

Return to preparer, Philip W. Dann, Esq.
1601 Commerce Avenue No.
St. Petersburg FL 33716-4205

AFFIDAVIT OF CONTINUOUS MARRIAGE – DECEASED SPOUSE

Before me, the undersigned authority, personally appeared Robin S. Caldwell who being duly sworn and cautioned, deposes and says:

1. Affiant and Denise M. Caldwell a/k/a Denise Marie Caldwell were husband and wife upon obtaining title to the following described real property:

A TIMESHARE COMPRISED OF:

PARCEL ONE

An undivided 1/102nd interest in and to that certain condominium as follows:

- (A) An undivided 1/106th interest as tenant-in-common, in and to Lot 37 as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008, Official records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (Inclusive) and Units 141 through 204 (Inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, State of Nevada.
- (B) Unit No. 200 as shown and defined on said last Condominium Plan.

PARCEL TWO

- (A) a non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe developments in deed recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East H.D.B.& M.; and
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL THREE

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as

Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East, H.D.B. & M. for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in modifications thereof: (1) recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records; (2) recorded July 2, 1976, as Document No 1472 in Book 776 Page 87 of Official Records; and (3) recorded July 29, 1989, as Document No. 207446, in Book 789, Page 3011.


PARCEL FOUR

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 30, 35, 39, 40, and 41 as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East H.D.B. & M. for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 and as amended from time to time of Official Records of Douglas County, State of Nevada.

PARCEL FIVE

The exclusive right to use any Unit of the same Unit Type as described in the Amended Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE ALTERNATE use week within the odd numbered years of the prime SEASON, as said quoted term is defined in the Declaration of Annexation of the Ridge Tahoe Phase Five.

2. Affiant and Denise M. Caldwell a/k/a Denise Marie Caldwell remained married to each without interruption from the date of taking title until the death of Denise M. Caldwell a/k/a Denise Marie Caldwell on September 13, 2012.
3. A certified copy of the death certificate of Denise M. Caldwell a/k/a Denise Marie Caldwell is attached hereto as Exhibit A.
4. This affidavit is made with reference to a deed recorded as Instrument No. 2014-853292, Douglas County, Nevada.
5. Further affiant sayeth not.




Robin S. Caldwell

ACKNOWLEDGMENT APPEARS ON FOLLOWING PAGE 3.

King County, WA

Sworn to and subscribed before me this 15th day of December, 2014, by Robin S. Caldwell who is personally known to me or who produced VA DL as identification.



Notary Public, WA
Print Name: MIKE AHN

AFFIX SEAL

NOTARY PUBLIC
STATE OF WASHINGTON
MIKE AHN
My Appointment Expires
SEPTEMBER 27, 2017

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH SERVICES DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201209000839

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES OR ALTERATIONS VS 11/REV 3/08		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DENISE		2. MIDDLE MARIE		3. LAST (Family) CALDWELL	
AKA: ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/17/1962		5. AGE Yrs. 50	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 2074		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPOP at Time of Death MARRIED		7. DATE OF DEATH mm/dd/yyyy 09/13/2012		8. HOUR (24 Hours) 2241	
13. EDUCATION - Highest Level/Degree BACHELOR		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OCCUPATIONAL THERAPIST		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL		19. YEARS IN OCCUPATION 12	
20. DECEDENT'S RESIDENCE (Street and number, or locality) 5004 PONY EXPRESS TRAIL					
21. CITY CAMINO		22. COUNTY/PROVINCE EL DORADO		23. ZIP CODE 95709	
24. YEARS IN COUNTY 15		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP SCOTT CALDWELL, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5004 PONY EXPRESS TRAIL, CAMINO, CA 95709			
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST ROBIN		29. MIDDLE SCOTT		30. LAST (BIRTH NAME) CALDWELL	
31. NAME OF FATHER/PARENT - FIRST ALBERT		32. MIDDLE -		33. LAST GUTH	
34. BIRTH STATE NJ		35. NAME OF MOTHER/PARENT - FIRST THERESE		36. MIDDLE MARIE	
37. LAST (BIRTH NAME) CASTONGUAY		38. BIRTH STATE VA			
39. DISPOSITION DATE mm/dd/yyyy 09/19/2012		40. PLACE OF FINAL DISPOSITION RES OF HUSBAND SCOTT CALDWELL 5004 PONY EXPRESS TRAIL, CAMINO, CA 95709			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SUTTER CREMATION		45. LICENSE NUMBER FD2122		46. SIGNATURE OF LOCAL REGISTRAR ROBERT HARTMANN, MD	
47. DATE mm/dd/yyyy 09/18/2012					
101. PLACE OF DEATH ROADWAY		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERIC <input type="checkbox"/> DOK <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION (WHERE FOUND) (Street and number, or locality) PONY EXPRESS TRAIL		106. CITY CAMINO	
107. CAUSE OF DEATH Enter the chain of events - (Disease, injury, or complication) - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation with a following etiology. DO NOT abbreviate. IMMEDIATE CAUSE (Final disease or condition resulting in death) CEREBRAL CONTUSION AND SKULL FRACTURE, DUE TO #2		108. DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REFERRED TO OCCUPY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Secondary, list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST MOTOR VEHICLE ACCIDENT		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) NONE		113. USE IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) LISTED Decedent Attended Show <input type="checkbox"/> Decedent Not Attended Show <input checked="" type="checkbox"/>		117. SIGNATURE AND TITLE OF CERTIFIER JEFFREY G LEWALLEN		118. LICENSE NUMBER	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
120. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) LISTED MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidental <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy 09/13/2012	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) STREET AND/OR HIGHWAY		124. HOUR (24 Hours) 2240			
125. DESCRIBE HOW INJURY OCCURRED (events which preceded or followed) DECEDENT WAS INVOLVED IN HEAD ON TRAFFIC COLLISION, OTHER DRIVER WAS ARRESTED.					
126. LOCATION OF INJURY (Street and number, or location, and city, and state) PONY EXPRESS TRAIL, CAMINO, CA 95709					
127. SIGNATURE OF CORONER / DEPUTY CORONER JEFFREY G LEWALLEN		128. DATE mm/dd/yyyy 09/16/2012		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JEFFREY G LEWALLEN, DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document originally registered and placed on file in the office of the El Dorado County Health Services Department.

* 0 0 0 1 4 4 2 0 9 *

DATE ISSUED **SEP 18 2012**
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

