



KAREN ELLISON, RECORDER

APN 1319-30-528-004

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 WASHINGTON

County of SNOHOMISH

I, Alfred R. Wegner "being duly sworn" say I am 18 years of age or over; Maureen T. Wegner, the decedent mentioned in the attached Certificate of Death, is the same person as Maureen T. Wegner, named as one of the parties in the deed dated January 11, 1992, executed by Doye O. Sivils & Marcia C. Sivils to Maureen T. Wegner and the undersigned, as Joint Tenants, recorded on January 30, 1992, as Instrument # 269988 in Book 192, Page 4091, 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. 05-035-12-03

A.P.N. 1319-30-528-004

*alfred R. Wegner*  
*by Barbara Svensson*  
*attly in fact*  
ALFRED R. WEGNER  
by Barbara Svensson as his  
Attorney in Fact

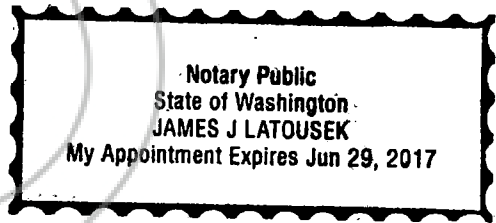
Subscribed and sworn to before me  
on MAY 24, 2016

by Alfred R. Wegner  
by Barbara Svensson his  
Attorney in Fact

*Barbara Svensson*  
BARBARA SVENSSON

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.

*James J. Latousek*  
Notary Public



(seal of notary public)

EXHIBIT "A"  
(Sierra 05) 05-035-12-03

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. **B2** 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: 1319-30-528-004

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2013017968  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Maureen T WEGNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 31, 2013</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar <b>Odyssey Harbor House</b>		3e If Hosp or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Residential Care Facility</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>71</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 28, 1942</b>		9a. STATE OF BIRTH (If not U S A . <b>North Dakota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Give maiden name) <b>Alfred WEGNER</b>	
13. SOCIAL SECURITY NUMBER <b>██████-7548</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Housewife</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>3217 Kinsale Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Morris ANDERSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bernice EKREN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Don TAYLOR</b>		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>901 East Topeka Drive Phoenix, Arizona 85024</b>			
19a. BURIAL CREMATION, REMOVAL OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Desert Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRIS WALTERS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>64</b>		20c. NAME AND ADDRESS OF FACILITY <b>Desert Memorial Cremation and Burial</b> <b>1111 Las Vegas Blvd N Las Vegas NV 89101</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due cause(s) stated. (Signature & Title) <b>GOPALAKRISHNA LEELA MD</b> SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion death occurred at the date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>November 04, 2013</b>		21c. HOUR OF DEATH <b>01:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>GOPALAKRISHNA LEELA MD 4011 McLeod Drive Las Vegas, NV 89121</b>				23b. LICENSE NUMBER <b>11458</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 05, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>End stage liver disease</b> DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		28g. LOCATION STREET OR R F D No CITY OR TOWN STATE	

STATE REGISTRAR

Information Corrected, State Affidavit# 61151, 12/17/2014 - 13

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

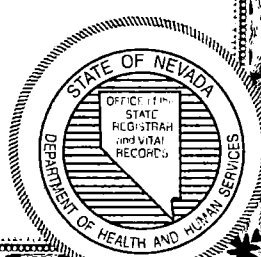
DATE ISSUED:

DEC 29 2014

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

RudWham

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE