DOUGLAS COUNTY, NV

2017-896796

Rec:\$20.00

\$20.00 Pgs=7

04/04/2017 04:08 PM

STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A.P.N. #	A ptn 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.				

AFFIDAVIT - DEATH OF JOINT TENANT

State of WASHINGTON }
} ss.
County of KNG }

Seattle, WA 98105

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:

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	Woshington)
COUNTY OF	King) ss)

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.

Notary Public

Notary Public
State of Washington
MARIA G YERKES MEDINA
MY COMMISSION EXPIRES
September 18, 2018

TATE UP WAS HING ON EPARTMENT OF HEALTH RITTED COPY OF DEAL

		64			····		
Richard B. Sex (M/F) 4a. Age - Last Birt	B. hday 4b. U nder 1 Year	BARRUE		3. Social Security N	/10/2010	6. County of	Death
Male 82	Months Days	Hours	Minutes	– 5	600	King	
	nplace (City, Town, or County) atemala City	8b. (State or Guate	Foreign Country)	9. Decedent's	Education ter's Degree		
0. Was Decedent of Hispanic Origin?			Decedent's Race(s)	/ IVIGS	ter s Degree		2. Was Decedent ever in (
Yes, Spanish 3a. Residence: Number and Street (e.c.	624 SE 5th St 1 (Include Ant I	<u> V</u>	White		13b. City or		Armed Forces?
5155 NE Laurelcre	st. Lane				Seattle	э 💉 🗋	
3c, Residence: County 13	d. Tribal Reservation Name	e (if applicable)	13e. State or Foreign (Country	13f. Zip Code + 98105		3g. Inside City Limits? □ Yes □ No □ U
Estimated length of time at residence The state of time at residence at re	e. 15. Marital Status at Tir Married	ne of Death	16. Surviving Spouse's	or Domestic Pa	artner's Name (Give na		
7. Usual Occupation (Indicate type of wor	3 (3) (3)		<u> </u>		(Do not use Company N	larne)	
Biochemist			Aerospa				
Father's Name (First, Middle, Last, Suff Jose Benigno Barrueto	(X)			vame Before Fin Stengaard	st Marriage (First, Mide	dle, Last)	
1 Informant's Name Meredith Barrueto	22. Relationship to D Wife	Decedent 23	B. Mailing Address: Num			State	Zip .
4. Place of Death, if Death Occurred in a Hos			5155 NE Laure		Somewhere Other than		
	isto, i i yk			nt's Home		<u> </u>	year SA
 Facility Name (If not a facility, give num) 5155 Laurelcrest Lane 	ber & street or location)		26a. Seat			?6b . State NA	27 . Zip Code 98105
8. Method of Disposition	29. Place of Final Dispo Washelli Crem	sition (Name o			30. Location-Cit	ty/Town, and	
and the second of the second o					Seattle, V	NA 2. Date of D	isposition
1. Evergreen-Washells-U.F.	ranHomes and Cen	neteries 1	11111 Aurora Av	e. N. Seattl	e, WA 98133	3/25/	2010
3. Funeral Director Signature X	00/10						
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4. Enter the chain of events — disease entricular fibrillation without showing the MMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, if any, leading the cause listed on line a. Enter the INDERLYING CAUSE (disease or injurnatinitiated the events resulting in leath)LAST	e etiology. DO NOT ABBR a. Subdural hematon b. Blunt force injury of	- that directly EVIATE. Add	y caused the death DO d additional lines if nece hnoid hemorrhage	NOT enter torn ssary. ence of):	ninal events such as	in in	terval between Onset & De
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Affidavit for Correction

Center for Health Statistics RO. Box 9709 Olympia, WA 98507-9709 (380) 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
	Use the section be	low for request	ing any cha	nges on the	record.
Record Type: Birth		Death		arriage	Dissolution
1. Name on record:			2. Date o	of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriag	e or Dissolution) 5	. Mother's Fu	ıll Name (For	Birth): (Wife for Marriage or Dissolution)
7173	I NE Hecor	d is Incorrect or	Incomplete		he True fact is:
6.	na now snows.	7			ne mue laccis.
8.		[9).		~ ~ (
10.		1	1.		
12.		1	3.	_ /	
14. I represent the person as:	☐ Self ☐ Parent ☐ Funeral Director	☐ Guardian ☐ Other (Sp	-	mant	Telephone Number:
I declare under penalty of per	jury under the laws o			at the forgoir	ng is true and correct.
15. Signature:	16. Date:	17. Addres	ss:		
All vital records are registered as recertificate must be returned within or					es must be made by court order. The incorrect
All changes must be established be Examples of documentary proof: Figure Figure	by documentary proof su Certificate of Naturalization Hospital Records Insurance Records	bmitted with the af n Medic Militar Birth F	fidavit cal Record ry Record (DD-2 Record		School Record Voter's Registration Card (if it bears an effective date)
۸ Birth Certificates:	Marriage/Divorce Records	Passp	ort	/	Alien Registration Card (front and back)
1. Only a parent, legal guardiar	actly the asserted true fac Mary A. Doe or M.A. Doe	t(s). For example, if the does not prove the r	the affidavit say: name is Mary Ar	s the name is Ma	e the birth certificate. ary Ann Doe, then the proof must show the
4. Up to age one, the parent(s) - This is a one time only cha - The new last name may be	or legal guardian may change. Subsequent change the mother's maiden na	lange the child's last es will require a certi me or father's name	t name with an a fied copy of a c (if present on th	ourt ordered nar ne certificate) or a	ne change.
					on (until their child's 18th birthday). DOH/CHS 021)
	ral director, or executors/a	administrators (if evic	dence confirmin	g such position	is presented) may change the non-medical
information. 2. The medical information (ca.) 3. If it is less than sixty days fro					/medical examiner. h occurred to make changes.
Marriage/Dissolution (Divorce) Certif	icates:				
2. To change the date or place					r affidavit (with proof) by the person. n) must sign the affidavit.
DOH/CHS 023 (Rev. 9/2002)			eattle – King Co riment of Public		
	\mathcal{I}	7,0		-2	
			David Fleming, Stor and Health		

