

DOC # 807259  
08/09/2012 01:19PM Deputy: AR  
OFFICIAL RECORD  
Requested By:  
Lakeside Closing Service  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: \$18.00  
BK-812 PG-2354 RPTT: 3.90



APN# A Portion of 42-010-40

**Recording Requested by:**

Name: Lakeside Closing Service LLC  
Address: PO Box 135337  
City/State/Zip: Clermont, FL 34713

**When Recorded Mail to:**

Name: Lakeside Closing Service LLC  
Address: PO Box 135337  
City/State/Zip: Clermont, FL 34713

**Mail Tax Statement to:**

Name: Gemini Investment Partners Inc.  
Address: PO Box 138039  
City/State/Zip: Clermont, FL 34713

**Warranty Deed**

( Title of Document )

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.  
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:  
\_\_\_\_\_  
(State specific law)

Jan Comas  
Signature  
Jan Comas  
Printed Name

Closing Agent  
Title

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



Prepared by and Return To:  
Lakeside Closing Service, LLC  
PO Box 135337  
Clermont, FL 34713  
A Portion of APN: 42-010-40  
RPTT: 3.90

### Warranty Deed

**This Deed** made the 12<sup>th</sup> day of January, 2012, between Susan Ziegler (N/K/A Susan Z. Banks) and Gary D. Ziegler (Deceased), husband and wife as Joint Tenants with Rights of Survivorship, Whose post office address is 605 C Street, Rock Springs, Wyoming 82901, grantor and Gemini Investment Partners, Inc, A Florida Corporation, whose post office address is PO Box 138039, Clermont, FL 34713, grantee:

(Whenever used herein the terms "grantor" and "grantee" include all parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts, and trustees)

**Witnesseth**, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Douglas County, Nevada to-wit:

The Timeshare unit described below is at the resort commonly known as **The Ridge Tahoe**.

**See Attached "Exhibit A"**

**TOGETHER** with a remainder over in fee simple absolute, as tenant in common with the owners of all the Unit Weeks in the hereafter described Condominium Parcel in that Percentage interest determined and established by Exhibits or successor exhibit, to the aforesaid Declaration of Condominium for the following described real estate located in the County of Douglas and the state of Nevada as follows:

Grantee shall not be deemed a successor or assign of Grantor's rights of obligations under the aforescribed. Plan or any instrument referred to therein. Grantee, by acceptance hereof, and by agreement with Grantor, hereby expressly assumes and agrees to be bound by and to comply with all of the covenants, terms, and conditions and provisions set forth and contained in the Plan, including, but not limited to, the obligation to make payment for assessments or the maintenance and operation of the Resort Facility which may be levied against the above described Time Share Interest.

This Conveyance is made Subject to the following:

1. Property taxes for current and all subsequent years;
2. Applicable zoning regulations and ordinances;
3. All of the terms, provisions, conditions, rights, privileges, obligations, easements, and liens set forth and contained in the Plan and all instruments therein referred to as may be subsequently amended;
4. All of the covenants, terms, provisions, conditions, reservations, restrictions, agreements and easements of record, if any, which may not affect the aforescribed property; and
5. Perpetual easements for encroachments now existing or hereafter existing caused by the settlement of improvements or caused by minor inaccuracies in building or rebuilding.



The benefits and obligations hereunto shall inure to and be binding upon the heirs, executors, administrators, successors and assigns of the respective parties hereto. The Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever. "Grantor" and "Grantee" are used for singular or plural, as context requires.

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said Grantee and Grantee's successors and assigns forever.

And the Grantor does hereby fully warrant the title to said property and will defend the same against lawful claims of all persons whomsoever.

In Witness Whereof, the said Grantor(s) has hereunto set the Grantor's hand and seal the day and year first above written.

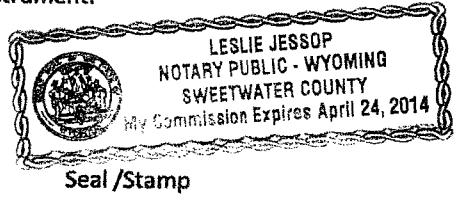
Grantor: Susan Z. Banks Witness Loren Kunst  
 Susan Ziegler (N/K/A Susan Z. Banks) Printed Name Loren Kunst

Grantor: DECEASED Witness Karen Ahl  
 Gary D. Ziegler (Deceased) Printed Name Karen Ahl

State of Wyoming  
County of Sweetwater

On this 12 day of January, 2012, before me, Leslie Jessop, Notary Public, personally appeared Susan Z Banks and ~~\_\_\_\_\_~~ personally known to me (or 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.

Notary Public Leslie Jessop  
My Commission Expires 4-24-14





## EXHIBIT A

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths 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. 274 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 Annexations of The Ridge Tahoe Phase Seven recorded October 12, 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, or one week every other year in odd -numbered years 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. 34°33'12" E. 13.00 feet to the POINT OF BEGINNING.

