated: 6/16/10

X Mary Tracy  
Mary Tracy

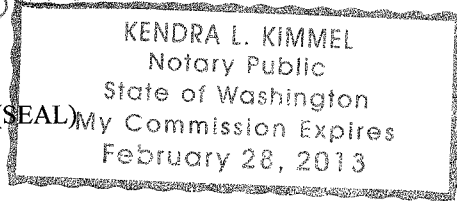
STATE OF WASHINGTON

COUNTY OF THURSTON

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Kendra L. Kimmel, NOTARY PUBLIC ON THIS 16 DAY OF June 2010, BY Mary Tracy, PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE [Signature]  
NOTARY PUBLIC

NOTARY EXPIRATION DATE: 2/28/13





**Exhibit "A"**

**A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/1326th interest in and to Lot 160 as shown and defined on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996, at Page 2133, Official Records, Douglas County, Nevada, together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997 as Document NO. 0425591, and subject to said Declaration; with the exclusive right to use said interest in Lot 160 only, for one Use Period each year in accordance with said Declaration.**

**A portion of APN: 0000-40-050-450**

**Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.**

**File:33829**



CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL  
STATE  
COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

DEATH NO.  
102-2009-038940

NAME OF DECEASED 1. NAOMI ANN COLLINGS			SEX 2. FEMALE	DATE OF DEATH 3. 11-11-2009		
RACE 4A. CAUCASIAN		WAS DECEDENT OF HISPANIC ORIGIN: 4B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC 4C.		WAS DECEDENT EVER IN U.S. ARMED FORCES? 5. NO
PLACE OF BIRTH 6. MARICOPA		6A. COUNTY 6B. TOWN OR CITY SUN CITY WEST		6C. HOSPITAL OR INSTITUTION 14108 W PINETREE DR		6D. DECEDENT'S RESIDENCE
DATE OF BIRTH 7. 01-28-1932		AGE (YEARS LAST BIRTHDAY) 8A. 77	F UNDER 1 YEAR MOS. DAYS 8B.	F UNDER 1 DAY HRS. MIN 8C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED	
STATE AND CITY OF BIRTH 11. HAMMOND, INDIANA		CITIZEN OF WHAT COUNTRY? 12. INTENTIONALLY LEFT BLANK		SOCIAL SECURITY NO. 13. [REDACTED]-6425		USUAL OCCUPATION 14A. HOMEMAKER
USUAL RESIDENCE 15. ARIZONA		15B. COUNTY MARICOPA		15C. TOWN OR CITY SUN CITY WEST		15D. ZIP CODE 85375
STREET ADDRESS OR R.F.D. 15E. 14108 W PINETREE DR.		INSIDE CITY LIMITS? 15F. YES	ON RESERVATIONS 15G. NO	PREVIOUS STATE OF RESIDENCE 18. INTENTIONALLY LEFT BLANK		HOW LONG IN ARIZONA? 16. 17 YEARS
FATHER'S NAME 19. ARTHUR E		B. MIDDLE E		C. LAST LETSINGER		MOTHER'S MAIDEN NAME 20. NAOMI L
INFORMANT'S SIGNATURE 21. DALE F COLLINGS		RELATIONSHIP TO DECEASED 22. SPOUSE		ADDRESS 23. 14108 W PINETREE DR, SUN CITY WEST, ARIZONA 85375		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION		DATE 25. 11-16-2009		CEMETERY OR CREMATORY - NAME/LOCATION 26. CAMINO DEL SOL CREMATORY, SUN CITY WEST, ARIZONA		EMBALMER'S SIGNATURE 27A. INTENTIONALLY LEFT BLANK
FUNERAL HOME 28. CHAPEL & CREMATION		NAME CAMINO DEL SOL FUNERAL		STREET ADDRESS 13738 CAMINO DEL SOL SUN CITY WEST, AZ		CITY AND STATE ARIZONA
FUNERAL DIRECTOR or person acting as such (SIGNATURE) 29A. STEPHANIE S ZELT, FUNERAL DIRECTOR		CERT. NO. 29B. F1116				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 30. SIGNATURE AND TITLE ASHISH SACHDEVA, M.D.		DATE SIGNED (Mo., Day, Year) 31. 11-12-2009		HOUR OF DEATH 32. 0921		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED 34. SIGNATURE AND TITLE
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 33.		DATE SIGNED (Mo., Day, Year) 35.		HOUR OF DEATH 36.		PRONOUNCED DEAD (Mo., Day, Year) 37. ON
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. ASHISH SACHDEVA, M.D. 13090 N 94TH DR PEORIA, AZ 85381		AUTHORIZED FOR CREMATION 40. YES		MEDICAL EXAMINER'S SIGNATURE 41. MARK A. FISCHIONE		
DATE REGISTERED 42. 11-17-2009		REG. FILE NO. 43. 2009MC-041252		REGISTRAR'S SIGNATURE 44. MICHELE CASTANEDA-MARTINEZ		REG. DISTRICT 45. INTENTIONALLY LEFT BLANK
DATE REC'D IN STATE OFFICE 46. INTENTIONALLY LEFT BLANK		47. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) ESOPHAGEAL CANCER				
SEQUENTIALLY LIST CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) PART I		47B. DUE TO OR AS A CONSEQUENCE OF:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
47C. DUE TO OR AS A CONSEQUENCE OF:		UNKNOWN				
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY 49. NO		WAS CASE REFERRED TO MEDICAL EXAMINER 50. YES		
MANNER OF DEATH 51. NATURAL DEATH		DATE OF INJURY 52.		MO 53.	DAY 54.	YR 55.
PLACE OF INJURY SPECIFY 56.		WHERE LOCATED? 57.		STREET ADDRESS CITY OR TOWN STATE		
SUPPLEMENTARY ENTRIES						

Date Issued: 11-20-2009

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*Patricia Adams*

PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

Arizona  
Department of  
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

132870872