



KAREN ELLISON, RECORDER

APN 1319-30-542-019

WHEN RECORDED MAIL TO:

Sandra Kaniewski
3723 Mango Ct.
The Villages, FL 32163-2761

MAIL TAX STATEMENTS TO:

Ridge Sierra
P.O. Box 859
Sparks, NV 89432

DECLARATION (OR AFFIDAVIT) OF DEATH


State of FL

County of Sumter

I, Sandra J. Kaniewski "being duly sworn" say I am 18 years of age or over; Ralph S. Kaniewski, the decedent mentioned in the attached Certificate of Death, is the same person as Ralph S. Kaniewski, named as one of the parties in the deed dated May 18, 2000, executed by Kenneth L. & Megan L. Ginader to Ralph S. Kaniewski and the undersigned, as Joint Tenants, recorded on May 31, 2000, as Instrument # 493025 in Book 0500, Page 6578, of the Official Records of Douglas County, Nevada, covering the property situated in Stateline, County of Douglas, State of Nevada, described as follows:

Timeshare No. 01-008-20-02

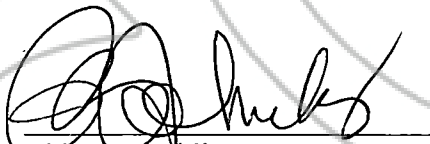
A.P.N. 1319-30-542-019

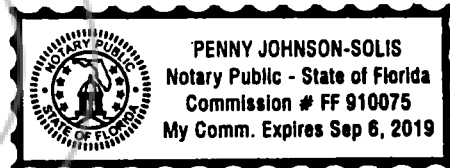

SANDRA J. KANIEWSKI

Subscribed and sworn to before me
on 3-21-16

by Sandra J. Kaniewski

Who 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



(seal of notary public)

EXHIBIT "A"
(Sierra 01) 01-008-20-02

A timeshare estate comprised of:

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

- (A) An undivided 1/8th interest as tenants in common, in and to the Common Area of **Lot 4** of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada
- (B) Unit No. **B4** as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, 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" within the **PRIME** "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, 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 Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-542-019

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014141771

DATE ISSUED: October 15, 2014

DECEDENT INFORMATION

STATE FILE DATE: October 14, 2014

NAME: RALPH STANLEY KANIEWSKI

DATE OF DEATH: October 10, 2014

SEX: MALE

SSN: [REDACTED]-7709

AGE: 077 YEARS

DATE OF BIRTH: April 19, 1937

BIRTHPLACE: DETROIT, MICHIGAN, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: THE VILLAGES HOSPICE HOUSE

LOCATION OF DEATH: THE VILLAGES, SUMTER COUNTY, 32162

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): SANDRA TREOLO

RESIDENCE: 825 PICKETT ROAD, THE VILLAGES, FLORIDA 32163, UNITED STATES

COUNTY: SUMTER

OCCUPATION, INDUSTRY: MAINTENANCE BASE SPECIALIST, MANUFACTURING

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean
 American Indian or Alaskan Native--Tribe: Vietnamese Other Asian:
 Guamanian or Chamorro Samoan Other Pacific Isl: Other Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: STANLEY KANIEWSKI

MOTHER: SOPHIE KEITZ

INFORMANT: SANDRA KANIEWSKI

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 825 PICKETT ROAD, THE VILLAGES, FLORIDA 32163, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: TRI CITY CREMATORY
DAYTONA BEACH, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: KAITLYNN M. SCHRADER, F048942

FUNERAL FACILITY: BALDWIN BROTHERS CREMATION SOCIETY-LADY LAKE F075036
13753 N US HWY 441, LADY LAKE, FLORIDA 32159

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1555

CERTIFIER'S NAME: BRIAN FRANCIS LIEBERSBACH

CERTIFIER'S LICENSE NUMBER: ME82125

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

b

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr)

INJURY AT WORK?


LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:



, State Registrar

REQ: 2015331080

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 5 3 6 7 2 8 8 3 *

DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

