

A.P.N. #	A ptn of 1319-30-644-077
Escrow No.	371684682- TS/AH
Title No.	None
Recording Requested By:	
Stewart Vacation Ownership	
Mail Tax Statements To:	
Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449	
When Recorded Mail To:	
Sonnia S. Appleton 4160 New Hope Rd. Grants Pass, OR 97527	



KAREN ELLISON, RECORDER

AFFIDAVIT – DEATH OF JOINT TENANT

State of OREGON }
 } ss.
 County of Josephine }

SONNIA S. APPLETON, of legal age, being first duly sworn, deposes and says: That **NEAL O. APPLETON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **NEAL O. APPLETON** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated May 23, 1998 executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **NEAL O. APPLETON** and **SONNIA S. APPLETON**, husband and wife as joint tenants, recorded as Document No. 440772, on May 29, 1998 in Book 598, Page No. 5936 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Plaza Building, Swing Season, Even Year Use, Account #3716846C, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: 5-6-2015

Sonnia S. Appleton
 SONNIA S. APPLETON

State of Oregon }
 } ss.
 County of Josephine }

This instrument was acknowledged before me on May 6th, 2015 (date)
 by: Sonnia S. Appleton

Signature:

Kelly Marie Scheidegger
 Notary Public



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

692033
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER

4408296

1. Legal Name First: Neal, Middle: Oliver, Last: Appleton, Suffix: _____				2. Death Date July 18, 2014	
3. Sex Male	4. Age 69 years	5. Social Security Number [REDACTED]-0489		6. County of Death Josephine	
7. Birthdate November 23, 1944		8. Birthplace Los Angeles, California		9. Decedent's Education Some college	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes	
13. Residence, Number and Street 4160 New Hope Road			14. City/Town Grants Pass		
15. Residence County Josephine		16. State or Foreign Country Oregon		17. Zip Code + 4 97527	
18. Inside City Limits? No		19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Sonnia Saloman	
21. Usual Occupation Aircraft Mechanic			22. Kind of Business/Industry Airlines		
23. Father's Name Harry Maxwell Appleton			24. Mother's Name Prior to First Marriage Eline Gudmundson		
25. Informant's Name Sonnia S Appleton		26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address 4160 New Hope Road, Grants Pass, OR 97527					
29. Place of Death Decedent's Residence - Hospice			30. Facility Name		
31. Location of Death 4160 New Hope Road		32. City/Town or Location of Death Grants Pass		33. State Oregon	
34. Zip Code + 4 97527		35. Method of Disposition Cremation		36. Place of Disposition Hull & Hull Crematory	
37. Location Grants Pass, Oregon					
38. Name and Complete Address of Funeral Facility Hull & Hull Funeral Directors, 612 NW A Street, Grants Pass, Oregon 97526					
39. Date of Disposition TBD		40. Funeral Director's Signature Kendra J Johnson		41. OR License Number FS-0331	
42. Registrar's Signature [Signature]		43. Date Received July 31, 2014		44. Local File Number 561-14	
45. Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 19:45					
CAUSE OF DEATH:					
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				Approximate Interval: Onset to Death	
Final disease or condition resulting in death ->		IMMEDIATE CAUSE a. METASTATIC ESOPHAGEAL CANCER RECURRENT TO BRAIN		WEEKS	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		b. ESOPHAGEAL CANCER METS TO BRAIN		2013	
		c. ESOPHAGEAL CANCER		2012	
		d.			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above. GERD					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)					
60. Describe how injury occurred				61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) MARCEL WIGGERS, MD; 495 SW RAMSEY AVE, GRANTS PASS, OR 97527					
63. Name and Title of Attending Physician, if Other than Certifier					
64. Title of Certifier M.D.		65. License Number 24894		66. Date Signed (MM/DD/YYYY) 7/28/2014	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - On the basis of examination, and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
69. Amendment					

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: July 31, 2014

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(37)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded 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. 168 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 the Even -numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-077

This document is recorded as an
ACCOMMODATION ONLY and without liability
for the consideration ~~therefore~~, or as to the
validity or sufficiency of said instrument, or
for the effect of such recording on the title of
the property involved.