

DOUGLAS COUNTY, NV

**2016-876125**

Rec:\$17.00

\$17.00 Pgs=4

02/01/2016 09:13 AM

DIAMOND RESORTS

KAREN ELLISON, RECORDER

**A Portion of APN: 1319-30-712-001**

Identification Number: 16-014-30-71

**RPTT: \$0.00**

**MAIL TAX STATEMENTS TO:**

**RECORDING REQUESTED BY:**

**WHEN RECORDED MAIL TO:**

Diamond Resorts Corporation  
c/o-Reconveyance Department-  
10600 W. Cheyenne Blvd.  
Las Vegas, NV 89135

**Contract #: 1117589**

**Unit/Week: 014-30-Odd**

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**COVERSHEET**

**AFFIDAVIT - DEATH OF JOINT TENANT**

**A Portion of APN: 1319-30-712-001**  
**Identification Number: 16-014-30-71**

**RECORDING REQUESTED BY**

And when recorded mail to:  
Diamond Resorts Corporation  
C/O Reconveyance Department  
10600 West Charleston Blvd.  
Las Vegas, NV 89135

**AFFIDAVIT – DEATH OF JOINT TENANT**

State of: California

County of: Santa Barbara

Account No.: **1117589** Assessor's Parcel Number: Portion of APN: 1319-30-712-001

**LOUISE E. STETTINIUS**, of legal age, being first duly sworn, deposes, and says:

That **PETER E. STETTINIUS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as one of the parties in that certain **Grant Deed** dated **November 16, 2002**, executed by **PETER E. STETTINIUS AND LOUISE E. STETTINIUS**, recorded as Instrument No. **0559228**, on **November 27, 2002**, in Book **1102**, Page **12095**, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stateline, County of Douglas, State of Nevada.

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Dated 10 November 2015

Louise E. Stettinius  
**LOUISE E. STETTINIUS**

State of: California )

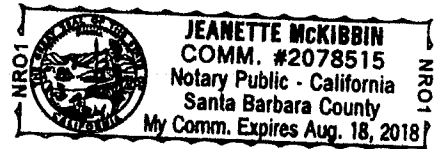
County of: Santa Barbara )

Subscribed and sworn to (or affirmed) before me, on this 10<sup>th</sup> day of November, 2015, by **LOUISE E. STETTINIUS**, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Jeanette McKibbin

Print Notary Name: Jeanette McKibbin

My Commission expires: Aug. 18, 2018



(seal)

**EXHIBIT "A" (160)**

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: ~~An undivided 1/2,652nd~~ interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 – 14<sup>th</sup> AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: beginning at the Northeast corner of Lot 160; thence South 31°11'12" East 81.16 feet; thence South 58°48'39" West 57.52 feet; thence North 31°11'12" West 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet the chord of said curve bears North 60°39'00" East 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each Biennial Odd year in accordance with said Declaration.

**A portion of APN: 1319-30-712-001**  
**Identification Number: 16-014-30-71**

**STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD**

**SANTA BARBARA COUNTY  
PUBLIC HEALTH DEPARTMENT**

3052011023363

**CERTIFICATE OF DEATH**

3201142000283

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 5/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) <b>PETER</b>		2. MIDDLE <b>J.</b>		3. LAST (Family) <b>ENDROEDY STETTINIUS</b>	
A.K.A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>04/21/1929</b>		5. AGE Yrs <b>81</b>	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX <b>M</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>GERMANY</b>		10. SOCIAL SECURITY NUMBER <b>4355</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SDP* (at Time of Death) <b>MARRIED</b>	7. DATE OF DEATH mm/dd/yyyy <b>02/04/2011</b>
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>SOME COLLEGE</b>		14/15. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	8. HOUR (24 Hours) <b>2330</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>SERVICE ADVISOR</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>AUTOMOTIVE</b>		19. YEARS IN OCCUPATION <b>20</b>
20. DECEASED'S RESIDENCE (Street and number, or location) <b>1514 LAS POSITAS ROAD</b>					
21. CITY <b>SANTA BARBARA</b>		22. COUNTY/PROVINCE <b>SANTA BARBARA</b>	23. ZIP CODE <b>93105</b>	24. YEARS IN COUNTRY <b>50</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>
26. INFORMANT'S NAME, RELATIONSHIP <b>LOUISE STETTINIUS, WIFE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1514 LAS POSITAS ROAD, SANTA BARBARA, CA 93105</b>		
28. NAME OF SURVIVING SPOUSE/SDP* -FIRST <b>LOUISE</b>		29. MIDDLE <b>HELENE</b>	30. LAST (BIRTH NAME) <b>SCHILLING</b>		34. BIRTH STATE <b>GERMANY</b>
31. NAME OF FATHER/PARENT -FIRST <b>JULIUS</b>		32. MIDDLE <b>-</b>	33. LAST <b>ENDROEDY STETTINIUS</b>		38. BIRTH STATE <b>GERMANY</b>
35. NAME OF MOTHER/PARENT -FIRST <b>GERDA</b>		36. MIDDLE <b>-</b>	37. LAST (BIRTH NAME) <b>NORDMANN</b>		39. BIRTH STATE <b>GERMANY</b>
39. DISPOSITION DATE mm/dd/yyyy <b>02/10/2011</b>		40. PLACE OF FINAL DISPOSITION <b>AT SEA OFF THE COAST OF SANTA BARBARA COUNTY</b>			
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>MCDERMOTT-CROCKETT MORTUARY</b>		45. LICENSE NUMBER <b>FD383</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>TAKASHI M WADA, MD</b>	47. DATE mm/dd/yyyy <b>02/09/2011</b>	Fees
101. PLACE OF DEATH <b>SANTA BARBARA COTTAGE HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTD <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
104. COUNTY <b>SANTA BARBARA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>PUEBLO AT BATH ST</b>		106. CITY <b>SANTA BARBARA</b>	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>BACTERIAL SEPSIS</b>		108. PERIOD BETWEEN ONSET AND DEATH <b>1 DAY</b>	109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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>PANCYTOPENIA</b>		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>MYELOMA</b>		110. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>BACTERIAL BURSTITIS RIGHT GREATER TROCHANTER</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>BONE MARROW EXAM 04/06/2006</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive <b>04/06/2006 01/15/2011</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>THOMAS BRUCE S WOLIVER M.D.</b>	116. LICENSE NUMBER <b>G39797</b>	117. DATE mm/dd/yyyy <b>02/09/2011</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>THOMAS BRUCE S WOLIVER M.D</b>					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, woodland area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA BARBARA

SS DATE ISSUED  
**FEB 11 2011**

*T. M. Wada*  
**TAKASHI M. WADA, M.D.**  
HEALTH OFFICER  
PUBLIC HEALTH DEPARTMENT  
COUNTY OF SANTA BARBARA, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

