

DOUGLAS COUNTY, NV

2017-896796

Rec:\$20.00

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04/04/2017 04:08 PM

STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A.P.N. #	A ptrn of 1319-30-724-035
Escrow No.	20170371- TS/AH
Recording Requested By:	
Stewart Vacation Ownership	
Mail Tax Statements To:	
Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449	
When Recorded Mail To:	
Kristin H. Barrueto 4740 - 47 th Ave. N.E. Seattle, WA 98105	

AFFIDAVIT - DEATH OF JOINT TENANT

State of WASHINGTON }
 } ss.
 County of KING }

KRISTIN H. BARRUETO, of legal age, being first duly sworn, deposes and says: That **RICHARD B. BARRUETO** and **MEREDITH P. BARRUETO**, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as RICHARD B. BARRUETO and MEREDITH P. BARRUETO named as two of the parties in that certain GRANT, BARGAIN, SALE DEED dated October 18, 2000 executed by RICHARD TATOM, JR. and PERSIDES TATOM, Trustees of THE TATOM FAMILY TRUST, dated January 20, 1984 to RICHARD B. BARRUETO and MEREDITH P. BARRUETO, husband and wife and KRISTIN H. BARRUETO, a single woman, altogether as joint tenants, recorded as Document No. 502707, on November 3, 2000 in Book 1100, Page No. 512 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Tower Building, Penthouse Unit, Prime Season, Account #34-034-29-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 3/28/17

Kristin H. Barrueto
 Kristin H. Barrueto

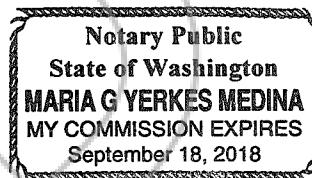
This document is recorded as an **ACCOMMODATION ONLY** and without liability for the consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

STATE OF Washington)
) ss
COUNTY OF King)

On 28 MARCH, 2017, personally appeared before me, a Notary Public,
Kristin H. Barrueto

personally known or proved to me to be the person(s) whose name(s) is/are
subscribed to the above instrument who acknowledged that he/she/they executed
the same for the purposes therein stated.

M. Barrueto
Notary Public

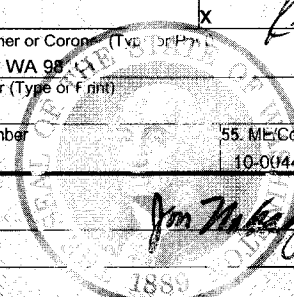


**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE**

Local File Number 2755		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Richard B. BARRUETO				2. Death Date 3/10/2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 82	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number -5600	6. County of Death King	
7. Birthdate 2/16/1928	8a. Birthplace (City, Town, or County) Guatemala City		8b. (State or Foreign Country) Guatemala		9. Decedent's Education Master's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. Yes, Spanish				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 5155 NE Laurelcrest Lane					13b. City or Town Seattle	
13c. Residence: County King	13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98105	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 37 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Meredith Pettit		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Biochemist				18. Kind of Business/Industry (Do not use Company Name) Aerospace		
19. Father's Name (First Middle Last Suffix) Jose Benigno Barrueto				20. Mother's Name Before First Marriage (First, Middle, Last) Karen Stengaard		
21. Informant's Name Meredith Barrueto		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town. State Zip 5155 NE Laurelcrest Lane Seattle, WA 98105		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) 5155 Laurelcrest Lane				26a. City, Town, or Location of Death Seattle		26b. State WA
27. Zip Code 98105		28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Washelli Crematory		
30. Location-City/Town, and State Seattle, WA				31. Name and Complete Address of Funeral Facility Evergreen-Washelli Funeral Homes and Cemeteries 11111 Aurora Ave. N. Seattle, WA 98133		
32. Date of Disposition 3/25/2010				33. Funeral Director Signature X <i>Phil Jones</i>		
Cause of Death (See instructions and examples)						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) →				a. Subdural hematoma, subarachnoid hemorrhage		Interval between Onset & Death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				b. Blunt force injury of the head		Interval between Onset & Death
				c.		Interval between Onset & Death
				d.		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Aspiration pneumonia, Diabetes mellitus				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY) 6/28/2009	42. Hour of Injury (24hrs) 12:00	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Residence		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: 5155 Laurelcrest Lane				Apt No.		
City or Town: Seattle			County: King		State: WA Zip Code+ 4: 98105	
46. Describe how injury occurred Ground level fall onto hard floor				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print) Kenneth E Gallagher, MD 325 9th Avenue, Seattle, WA 98105				50. Hour of Death (24hrs) 00:00		
51. Name and Title of Attending Physician (if other than Certifier) (Type of Print)				52. Date Signed (MM/DD/YYYY) 3/16/2010		
53. Title of Certifier Associate Medical Examiner		54. License Number		55. ME/Coroner File Number 10-01443		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Jim Nakagawa</i>				58. Date Received (MM/DD/YYYY) MAR 24 2010		
59. Amendments						

Part 1 completed by Funeral Director

Part 2 completed by Certifier



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Record
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records Passport

Birth Certificates:


- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or court (dissolution) must sign the affidavit.

CERTIFIED
 Seattle - King County
 Department of Public Health

 David Fleming, MD
 Director and Health Officer

APR 23 2010

TT00203693

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

5762

Local File Number

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Meredith P. Barrueto				2. Death Date 5/27/2013	
3. Sex (M/F) Female	4a. Age - Last Birthday 87	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number -0933	6. County of Death King
7. Birthdate 3/23/1926		8a. Birthplace (City, Town, or County) Newton	8b. (State or Foreign Country) MA	9. Decedent's Education Associates Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 5155 NE Laurelcrest Lane				13b. City or Town Seattle	
13c. Residence: County King		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code + 4 98105	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 40 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). R.N./Homemaker			18. Kind of Business/Industry (Do not use Company Name) Hospital/Own Home		
19. Father's Name (First, Middle, Last, Suffix) Charles Howard Pettit			20. Mother's Name Before First Marriage (First, Middle, Last) Kathreen Noyes		
21. Informant's Name Kristin H. Barrueto		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 4740 47th Ave. NE Seattle, WA 98105		
24. Place of Death, if Death Occurred in a Hospital: Residence					
25. Facility Name (if not a facility, give number & street or location) Mirabella Seattle			26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98109
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Washelli Crematory		30. Location-City/Town, and State Seattle, WA	
31. Name and Complete Address of Funeral Facility Evergreen-Washelli Funeral Homes and Cemeteries 11111 Aurora Ave. N. Seattle, WA 98133				32. Date of Disposition 6/5/2013	
33. Funeral Director Signature X <i>[Signature]</i>					
34. Cause of Death (See instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →			a. <i>Colon Cancer</i>		Interval between Onset & Death <i>2011</i>
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			b.		Interval between Onset & Death
			c.		Interval between Onset & Death
			d.		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Coronary Artery Disease</i>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did this contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street. Apt No. City or Town: County: State: Zip Code+ 4:					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated <i>Marc A Cordova</i>			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Marc Cordova 904 7th Ave., Seattle WA 98104				50. Hour of Death (24hrs) 1344	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 05/31/2013	
53. Title of Certifier MD		54. License Number MD00018111		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) JUN 4 2013	
59. Amendments					

DOH 01-003 (1/13)



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee-Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution _____
5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution _____

The Record is Incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received.
We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital /Medical Record, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Adult (18 years or older)

- Only the adult themselves can change the birth certificate.
- If the first or middle name is absent, three pieces of documentary proof are required.
- If the first and/or middle name is misspelled, two pieces of documentary proof are required.
- To correct birth date, place of birth or parent's information, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Seattle - King County
 Department of Public Health

 David Fleming, MD
 Director and Health Officer

DOH/CHS 023a January 2013

JUN 10 2010

YY00063836

EXHIBIT "A"

(34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38th interest in and to Lot 34 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 034 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements 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 in the Declaration of Annexation of The Ridge Tahoe recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-035

This document is recorded as an
ACCOMMODATION ONLY and without liability
for the consideration therefore, or as to the
validity or sufficiency of said instrument, or
for the effect of such recording on the title of
the property involved.