A Portion of APN 42-010-40

This Instrument Prepared By and Recording Requested By:  
Lakeside Closing Service, LLC  
PO Box 135337, Clermont, FL 34713

STATE OF WYOMING

DEPARTMENT OF HEALTH



BK 812 PG-2358

STATE OF WYOMING DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

807259 Page: 5 of 5 08/09/2012

LOCAL FILE NUMBER 03

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT-NAME FIRST MIDDLE LAST Gary Daniel Ziegler 2. SEX Male 3. DATE OF DEATH (Mo., Day, Yr.) January 14, 2002 4. SOCIAL SECURITY NUMBER 6170 5a. AGE-Last Birthday (Years) 59 5b. UNDER 1 YEAR Months Days Hours 5c. UNDER 1 DAY Minutes 6. DATE OF BIRTH (Mo., Day, Yr.) August 30, 1942

7a. PLACE OF DEATH (Check only one) HOSPITAL [X] ER/Outpatient [ ] DOA [ ] OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify) 7b. FACILITY NAME (If not institution, give street and number) Memorial Hospital of Sweetwater Co., Rock Springs 7c. CITY, TOWN, OR LOCATION OF DEATH Sweetwater 7d. COUNTY OF DEATH

DECEDENT

8. STATE OF BIRTH (If not in U.S.A., name country) Wisconsin 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 10. SURVIVING SPOUSE (If wife, give maiden name) Susan Ellen Williams 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) Yes 12a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Heavy Equipment Operator 12b. KIND OF BUSINESS OR INDUSTRY Coal Mining Company 13a. RESIDENCE - STATE Wyoming 13b. COUNTY Sweetwater 13c. CITY, TOWN OR LOCATION Rock Springs 13d. STREET AND NUMBER 1410 Hwy 430 South 13e. INSIDE CITY LIMITS? (Specify yes or no) No 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify no or yes - if yes, specify Cuban, Mexican, Puerto Rican, Etc.) No [X] Yes [ ] (Specify) 15. RACE - American Indian, Black, White, Etc. (Specify) White 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 3

PARENTS

17. FATHER'S NAME First Middle Last Orville Ziegler 18. MOTHER'S NAME First Middle Maiden Surname Gwen Hamers

INFORMANT

19a. INFORMANT-NAME (Type or Print) Susan Ellen Ziegler 19b. RELATIONSHIP TO DECEDENT Wife 19c. MAILING ADDRESS STREET OR R.F.D. NUMBER CITY OR TOWN STATE ZIP CODE 1410 Hwy 430 South Rock Springs Wyoming 82901

DISPOSITION

20a. Burial, Cremation, Removal from State, Other (Specify) Cremation 20b. DATE (Mo., Day, Yr.) Jan. 19, 2002 20c. CEMETERY OR CREMATORY - NAME Fox Crematory 20d. LOCATION CITY OR TOWN STATE Rock Springs, Wyoming 21a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) [Signature] Number 487 21b. NAME OF FACILITY Fox Funeral Home 21c. ADDRESS OF FACILITY 2800 Commercial Way Rock Springs, Wyoming

CERTIFIER

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Eldon Handrich M.D. 22b. DATE SIGNED (Mo., Day, Yr.) January 14, 2002 22c. HOUR OF DEATH 3:32 AM 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Eldon Handrich M.D. 23a. 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) stated. (Signature and Title) [Signature] 23b. DATE SIGNED (Mo., Day, Yr.) January 14, 2002 23c. HOUR OF DEATH 3:32 AM 23d. PRONOUNCED DEAD (Mo., Day, Yr.) January 14, 2002 23e. PRONOUNCED DEAD (Hour) 3:32 AM 24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) Eldon Handrich M.D. 1200 College Drive, Rock Springs, Wyoming 82901 25a. REGISTRAR (Signature) [Signature] 25b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 14, 2002

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hypovolemic Shock Hrs. b. GI Bleeding Hrs. c. d. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

JAN 25 2002

PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. 27. AUTOPSY (Specify yes or no) No 28. WAS CASE REFERRED TO CORONER (Specify yes or no) Yes 29. MANNER OF DEATH [X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Homicide [ ] Could not be Determined 30a. DATE OF INJURY (Month, Day, Year) 30b. TIME OF INJURY M 30c. INJURY AT WORK? (Specify yes or no) 30d. DESCRIBE HOW INJURY OCCURRED 30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

VR 2-89 11/99 15M

807259

This is a true and exact reproduction of the document on file in the office of Vital Records Services, Cheyenne, Wyoming.

DATE ISSUED: \_\_\_\_\_

Lucinda McCaffrey Deputy State Registrar

This copy is not valid unless prepared on paper with an engraved border displaying the date, seal and signature of the Deputy State Registrar.

