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KAREN ELLISON, RECORDER

APN 1319-30-542-014

WHEN RECORDED MAIL TO:
GRANTEE C/O
QM CORPORATION
515 NICHOLAS BLVD.
SPARKS, NV 89431

MAIL TAX STATEMENTS TO:
THE RIDGE SIERRA
P.O. BOX 859
SPARKS, NV 89432

DECLARATION (OR AFFIDAVIT) OF DEATH

State of Nevada
County of Washoe

I, David D Wiggins "being duly sworn" say I am 18 years of
age or over; Shaun Wiggins, the decedent mentioned in the
attached Certificate of Death, is the same person as Shaun Wiggins,
named as one of the parties in the deed dated June 27, 1984, executed
by Helmark Corporation to Shaun Wiggins and the
undersigned, as Joint Tenants, recorded on July 27, 1984, as
Instrument # 104248 in Book 784, Page 2636, of the Official
Records of Douglas County, Nevada, covering the property situated in
Stateline, County of Douglas, State of Nevada,
described as follows:


Timeshare No. 01-003-33-01

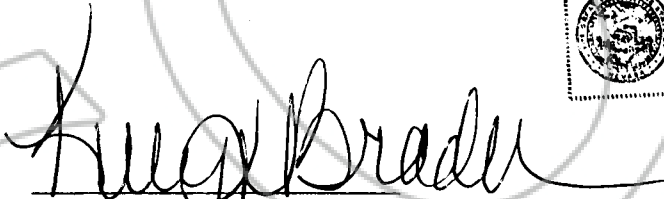
A.P.N. 1319-30-542-014


David D Wiggins

Subscribed and sworn to before me
on Aug 10, 2017
by David D Wiggins

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

 KERRY L. BRADSHAW
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 93-2649-2 - Expires November 13, 2019


Notary Public

(seal of notary public)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2014002704

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Shaun WIGGINS			2. DATE OF DEATH (Mo/Day/Year) February 15, 2014		3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 255 Circle Dr		3e. If Hosp. or Inst. indicate DOA, OP, Emer Rm Inpatient(Specify) Home		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 58	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 02, 1955		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) David D WIGGINS		13. SOCIAL SECURITY NUMBER ██████████-6306		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Barber	
14b. KIND OF BUSINESS OR INDUSTRY Barber		15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 255 Circle Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert J DAVISON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth E JARVIS	
18a. INFORMANT- NAME (Type or Print) David D WIGGINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 255 Circle Dr Reno, Nevada 89509					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOANN BUSAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 624		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502			
TRADE CALL - NAME AND ADDRESS							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KAREN SUE MCDERMOTT M.D. SIGNATURE AUTHENTICATED			22a. 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) stated. (Signature & Title)				
21b. DATE SIGNED (Mo/Day/Yr) February 18, 2014		21c. HOUR OF DEATH 03:59		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED-DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434					23b. LICENSE NUMBER 6450		
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 24, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death		
PART I (a) Kidney cancer					Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death		
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) No		
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	
						STATE	

STATE REGISTRAR

3757739

DATE ISSUED:

PNCO (Rev) 03/12

000143740

02/25/2014

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



EXHIBIT "A"
(Sierra 01) 01-003-33-01

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

- (A) An undivided 1/8th interest as tenants in common, in and to the Common Area of **Lot 4** of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada
- (B) Unit No. **A3** as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" within the **PRIME** "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-542-014



Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

kellison@co.douglas.nv.us

(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

Lynn Clemmons
Signature

8/29/17
Date

Lynn Clemmons
Printed Name