

APN# A portion of 1319-30-644-102

**Recording Requested by/Mail to:**

Name: Stewart Vacation Ownership

Address: 3476 Executive Pointe Way Ste#16

City/State/Zip: Carson City, NV 89706

**Mail Tax Statements to:**

Name: Resorts West Vacation Club

Address: P.O. Box 5790

City/State/Zip: Stateline, NV 89449

Affidavit - Death of Trustee

**Title of Document** (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Daisilena Morton

Signature

Daisilena Morton

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_

A portion of APN: 1319-30-644-102

RECORDING REQUESTED BY  
STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO:

Joyce Anthony, Trustee of the Yirchott Family Trust  
350 Second St., Suite 2  
Los Altos, CA 94062

Escrow No: 37-191-24-02 / 20170751

RECORDERS USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF California  
ss.  
COUNTY OF Santa Clara

JOYCE ANTHONY, of legal age, being duly sworn, deposes and says

That **CHARLES R. YIRCHOTT** and **NANCY N. YIRCHOTT**, the decedents mentioned in the attached Certificates of Death, are the same persons as **CHARLES R. YIRCHOTT** and **NANCY N. YIRCHOTT** named as the Co-Trustees of that certain YIRCHOTT FAMILY TRUST dated November 15, 2006 and designated the Co-Trustee in the Deed recorded in Douglas County, State of Nevada on December 28, 2007 in Book 1207 at Page 5980 as Document No. 715375.

In accordance with the above referenced trust, JOYCE ANTHONY and BONNIE BURDETT shall act as successor trustees of said trust on the death of CHARLES R. YIRCHOTT and NANCY N. YIRCHOTT. The Trust further provides that either successor trustee may act alone upon authorization from the other trustee, which authorization has been given by each to the other.

JOYCE ANTHONY is filing this Affidavit with the Douglas County Recorder to establish the succession of JOYCE ANTHONY and BONNIE BURDETT, as successor trustees pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in **Exhibit 'A'** attached hereto and incorporated herein by reference.

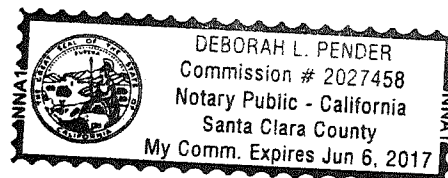
Dated: May 22, 2017

Joyce Anthony, trustee  
Joyce Anthony, Trustee of the Yirchott Family Trust

STATE OF California )  
COUNTY OF Santa Clara )ss.

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 22nd DAY OF May, 2017. BY Joyce Anthony, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE Deborah L. Pender (SEAL)  
NOTARY PUBLIC



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY of SANTA CLARA

### PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

#### CERTIFICATE OF DEATH

3201443003188

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/09)</small>		LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)
	CHARLES		ROBERT		YIRCHOTT
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) CHARLES ROBERT YIRCHOTT JR.				
	4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX
01/06/1940		74		M	
USUAL RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?
	NORTH DAKOTA		[REDACTED]-8941		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
	13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)
	BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN
INFORMANT	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION
	VICE PRESIDENT		BANK		33
	20. DECEDENT'S RESIDENCE (Street and number, or location)				
	11 TRILLIUM LANE				
SPOUSE/GRD/PARENT INFORMATION	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE
	SAN CARLOS		SAN MATEO		94070
	24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		
	35		CALIFORNIA		
FUNERAL DIRECTOR / LOCAL REGISTRAR	26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
	JOHN NOREN, BROTHER-IN-LAW		25. PARKSIDE WAY, GREENBRAE, CA 94904		
	28. NAME OF SURVIVING SPOUSE/SROP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)
	-		-		-
PLACE OF DEATH	31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST
	CHARLES		ROBERT		YIRCHOTT SR.
	34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE
	N. DAKOTA		MARY		M.
CAUSE OF DEATH	37. LAST (BIRTH NAME)		38. BIRTH STATE		
	ADAMCHUK		WISCONSIN		
	39. DISPOSITION DATE: mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		
	04/25/2014		CYPRESS LAWN MEMORIAL PARK - 1370 EL CAMINO REAL, COLMA, CA 94014		
PHYSICIAN'S CERTIFICATION	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER
	BU		MARIYANN CRUZ		EMB 8867
	44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR
	CYPRESS LAWN FUNERAL HOME		FD 1797		SARA H CODY, MD
CORONERS USE ONLY	47. DATE: mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR		
	04/21/2014		SARA H CODY, MD		
	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE
	STANFORD HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/ICP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
CORONERS USE ONLY	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY
	SANTA CLARA		300 PASTEUR DR		STANFORD
	107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) INTRACRANIAL HEMORRHAGE Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) GLIOBLASTOMA MULTIFORME (C) (D)		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. Title Interval Between Cause and Death: (A) DAYS (B) MONS (C) (D)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <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		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		07/15/2013 RESECTION OF TUMOR		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since: 04/11/2014		Decedent Last Seen Alive: 04/17/2014		A106424	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. SIGNATURE AND TITLE OF CERTIFIER		119. DATE: mm/dd/yyyy	
CHRISTINA AUDREY LEE M.D.		CHRISTINA AUDREY LEE M.D.		04/18/2014	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE: mm/dd/yyyy	
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		122. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE: mm/dd/yyyy			
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	
[Signature]		[Date]		[Title]	

STATE REGISTRAR      A      B      C      D      E      \*010001002620857\*      FAX AUTH.#      CENSUS TRACHT

#### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS

DATE ISSUED

By **APR 25 2014**



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**

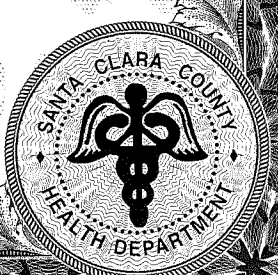
*[Signature]*

*[Signature]*  
MARTIN D. FENSTERSEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

PBNC0 (REV) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO HEALTH SYSTEM SAN MATEO, CALIFORNIA

3052014000559

CERTIFICATE OF DEATH

3201441000016

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPONSOR AND PRESENT INFORMATION, FUNERAL DIRECTOR LOCAL REGISTRATION, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY, STATE REGISTRAR.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN MATEO } SS

DATE ISSUED

01/09/2014

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

By Anabel Tingin

Signature of Scott Morrow, M.D.

SCOTT MORROW, M.D. HEALTH OFFICER AND REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer. FBNC0 (Rev) 04/13



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**EXHIBIT "A"**

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 191 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 Phase Five recorded August 18, 1988, as Document No. 184461, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

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