

DOUGLAS COUNTY, NV

2017-904652

RPTT:\$0.00 Rec:\$19.00

\$19.00 Pgs=6

09/26/2017 12:29 PM

LEGACY ADVENTURES INCORPORATED

KAREN ELLISON, RECORDER

E03

**RECORDING COVER PAGE**

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

**APN#** 42-254-47 (portion)

(11 digit Assessor's Parcel Number may be obtained at:  
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

**TITLE OF DOCUMENT**

(DO NOT Abbreviate)

CORRECTIVE WARRANTY DEED

The Ridge at Tahoe Resort

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

**RECORDING REQUESTED BY:**

Legacy Adventures, Inc.

**RETURN TO: Name** Legacy Adventures, Inc

**Address** 25010 Oakhurst Dr., Suite 100

**City/State/Zip** Spring, TX 77386

**MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)**

**Name** Benjamin James White

**Address** 8460 Heppner Court

**City/State/Zip** Elk Grove, CA 95624

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.

P:\Common\Forms & Notices\Cover Page Template Feb2014

Prepared by and Return to  
Legacy Adventures, Inc.  
25010 Oakhurst Dr., Suite 100  
Spring, TX 77386  
**WITHOUT TITLE EXAM**  
APN: 42-254-47 (portion)

## **CORRECTIVE WARRANTY DEED**

### **The Ridge at Tahoe Resort**

THIS INDENTURE, made this 19 day of April, 2016 between **Ardee M. Borger**, personal representative and legal heir and beneficiary of Daisy O. Borger, deceased (death certificate attached hereto), whose address is: 3924 Falcon Ave., Long Beach, CA 90807, "Grantor(s)", and **Benjamin James White**, A Single Man, As his Sole and Separate Property, whose address is: 8460 Heppner Court, Elk Grove, CA 95624, "Grantee(s)".

*This Corrective Deed is to correct Deed of the Official Records of Douglas County, Nevada, recorded on 06/14/2016, Doc #2016-882457, To correct Paragraph 1, to show Ardee M. Borger as legal representative and proper heir to Daisy O. Borger (deceased, death certificate attached) as Joint Tenants with Right of Survivorship.*

#### **WITNESSETH:**

That Grantor, in consideration of the sum of **Five Hundred Dollars (\$500.00)**, lawful money of the United States of America, paid to Grantor by Grantee, the receipt whereof is hereby acknowledged, does by these presents, grant, bargain and sell unto the Grantee and Grantee's heirs and assigns, all that certain property located and situated in **Douglas County, State of Nevada:**

more particularly described on **Exhibit "A"** attached hereto and incorporated herein by this reference;

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issues and profits thereof;

SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases, if any, rights of way, agreements and the Fourth Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions dated January 30, 1984 and recorded February 14, 1984, as Document No. 96758, Book 284, Page 5202, Official Records of Douglas County, Nevada, as amended from time to time, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein;

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said Grantee and Grantee's assigns forever.

Derivation: This being the same property conveyed to Grantor by Deed of Harich Tahoe Developments, A Nevada general partnership, dated May 21<sup>st</sup>, 1997, and recorded in the Office of Douglas County, Nevada on May 30<sup>th</sup>, 1997, as Document No. 0413648 at Book 0597, Page 5080.

WITNESS Grantor's hand this the 19 day of April, 2016.

Signed, Sealed and Delivered  
in the presence of *these Witnesses*:

Kahtee White  
Witness Signature

KAHTEE WHITE  
Printed Name

Roger White  
Witness Signature

Roger White  
Printed Name

Ardee M. Borger  
Ardee M. Borger

### ACKNOWLEDGMENT

State of California  
County of \_\_\_\_\_

On \_\_\_\_\_ before me \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_  
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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.

Signature See Attached (Seal) →

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Los Angeles  
On 04/19/2016 before me, Keith Richard Klemz Jr, Notary Public  
Date Here Insert Name and Title of the Officer  
personally appeared Ardee M. Berger  
Name(s) of Signer(s)

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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Keith Richard Klemz Jr.  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: The Ridge Tahoe Deed

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

## EXHIBIT "A" (28)

An undivided **1/51<sup>st</sup>** interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided **1/50<sup>th</sup>** interest in and to Lot 28 as shown on Tahoe Village **Unit No. 3-13<sup>th</sup>** Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of **Douglas County, State of Nevada**, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. **047** 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 Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 28 only, for one week each year in accordance with said Declarations.

**A Portion of APN: 42-254-47**



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

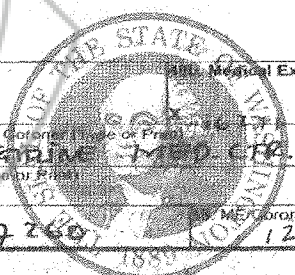
CERTIFIED COPY OF DEATH CERTIFICATE

10504

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix Daisy Ardelle Olson Borger		2. Death Date 10-13-2012	
3. Sex (M/F) Female	4a. Age - Last Birthday 83	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Social Security Number -3995	6. County of Death King		
7. Birthdate 4-2-1929	8a. Birthplace (City, Town, or County) Lantry	8b. (State or Foreign Country) South Dakota	9. Decedent's Education 3 Years College
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) White	12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g. 624 SE 5 <sup>th</sup> St.) (include Apt. No.) 1102 S. 242nd Street		13b. City or Town Des Moines	
13c. Residence: County King	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98198
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	14. Estimated length of time at residence 58 Years		
15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE REFERENCE)) Registered Nurse		18. Kind of Business/Industry (Do not use Company Name) Health Management	
19. Father's Name (First, Middle, Last, Suffix) Andrew M. Olson		20. Mother's Name Before First Marriage (First, Middle, Last) Gertrude Weicker	
21. Informant's Name Ardee M. Borger		22. Relationship to Decedent Daughter	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3924 S. Falcon Avenue Long Beach CA 90807		24. Place of Death, if Death Occurred in a Hospital: Inpatient	
25. Facility Name (if not a facility, give number & street or location) