RECORDING REQUESTED BY: JAMES A. HUMPHREYS, JR., ESQ.

WHEN RECORDED MAIL TO: JAMES A. HUMPHREYS, JR., ESQ. 18831 Von Karman Avenue, Suite 150 Irvine, CA 92612

MAIL TAX STATEMENTS TO:

Paul C. Gorman, Trustee 7056 Little Harbor Drive Huntington Beach, CA 92648 DOUGLAS COUNTY, NV

2017-895907

Rec:\$16.00 Total:\$16.00

03/13/2017 02:49 PM

JAMES A. HUMPHREYS, JR., ESQ

Pas=3



KAREN ELLISON, RECORDER

APN 1319-30-722-00

(This Space Is Reserved For Recorder's Use ONLY)

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
COUNTY OF DOUGLAS) ss.)

PAUL C. GORMAN, Surviving Trustee with ORPHA C. GORMAN of the SURVIVOR'S TRUST of the EDWARD AND ORPHA GORMAN TRUST dated November 29, 1988, of legal age, being first duly sworn, deposes and says that ORPHA CATHERINE GORMAN, the Decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ORPHA C. GORMAN, named as one of the parties in that certain Grant Deed dated July 24, 2007 executed by RIDGE TAHOE PROPERTY OWNER'S ASSOCIATION, to ORPHA C. GORMAN and PAUL C. GORMAN, Co-Trustees of the SURVIVOR'S TRUST of the EDWARD AND ORPHA GORMAN TRUST dated November 29, 1988, recorded as Document No. 0706427, on July 30, 2007, official records of Douglas County, State of Nevada, concerning the property described as:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

I further depose and state that this Affidavit is made pursuant to my authority as sole Trustee named in the aforementioned Trust to evidence my authority to execute a Deed to this property.

Dated: 10-27-16

PAUL C. GORMAN, Surviving Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF <u>CALIFORNIA</u>) ss.
COUNTY OF ORANGE)

Subscribed and sworn to before me on 10-27-2016, 2016 by PAUL C. GORMAN, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Floreling P. acoba

EXHIBIT "A"

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 32 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 101 through 120 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 108 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; together with those easements appurtenant thereto and such easemeths described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the SUMMER "Season" as defined in and in accordance with said Declarations.



CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A SANTA ANA, CALIFORNIA 92701

	3052015253364	CERTIFICATE OF DEATH				3201530019535		
	STATE FILE NUMBER 1. NAME OF DECEDENT-FIRST (Given)	LISE BLACK HIK ONLY / X	STATE OF CALIFORNIA USE BLACK NW ONLY / N CHANGRY JUGS 2. MICHOLE 3. LAST (Fembr)			LOCAL REGISTRATION NUMBER		
≤	ORPHA	CATHERINE		GORMÁN			_\	
AL DA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		09/24	F BIRTH mm/dd/ecyy 5.AGE Y /1922 93	rs. If UNDE	RONE YEAR IF L Days Ho	MDER 24 HOURS 0. SEX	
DECEDENT'S PERSONAL DATA	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY			12, MARITAL STATUS/SRDP (M Time		E OF DEATH movide		
r's PE	WI 9324 13. EDUCATION - Highwit Level Degree 14/15, WAS DECEDENT HISPANIC			WIDOWED 16. DECEDENT'S RACE - Up to 3		28/2015	1738	
EDEN	SOME COLLEGE YES		X NO (CAUCASIAN	The second name of the second	-		
DEC	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USI REGISTERED NURSE		DOFBUSINESSORIN DICAL	DUSTRY (e.g., grocery store, road	construction, emp	ploymera agency, etc.)	10. YEARS IN OCCUPATION 50	
	20. DECEDENT'S RESIDENCE (Street and number, or location)	111			·	·		
USUAL	6882 DEFIANCE DR.	DUNTY/PROVINCE	23. 219	CODE 24. YEARS II	COUNTY 25	STATE/FOREIGN C	OUNTRY	
	HUNTINGTON BEACH OF	ANGE	9264	- APT		SA		
MEOR	20, INFORMANT'S NAME, RELATIONSHIP PAUL C. GORMAN, SON		7056 LITTLI	E HARBOR DR.,	TUNTING	STON BEA	ČH, ČA 92648	
	28. NAME OF SURVIVING SPOUSE/SADP-FIRST	29. MIDDLE		30. LAST (BIRTH NAME)				
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE		33. LAST	+	-	S4. BIRTH STATE	
	ALVIN 35. NAME OF MOTHER/PARENT-FIRST	MARTIN 36, MIDDLE	-	HUGHES 37. LAST (BIRTH NAME)			WI 38. EERTH STATE	
	CARRIE	SUSAN	1	THELEN	<i>"</i>	/	WI	
AB AB		SMON GOOD SHE			/			
L DIRECT REGISTR	41. TYPE OF DISPOSITION(S)	12. SIGNATUR	E OF EMBALMER	11, 07 020 10			43. LICENSE NUMBER	
FUNERAL DIRECTORY LOCAL REGISTRAR	BU 44. NAME OF FLINERAL ESTABLISHMENT		NICHOLS NUMBER 48. BIGNATI	URE OF LOCAL REGISTRAR			EMB9252 47 DATE mm/dd/ccyy	
₹3	44, NAME OF FUNERAL ESTABLISHMENT HERITAGE MEMORIAL SERVICES	FD1734	▶ ERIO	C G. HANDLER, M		影彩	12/31/2015	
r F	101. PLACE OF DEATH RESIDENCE-HOSPICE	The second secon	102. #	P EPVOP DOA	103, NF OTHER	THAN HOSPITAL, SI	PECIFY ONE Decedent's Other Horns	
PLACE OF DEATH		OR LOCATION WHERE FOUND	D (Street and number, or	r location)		HUNTING	TON BEACH	
_		7	that directly caused de	odh DO NOT enter terminal events s DO NOT ABBREVIATE	uch .	Tima Interval February Onset and Death	106 DEATH REPORTED TO CORONER?	
	IMMEDIATE CAUSE (A) PNEUMONIA	ETERT, OF VEHICELEAN REPUBLICATION OF	TO SERVICE STREET, STR	DONOFACENIE		ил 3 WKS	YES X NO	
	condition resulting (8) CONGESTIVE HEART	FAILURE	-		-	(BT)	109. BIOPSY PERFORMED?	
Ħ	Sequentially, list				-	YRS (CT)	YES X NO	
OF DE	OF LINE A, ERTER UNDERLYING CAUSE Missess of						YES X NO	
CAUSE OF DEATH	nury that (D) (nitrated the events (D) (nutring in death) (AST					(10)	111 USED IN DETERMENING CAUSE? YES NO	
Ü	112 OTHER SIGNERICALT CONDITIONS CONTRIBUTING TO DEATH HYPERTENSION, ATRIAL FIBRILLA	BUT NOT RESULTING IN THE U	NDERLYING CAUSE GN	VĒŇ IN 107				
	113, WAS OPERATION PERFORMED FOR ALLY CONDITION IN TIEM NO	107 OR 112? (If yes, list type of o	operation and date.)			113A U	FEMALE, PREGNANT IN LAST YEAR?	
	76.	115. SIGNATURE AND TITLE OF	- A			SA LICENSE NIBIRE	YES X NO UNK B 117. DATE mm/dd/ccyy	
PHYSICIAN'S CERTIFICATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	ILLIE BOXANN	JE MATSULI	RAM.D.		461305	12/30/2015	
HYSIC	(A) mm/dd-ccyy (B) mm/dd-ccyy	118, TYPE ATTENDING PHYSIC	NAME, MALING	ADDRESS, ZIP CODE JULIE D, HUNTINGTON	ROXAN	INE MATSU	JURA M.D.	
-8	119, I CERTIFY THAT IN 13Y OPINION DEATH OCCURRED AT THE HOUR, DATE	AND PLACE STATED FROM THE CA	USES STATED.	120. INJURED AT WORK		21. INJURY DATE m	m/dd/ocyy 122, HOUR (24 Hours)	
>-	MANNER OF CEATH Natural Accident Homicide 123, PLACE OF INJURY (e.g., home, construction are, wooded area.	Buicklo Investigat	determine	YE9 NO	UNK			
USEONLY								
S. E.	124, DESCRIBE HOW INJURY OCCURRED (Exerts which resulted in Injury)							
PRONE	125. LOCATION OF INJURY (Sireal and number or location, and city, and 2(p)							
ŏ	120. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE minvad/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER							
	NE A B C D	I E	arm Impanyation	also the fit is say that we have the	nan T.	FAX AUTH.#	CENSUS TRACT	
REGIS	ALE					TRA RUIT.	CENTOO INACT	
-		*						

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED January 8, 2016

003705371

lu & Hardle 4.0.

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



ANY ALTERATION OR FRASIJRE VOIDS THIS CERTIFICATE

AORANGEDL