STATE OF WASHINGTON DEPARTMENT OF INCOME

CERTIFIED COPY OF DEATH CERTIFICATE

al File Number 5762 1. Legal Name (Include AKA's if any) First		State Certificat		State I 2. Death Date	ile Number	
Meredith	의 회장의 보기가 별이	rueto	34.17	5/27/20	3	
3. Sex (M/F) 4a. Age – Last Female 87	Birthday 4b. Under 1 Year Months Days	4c. Under 1 Day		ecurity Number -0933	6.0	county of Death
L 3/23/1926	- 10/	 >. (State or Foreign Co ÎA	untry) 9. De	ecedent's Education	n	
10. Was Decedent of Hispanic Origin	RYLLAI	11. Decedent's White	Race(s)	Associates D	egree .	12. Was Decedent ever in U. Armed Forces? No
13a, Residence: Number and Street 5155 NE Laurelcrest Lan	(e.g., 624 SE 5 th St.) (Include Apt. No.)				3b. City or To Seattle	
13c. Residence: County King	13d. Tribal Reservation Name (if a	applicable) 13e. Stat	e or Foreign Country	13f. 98	Zip Code + 4 3105	13g. Inside City Limits?
14. Estimated length of time at reside 40 Years	ence. 15. Marital Status at Time of Widowed	Death 16. Survi	ving Spouse's or Dor			
17. Usual Occupation (Indicate type of R.N./Homemaker	work done during most of working life. (E	DO NOT USE RETIRED).	18. Kind of Business/ Hospital/Own	. 76	Company Nam	e)
19. Father's Name (First, Middle, Last, Charles Howard Pettit	Suffix)		20. Mother's Name B Kathreen Nov	efore First Marriag	je (First, Middle	Last)
21. Informant's Name Kristin H. Barrueto	22. Relationship to Deceding	dent 23. Mailing /	Address: Number and S	Street or RFD No.	City or Town	State Zip
24. Place of Death, if Death Occurred in a			Place of Death, if Death Residence		eattle e Other than a F	
25. Facility Name (If not a facility, give n Mirabella Seattle	umber & street or location)	<u> </u>	7% <u>.</u>	own, or Location of		State 27. Zip Code
28. Method of Disposition	29. Place of Final Disposition		141	45		own, and State
Cremation 31. Name and Complete Address of Evergreen-Washelli Fund	Washelli Cremator				eattle, WA	Doto of Diamonities
33. Funeral Director Signature X	erai Homes and Cemete	nes IIII A	urora Ave. N	seattle, VVA.	8133 6	<u>/5/2013</u>
	Cau	se of Death (See inst	ructions and examples			
34. Enter the chain of events - diseaventricular fibrillation without showing	ases, injuries, or complications – tha the etiology. DO NOT ABBREVIA	at directly caused th ATE. Add additiona	ne death. DO NOT e I lines if necessary.	nte r terminal ev er	ts such as car	diac arrest, respiratory arrest, or
IMMEDIATE CAUSE (Final disease condition resulting in death)	a Colon	can	- حمت			Interval between Onset & Dea
Sequentially list conditions, if any, lea	ading h	Due to (c	r as a consequence of):		1988 X 2013 At 8	Interval between Onset & Dea
to the cause listed on line a. Enter th UNDERLYING CAUSE (disease or in that initiated the events resulting in	e T	Due to (o	r as a consequence of):			Interval between Onset & Dea
death)LAST		Due to (o	r as a consequence of):			Interval between Onset & Dea
35 Other significant conditions contri	d. <u>buting to death</u> but not resulting in	the underlying caus	se given above	36. Aut		Were autopsy findings available to
Loronary		seese		☐ Ye	No Com	plete the Cause of Death? ☐ Yes ☐ No
Manner of Death Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	39. If female Not pregnant within past yea □ Pregnant at time of death	☐ Not pregn	ant, but pregnant wit ant, but pregnant 43 if pregnant within the	days to 1 year be		40 bd. a printbute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
41. Date of Injury (MM/DD/YYYY)		lace of Injury (e.g., E	Decèdent's home, constr	uction site, restauran	t, wooded area)	
 Location of Injury: Number & Stre Dity or Town: 	eet: County				Apt N	
16. Describe how injury occurred		y. Granda Aligha Agaige a			zip C insportation in er/Operator	ode+ 4: jury, specify:
18a. Certifying Physician-To the best	of the bearing of the state appearance at the	timos de la constante de	Ph Modical Examin	☐ Pas	senger	Other (Specify)
place and use of the cause(s) and ma			opinion, death occur	rred at the time, date	e pasis of exam and place, and	nation, and/or investigation, in my due to the cause(s) and manner stated
9. Name and Address of Certifier - F Marc Cordova 904 7th	Physician, Medical Examiner or Cor Ave., Seattle WA 78	oner (Type or Print			50. I	lour of Death (24hrs)
1. Name and Title of Attending Phys						1344 Pate Signed (MM/DD/YYY)
3. Title of Certifier	54. Liœnse Number MD00018111		55. ME/Coroner Fil	e Number		5/3//20/3 ase referred to ME/Coroner?
57. Registrar Signature	,500010111			58. Date	Received (MN	
9. Amendments	for bree	A LEGISLAND			JUN	4 2013

Affidavit for Correction Center for Health Statistics P.O. Box 47814 **W**Health Olympia, WA 98504-7814 This is a legal Document. Complete in ink and do not alter. (360) 236-4300 STATE OFFICE USE ONLY Fee-Number State File Number Date Affidavit Number Use the section below for requesting any changes on the record. Record Type: Birth □ Death 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 The Record is Incorrect or Incomplete as follows: The True fact is The Record now shows: 6. 8 9. 10. 11. 12 13. ☐ Self 14. I represent the person as: ☐ Parent ☐ Guardian ☐ Informant Telephone Number: ☐ Funeral Director Other (Specify) 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. Certificate of Naturalization Numident Report (Social Security Administration) Examples of documentary School Transcripts (Official) proof: 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. Adult (18 years or older) Only the adult themselves can change the birth certificate. 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 If the first or middle name is absent, three pieces of documentary proof behalf of child(ren). are required. Up to age one, the last name of the child can be changed once, to the If the first and/or middle name is misspelled, two pieces of documentary mother's maiden name, father's name (if present on the certificate) or any proof are required. combination of the two. After age one a court ordered legal name change is . To correct birth date, place of birth or parent's information, one required documentary proof is required.

Proof must be five (or more) years old or have been established within five years of birth.

Parent(s) may change the child's first or middle name by completing this

To correct parent's information, one documentary proof is required.

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

2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

Marriage/Dissolution (Divorce) Certificates:

affidavit of correction. No proof is needed.

1. 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.

2. To change the date or place of marriage or dissolution, the officiant (marriage) accient of do not dissolution) must sign the affidavit.

Seattle - King County Department of Public He

David Fleming, MO Director and Health Chi DOH/CHS 023a January 2013

Proof must be five (or more) years old or have been established

within five years of birth.

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. <u>034</u> 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.