



KAREN ELLISON, RECORDER

APN 1319-30-528-005

WHEN RECORDED MAIL TO:

Grantee c/o Ridge Sierra  
515 Nichols Blvd.  
Sparks, NV 89431

MAIL TAX STATEMENTS TO:

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

DECLARATION (OR AFFIDAVIT) OF DEATH

State of California

County of Los Angeles

I, Gerald L. Hoglan "being duly sworn" say I am 18 years of  
age or over; Miriam L. Hoglan, the decedent mentioned in the  
attached Certificate of Death, is the same person as Miriam L. Hoglan,  
named as one of the parties in the deed dated July 9, 1989, executed  
by Harlesk Management, Inc. to Miriam L. Hoglan and the  
undersigned, as Joint Tenants, recorded on July 20, 1989, as  
Instrument # 207015 in Book 789, Page 2108, 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. 05-033-06-01

A.P.N. 1319-30-528-005

  
GERALD L. HOGLAN

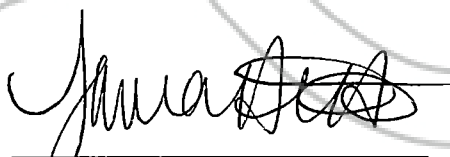
Subscribed and sworn to before me  
on 2/11/2016

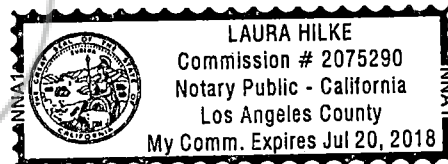
by Gerald L. Hoglan

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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public



(seal of notary public)

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY OF LONG BEACH**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LONG BEACH, CALIFORNIA

**CERTIFICATE OF DEATH**

3200862002756

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		3 LAST (Family)	
MIRIAM		HOGLAN	
2 MIDDLE		4 DATE OF BIRTH	
LORI		11/03/1942	
AKA ALSO KNOWN AS - include full AKA (FIRST MIDDLE LAST)		5 AGE Yrs	
		65	
9 BIRTH STATE/FOREIGN COUNTRY		12 MARITAL STATUS at Time of Death	
TX		MARRIED	
10 SOCIAL SECURITY NUMBER		7 DATE OF DEATH	
-7846		10/20/2008	
11 EVER IN U.S. ARMED FORCES?		8 HOUR (24 hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		1315	
13 EDUCATION (highest Level/Degree)		16 DECEDENT'S RACE - up to 3 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO CAUCASIAN	
1415 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? If yes, see worksheet on back		17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
<input type="checkbox"/> YES		SUPERVISOR	
18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)		19 YEARS IN OCCUPATION	
COMMUNICATIONS		27	
20 DECEDENT'S RESIDENCE (Street and number or location)			
6156 LOS ARCOS ST.			
21 CITY		22 COUNTY/PROVINCE	
LONG BEACH		LOS ANGELES	
23 ZIP CODE		24 YEARS IN COUNTY	
90815		32	
25 STATE/FOREIGN COUNTRY		26 INFORMANT'S NAME RELATIONSHIP	
CA		GERALD LANE HOGLAN, HUSBAND	
27 INFORMANT'S MAILING ADDRESS (Street and number or route number, city or town, state, ZIP)		28 NAME OF SURVIVING SPOUSE - FIRST	
6156 LOS ARCOS ST., LONG BEACH, CA 90815		GERALD	
29 MIDDLE		30 LAST (Maiden Name)	
LANE		HOGLAN	
31 NAME OF FATHER - FIRST		32 MIDDLE	
JOSE		-	
33 LAST		34 BIRTH STATE	
VILLALOBOS		MEXICO	
35 NAME OF MOTHER - FIRST		36 MIDDLE	
EVA		-	
37 LAST (Maiden)		38 BIRTH STATE	
SALAS		MEXICO	
39 DISPOSITION DATE		40 PLACE OF FINAL DISPOSITION	
11/04/2008		EVERGREEN CEMETERY 12400 MONTANA AVE., EL PASO, TX 79938	
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER	
CR/TR		<input checked="" type="checkbox"/> NOT EMBALMED	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT	
-		CREM. SOC. OF ORANGE CST.	
45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
FD-1704		HELENE CALVET, MD	
47 DATE		11/03/2008	
101 PLACE OF DEATH			
LONG BEACH MEMORIAL HOSPITAL			
102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
LOS ANGELES		2801 ATLANTIC AVE.	
106 CITY		107 CAUSE OF DEATH	
LONG BEACH		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.	
108 DEATH REPORTED TO CORONER?		109 DEATH REPORTED TO CORONER?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(A) WEEKS		(B) WEEKS	
2008-07430		100 BIOPSY PERFORMED?	
100 BIOPSY PERFORMED?		110 AUTOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) UNK		(D) UNK	
111 USED IN DETERMINING CAUSE?		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		HYPERTENSION, DIABETES MELLITUS	
113 WAS OPERATION PERFORMED FOR ANY CONDITION LISTED IN 107 OR 112? If yes, list type of operation and date.			
ABSCCESS DRAINAGE 10/17/2008			
114 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED IN THE LOCAL CERTIFICATE.		115 SIGNATURE AND TITLE OF REGISTRAR	
B V SHAFER		10/30/2008	
116 MANNER OF DEATH		117 HOURS AT SCENE	
<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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
118 PLACE OF INJURY (e.g. home, commercial site, wooded area, etc.)			
119 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
120 LOCATION OF INJURY (Street and number or location, city, and state)			
121 NATURE OF INJURY (e.g. gunshot, stab wound, etc.)			
B V SHAFER			

