

APN: a portion of 42-288-11

Mail tax statement to:  
Ridge Tahoe  
400 Ridge Club Drive  
Stateline, NV 89449

and when recorded return to:  
Timeshare Title, Inc.  
P.O. Box 3175  
Sharon, PA 16146

ESCROW NO.: 12-5863

Interval No.: 37-201-42-71

**Affidavit- Death of Trustee**

State of California  
County of Los Angeles

**Richard A. Barrett** is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of California:

1. **Barbara L. Barrett** is the person referenced in the attached certified copy of the Certificate of Death who died on April 14, 1993 at Oberlin Kansas.
2. **Barbara L. Barrett** is the same person named as the Trustee named in the **Richard A. Barrett and Barbara L. Barrett Living Trust dated July 12, 1991** executed by Richard A. Barrett and Barbara L. Barrett as Trustors (the "Trust").
3. **Barbara L. Barrett** as a Trustee is the same person who was named as a Grantee in that certain Grant, Bargain, and Sale Deed dated August 14, 1992 which was recorded as Instrument No. 286439, in Book 892, Pages 3327-3328 of the Official Records of Douglas County, Nevada as legally described as follows:

**The Ridge Tahoe, Interval #37-201-42-71, Stateline, NV 89449**

An undivided 1/102<sup>nd</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded 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. 201** 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 every other year in **ODD-numbered years** in the **Swing "Season"** as defined in and in accordance with said Declarations.

4. **Richard A. Barrett** is the successor Trustee under the Trust. The Trust was in effect at the date of the death of Barbara L. Barrett and has not been revoked. Richard A. Barrett has consented to act as Trustee under the Trust.

COPY



WITNESS my hand this <sup>29<sup>th</sup></sup> ~~12<sup>th</sup>~~ day of May, 2012.

**Richard A. Barrett and Barbara L. Barrett  
Living Trust dated July 12, 1991**

By: Richard A. Barrett  
Name: **Richard A. Barrett**  
Title: **Trustee**

STATE OF Calif  
COUNTY OF Los Angeles

On this 29 day of MAY, 2012, before me, (name and title of the officer) Leah H. Nealon Notary Public, personally appeared **Richard A. Barrett, Trustee of the Richard A. Barrett and Barbara L. Barrett Living Trust dated July 12, 1991**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OR PERJURY under the laws of the State of CA that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal.

Leah H. Nealon  
Notary

Press Notarial Seal/Stamp Here



MAY 06 1993

93-007774

Amended: 5-6-93

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Office of Vital Statistics

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME FIRST: Barbara, MIDDLE: L., LAST: Barrett			2. SEX: F	3. DATE OF DEATH (Mo., Day, Yr.): April 14, 1993	
4. SOCIAL SECURITY NUMBER: 2797		5a. AGE—Last Birthday (Yrs.): 60	5b. UNDER 1 YEAR: Months: Days:	5c. UNDER 1 DAY: Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr.): November 17, 1932
7. BIRTHPLACE (City and State or Foreign Country): Fort Scott, KS		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify):			
9. FACILITY NAME (If not institution, give street and number): 303 E. Commercial			9c. CITY, TOWN, OR LOCATION OF DEATH: Oberlin		9d. COUNTY OF DEATH: Decatur
10. MARRIAGE STATUS: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		11. SURVIVING SPOUSE (If wife, give maiden name): Richard Alan Barrett		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Elementary Teacher	
12b. KIND OF BUSINESS/INDUSTRY (Do not give name of company): Public School		13a. RESIDENCE—STATE: California		13b. COUNTY: Los Angeles	
13c. CITY, TOWN, OR LOCATION AND ZIP CODE: Glendora 91740		13d. STREET AND NUMBER: 608 N. Valencia St.		13e. INSIDE CITY LIMITS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. ANCESTRY—(Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify): American		15. RACE—(Native American, Black, White, etc.) (Specify): white		16. DECEDENT'S EDUCATION (Specify only highest grade completed): College (1-4 or 5-)	
17. FATHER'S NAME FIRST: John, MIDDLE: Breuel, LAST: Mahon		18. MOTHER'S NAME FIRST: Edna, MIDDLE: Mahon, LAST: Mahon			
19a. INFORMANT'S NAME (Type): Richard A. Barrett		19b. MAILING ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code): 608 N. Valencia St., Glendora, CA 91740			
20a. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oakdale Cemetery		20c. LOCATION—City or Town, State: Glendora, CA	
21a. FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature): <i>Dorians K. Pauls</i> 2138		21b. NAME OF EMBALMER & LICENSE NO.: Richard J. Pauls 3102			
22. NAME AND ADDRESS OF FIRM: Pauls Funeral Home, 121 N. Penn, Oberlin, KS 67749					
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X <i>Richard May</i> M.D.			24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X		
23b. DATE SIGNED (Mo., Day, Yr.): 4/16/93		23c. TIME OF DEATH: 1005 A.M.		24b. DATE SIGNED (Mo., Day, Yr.):	
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Dr. Richard May, 902 W. Columbia, Oberlin, KS 67749			24c. TIME OF DEATH:		
24d. PRONOUNCED DEAD (Mo., Day, Yr.):			24e. PRONOUNCED DEAD (hour):		
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print): Dr. Richard May, 902 W. Columbia, Oberlin, KS 67749					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between and Death:					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Acute Myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF):			
b. DUE TO (OR AS A CONSEQUENCE OF):		c. DUE TO (OR AS A CONSEQUENCE OF):			
d. DUE TO (OR AS A CONSEQUENCE OF):		27a. AUTOPSY: <input type="checkbox"/> Yes <input type="checkbox"/> No			
27b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: <input type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS CASE REFERRED TO CORONER: <input type="checkbox"/> Yes <input type="checkbox"/> No			
29. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Mo., Day, Yr.):		30b. TIME OF INJURY: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
30c. INJURY AT WORK: <input type="checkbox"/> Yes <input type="checkbox"/> No		30d. DESCRIBE HOW INJURY OCCURRED:			
30e. PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify):		30f. LOCATION (Street and Number or Rural Route, City or Town, State):			

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