

A portion of APN: 1319-30-645-003
Escrow No. 20171204 / #42-274-29-01

Recording Requested By:
Stewart Vacation Ownership

Mail Tax Statement to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

When Recorded Mailto:
Paulette Klatt Dow
1011 N. Lindsay Ln.
Sequim, WA 98382

AFFIDAVIT – DEATH OF TRUSTEE
(Title of Document)

------(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)

Signature

Daisilena Morton Printed Name

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

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

A portion of APN: 1319-30-645-003

**RECORDING REQUESTED BY
STEWART VACATION OWNERSHIP**

WHEN RECORDED MAIL TO:

Paulette Klatt Dow
1011 N. Lindsay Ln.
Sequim, WA 98382
Escrow No:
20171204

RECORDERS USE ONLY

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF Nevada

ss.

COUNTY OF Douglas

Paulette Klatt Dow, of legal age, being duly sworn, deposes and says

That Charles Lee Dow, the decedent mentioned in the attached Certificate of Death, is the same person as Charles Lee Dow named as the Trustee of that certain Declaration of Trust dated June 8, 1993 and designated the Trustee in the Deed recorded in Douglas County, State of Nevada on August 9, 2002 in Book 802 at Page 2466 as Document No. 549098.

In accordance with the above referenced trust, Paulette Klatt Dow shall act as successor trustee of said trust on the death of Charles Lee Dow.

Paulette Klatt Dow is filing this Affidavit with the Douglas County Recorder to establish the succession of Paulette Klatt Dow as successor trustee 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: February 15, 2017

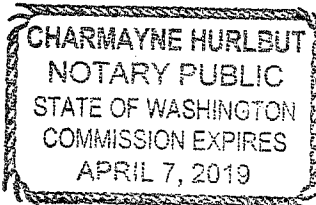
Paulette Klatt Dow
Signature – Paulette Klatt Dow

STATE OF Washington)
)ss.
COUNTY OF Clallam)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 15th DAY OF February, 2017. BY Paulette Klatt Dow, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE Charmayne Hurlbut (SEAL)
NOTARY PUBLIC

Charmayne Hurlbut
Residing at Sequim



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-050972

LOCAL FILE NUMBER: 0772

DATE ISSUED: 12/20/2016

FEE NUMBER: 0512160772

GIVEN NAMES: CHARLES LEE
LAST NAME: DOW

COUNTY OF DEATH: CLALLAM
DATE OF DEATH: DECEMBER 15, 2016
HOUR OF DEATH: 05:20 A.M.
SEX: MALE
AGE: 72 YEARS

SOCIAL SECURITY NUMBER: ████████-2351

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 06, 1944
BIRTHPLACE: BIRMINGHAM, JEFFERSON CNTY, ALABAMA

MARITAL STATUS: MARRIED
SPOUSE: PAULETTE SHARON KLATT

OCCUPATION: GENERAL CONTRACTOR
INDUSTRY: CONSTRUCTION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? YES

INFORMANT: PAULETTE DOW
RELATIONSHIP: WIFE
ADDRESS: 1011 LINDSAV LN SEQUIM WA 98382

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: SEQUIM HEALTH & REHABILITATION
CITY, STATE, ZIP: SEQUIM, WASHINGTON 98382

RESIDENCE STREET: 1011 LINDSAV LANE
CITY, STATE, ZIP: SEQUIM, WASHINGTON 98382
INSIDE CITY LIMITS? YES
COUNTY: CLALLAM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER/PARENT: UNKNOWN
MOTHER/PARENT: ALTA VIVIAN DRUFF

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: DRENNAN FORD CREMATORY
CITY, STATE: PORT ANGELES, WA
DISPOSITION DATE: DECEMBER 19, 2016

FUNERAL FACILITY: DRENNAN & FORD FUNERAL HOME & CREMATORY
ADDRESS: 260 MONROE RD
CITY, STATE, ZIP: PORT ANGELES WA 98362
FUNERAL DIRECTOR: SCOTT G. HUNTER

CAUSE OF DEATH:

- A. CIRRHOSIS
INTERVAL: YEARS
- B. ALCOHOL USE
INTERVAL: YEARS
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PROBABLE PANCREATIC CANCER

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LINDSAV A. HOFFMAN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 800 N 5TH AVE, STE 101
CITY, STATE, ZIP: SEQUIM WA 98382
DATE SIGNED: DECEMBER 16, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
LINDSAV HOFFMAN MD

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
KARENANN MYGIND
DATE RECEIVED: DECEMBER 19, 2016





Affidavit for Correction

Mail to: 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 |
|-------------------|------------|----------|------|------------------|

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

Telephone Number: () _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

| The record now shows: | The true fact is: |
|-----------------------|-------------------|
| 8. _____ | 9. _____ |
| 10. _____ | 11. _____ |
| 12. _____ | 13. _____ |
| 14. _____ | 15. _____ |

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

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

| | |
|--|--|
| <p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, a court order is required to change the last name • No proof is required to change the first or middle name* • To correct parent's information, one documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required |
|--|--|

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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 a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. 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.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED
CLALLAM COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

20 DEC 2016


Christopher Frank, M.D.
Health Officer

GG00032763

EXHIBIT "A"

(42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48^{ths} interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 274 as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;

thence S. 14°00'00" W. along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

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