STATE REGISTRAR A B C D E 11/03/2008 B V SHAFER, DEPUTY CORONER

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA  
CITY OF LONG BEACH

SS

DATE ISSUED **DEC 22 2008**

*Helene Calvet MD*

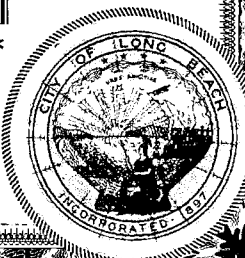
This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

HELENE CALVET, M.D.  
CITY HEALTH OFFICER  
REGISTRAR OF VITAL RECORDS

PHNCO (Rev) 11-06

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LONG BEACH, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3200862002756

STATE FILE NUMBER

1.1

LOCAL REGISTRATION NUMBER

[ ] BIRTH [X] DEATH [ ] FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Form with fields for 1A NAME-FIRST (MIRIAM), 1B MIDDLE (LORI), 1C LAST (HOGLAN), 2 SEX (F), 3 DATE OF EVENT (10/20/2008), 4 CITY OF EVENT (LONG BEACH), 5 COUNTY OF EVENT (LOS ANGELES), 6 FULL NAME OF FATHER/PARENT (JOSE - VILLALOBOS), 7 FULL NAME OF MOTHER/PARENT (EVA - SALAS)

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: 8 ITEM NUMBER TO BE CORRECTED, 9 INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD, 10 CORRECTED INFORMATION AS IT SHOULD APPEAR. Rows include corrections for birth dates and cemetery information.

11 TO CORRECT THE RECORD

REASON FOR CORRECTION

AFFIDAVITS AND SIGNATURES. We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct. Includes signatures of Esther Barbosa and Chaz Camacho.

14 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR: HELENE CALVET, MD

15 DATE ACCEPTED FOR REGISTRATION: 11/07/2008

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24e (REV. 1/08) \*022008000142967\*

STATE OF CALIFORNIA CITY OF LONG BEACH

CERTIFIED COPY OF VITAL RECORDS

DEC 22 2008

\*000404016\*

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

HELENE CALVET, M.D. CITY HEALTH OFFICER REGISTRAR OF VITAL RECORDS

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

(Sierra 05) 05-033-06-01

A timeshare estate comprised of:

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

- (A) An undivided 1/6<sup>th</sup> interest as tenants in common, in and to the Common Area of **Lot 21** of Tahoe Village Unit No. 1, as shown on the map recorded December 27, 1983, as Document No. 93406, 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. **A3** as shown and defined on said condominium map recorded as Document No. 93406, 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. 93406, 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: 1319-30-528-005