

DOUGLAS COUNTY, NV

2017-897982

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05/01/2017 09:09 AM

DIAMOND RESORTS

KAREN ELLISON, RECORDER

A Portion of APN: 1319-30-712-001

Identification Number: 16-002-36-81

RECORDING REQUESTED BY

And when recorded mail to:

Diamond Resorts Corporation
C/O Reconveyance Department
10600 West Charleston Blvd.
Las Vegas, NV 89135

AFFIDAVIT - DEATH OF TRUSTEE

State of: Arizona

County of: Maricopa

Account No.: **ROT0622** Assessor's Parcel Number: Portion of APN: 1319-30-712-001

RICHARD H. WATKINS, of legal age, being first duly sworn, deposes, and says:

That **SHAROL A. WATKINS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as one of the parties in that certain **Grant Deed** dated **March 26, 2003**, executed by **RICHARD H. WATKINS** and **SHAROL A. WATKINS**, as **Trustees of the WATKINS REVOCABLE LIVING TRUST**, dated **January 13, 2003**, recorded as Instrument No. **0576153**, on **May 8, 2003**, in Book **0503**, Page **04281**, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stateline, County of Douglas, State of Nevada.

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Dated 4-3-17


RICHARD H. WATKINS

State of: Arizona)

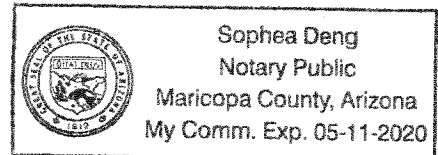
County of: Maricopa)

Subscribed and sworn to (or affirmed) before me, on this 3 day of April, 2017, by **RICHARD H. WATKINS**, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Sopheha Deng

Print Notary Name: Sopheha Deng

My Commission expires: 05-11-2020



(seal)

EXHIBIT "A" (160)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided **1/2,652nd** interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 – 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: beginning at the Northeast corner of Lot 160; thence South 31°11'12" East 81.16 feet; thence South 58°48'39" West 57.52 feet; thence North 31°11'12" West 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet the chord of said curve bears North 60°39'00" East 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each **Biennial Even year** in accordance with said Declaration.

A portion of APN: 1319-30-712-001
Identification Number: **16-002-36-81**

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201443000005

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERNATIVES VS-1 (REV. 3/08)				LOCAL REGISTRATION NUMBER	
DECEASED'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) SHAROL		2. MIDDLE ALENE		3. LAST (Family) WATKINS		
	AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 05/20/1954		5. AGE Yrs. 59	6. UNDER 24 HOURS Months Days
	9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER 3247	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/NDIP (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 01/02/2014	8. HOUR (24 Hours) 0410
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR	14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE				
USUAL RESIDENCE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MEDICAL ASSISTANT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.) MEDICAL			19. YEARS IN OCCUPATION 30	
	20. DECEDENT'S RESIDENCE (Street and number, or location) 1401 E. BOSTON STREET						
	21. CITY CHANDLER	22. COUNTY/PROVINCE MARICOPA	23. ZIP CODE 85225	24. YEARS IN COUNTY 6	25. STATE/FOREIGN COUNTRY AZ		
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP RICHARD WATKINS, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1401 E. BOSTON STREET, CHANDLER, AZ 85225				
	28. NAME OF SURVIVING SPOUSE/RODP - FIRST RICHARD	29. MIDDLE HUGH	30. LAST (BIRTH NAME) WATKINS				
SPOUSE(S) AND PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST JAMES	32. MIDDLE E.	33. LAST BRAGG		34. BIRTH STATE ND		
	35. NAME OF MOTHER/PARENT - FIRST RUBY	36. MIDDLE -	37. LAST (BIRTH NAME) LARSON		38. BIRTH STATE SD		
FUNERAL DIRECTORY LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 01/04/2014		40. PLACE OF FINAL DISPOSITION RES OF RICHARD WATKINS 1401 E. BOSTON STREET, CHANDLER, AZ 85225				
	41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED			43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT SPANGLER MORTUARY		45. LICENSE NUMBER FD910	46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	47. DATE mm/dd/yyyy 01/03/2014		
PLACE OF DEATH	101. PLACE OF DEATH EL CAMINO HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/ICP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/OC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY SANTA CLARA	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2500 GRANT RD.				106. CITY MOUNTAIN VIEW	
CAUSE OF DEATH	107. CAUSE OF DEATH 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. END STAGE RENAL FAILURE						
	IMMEDIATE CAUSE (final disease or condition resulting in death) END STAGE RENAL FAILURE	(A) Time Interval Between Death and Death MOS	108. DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	Sequentially list conditions here, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST END STAGE LIVER DISEASE	(B) Time Interval Between Death and Death MOS	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	HEPATORENAL SYNDROME	(C) Time Interval Between Death and Death MOS	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	COMPLICATIONS OF ALCOHOLIC LIVER CIRRHOSIS	(D) Time Interval Between Death and Death YRS	111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO							
PHYSICIAN'S CERTIFICATION	114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attending State <input type="checkbox"/> Decedent's Last Seen State <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER MATTHEW BRYAN GILLETT M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy A103362 01/03/2014		
	(A) mm/dd/yyyy 12/31/2013	(B) mm/dd/yyyy 01/02/2014	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MATTHEW BRYAN GILLETT M.D., 2500 GRANT RD., MOUNTAIN VIEW, CA 94040				
	119. CERTIFY THAT IN ANY OTHER CASE OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input 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						
CORONER'S USE ONLY	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
	121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours) 01/02/2014 0410						
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and zip)						
	126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	
						CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **JAN 08 2014**



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This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Effective 10/12/2013

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

Martin D. Fenstersheib
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

