

June 15, 2015

A Portion of APN: 40-370-11

AFFIDAVIT OF DEATH

State of Missouri

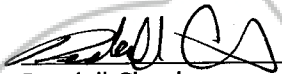
County of Stone

Before me, the undersigned Notary Public, personally known to me, appeared Randall Cloud (hereinafter "Affiant"), who first being duly sworn, deposes and says that Affiant has personal knowledge of the facts and matters set forth herein.


1. Affiant is over the age of eighteen (18) years of age;
2. Affiant further states that he is executing this Affidavit for the purpose of establishing in the Public Records that the date of death for John W. Wolfenden was March 31, 2012, as stated on the attached Certificate of Death.

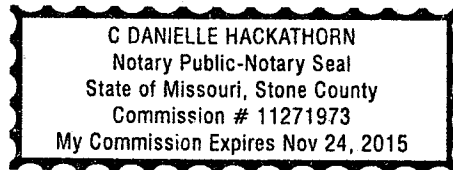
John W. Wolfenden acquired property described in Exhibit "A" attached hereto in Grant, Bargain, Sale Deed dated August 2, 1989 and recorded August 15, 1989 at Book 889, Page 2151 in the Office of the Recorder of Deeds of Douglas County, Nevada.

Affiant has caused this Affidavit to be executed this 8th day of June, 2015.


Randall Cloud

On this 8 day of June, 2015, before me personally appeared Randall Cloud, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that they/he executed the same as his/their free act and deed.


Notary Public



My Commissions Expires: Nov 24, 2015

Exhibit "A"

Ridge Crest Legal

An Alternate Timeshare Estate comprised of:

Parcel 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

- (a) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 771, Douglas County, Nevada, as Document No. 183624.
- (b) Unit No. **202** as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

Parcel 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

Parcel 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above, during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions, and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "use week" as more fully set forth in the CC&R's.

A Portion of APN 40-370-11

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH SERVICES DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201209000316

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOHN		3. LAST (Family) WOLFENDEN	
2. MIDDLE WILLIAM		4. DATE OF BIRTH mm/dd/yyyy 04/13/1935	
5. AGE Yrs. Mths. Ds. 76		6. UNDER ONE YEAR Months Days Hours Minutes 76 0 0 0	
7. SEX M		8. MARITAL STATUS/SPOP (at Time of Death) MARRIED	
9. BIRTH STATE/FOREIGN COUNTRY ID		10. SOCIAL SECURITY NUMBER 8073	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. DATE OF DEATH mm/dd/yyyy 03/31/2012	
13. EDUCATION - (Highest Level/Degree) (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. HOURS (24 Hours) 1329	
17. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) GAS AND ELECTRIC	
19. YEARS IN OCCUPATION 36		20. DECEDENT'S RESIDENCE (Street and number, or location) 6020 S. SHINGLE ROAD	
21. CITY SHINGLE SPRINGS		22. COUNTY/PROVINCE EL DORADO	
23. ZIP CODE 95682		24. YEARS IN COUNTY 43	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JOAN WOLFENDEN, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6020 S. SHINGLE ROAD, SHINGLE SPRINGS, CA 95682		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST JOAN	
29. MIDDLE D.		30. LAST (BIRTH NAME) THOMA	
31. NAME OF FATHER/PARENT - FIRST TOM		32. MIDDLE -	
33. LAST WOLFENDEN		34. BIRTH STATE ENGLAND	
35. NAME OF MOTHER/PARENT - FIRST EMILY		36. MIDDLE -	
37. LAST (BIRTH NAME) NUTTALL		38. BIRTH STATE ENGLAND	
39. DISPOSITION DATE mm/dd/yyyy 04/11/2012		40. PLACE OF FINAL DISPOSITION GREEN VALLEY CEMETERY 3004 ALEXANDRITE DRIVE, RESCUE, CA 95672	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER JUSTIN RILEY	
43. LICENSE NUMBER EMB9214		44. NAME OF FUNERAL ESTABLISHMENT GREEN VALLEY MORTUARY & CEMETERY	
45. LICENSE NUMBER FD1551		46. SIGNATURE OF LOCAL REGISTRAR ROBERT HARTMANN, MD	
47. DATE mm/dd/yyyy 04/03/2012		48. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> # <input checked="" type="checkbox"/> OTHOP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
49. PLACE OF DEATH MARSHALL HOSPITAL		50. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> # <input checked="" type="checkbox"/> OTHOP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1100 MARSHALL WAY	
106. CITY PLACERVILLE		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. (A) SEVERE CORONARY ARTERY ATHEROSCLEROSIS	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) SEVERE CORONARY ARTERY ATHEROSCLEROSIS		109. TIME INTERVAL BETWEEN ONSET AND DEATH (A) YEARS EM12-2750	
110. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) CARDIOMEGALY		111. DEATH REFERRED TO CORONER? <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 CARDIOMEGALY		113. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. ALIQUOT PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent's Date of Birth: Since Decedent's Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ROBERT HARTMANN, MD	
115. TYPE (Attending Physician, Nurse, Medical Examiner, etc.) Attending Physician		116. LICENSE NUMBER EM12-2750	
117. DATE mm/dd/yyyy 04/03/2012		118. DATE mm/dd/yyyy 04/03/2012	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. TYPE (Attending Physician, Nurse, Medical Examiner, etc.) Attending Physician		121. INJURY DATE mm/dd/yyyy 04/03/2012	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) HOME		122. HOUR (24 Hours) 1329	
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) None		123. LOCATION OF INJURY (Street and number, or location, and city, and zip) 6020 S. SHINGLE ROAD, SHINGLE SPRINGS, CA 95682	
124. SIGNATURE OF CORONER / DEPUTY CORONER ERIC L HARNAGE		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ERIC L HARNAGE, DEPUTY CORONER	
126. DATE mm/dd/yyyy 04/03/2012		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ERIC L HARNAGE, DEPUTY CORONER	
128. SIGNATURE OF CORONER / DEPUTY CORONER ERIC L HARNAGE		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ERIC L HARNAGE, DEPUTY CORONER	
130. DATE mm/dd/yyyy 04/03/2012		131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ERIC L HARNAGE, DEPUTY CORONER	

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

Robert Hartmann MD

* 0 0 0 1 4 2 1 2 8 *

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

DATE ISSUED **JUN - 8 2012**

Olivia Kasirye
OLIVIA C. KASIRYE, M.D., M.S.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

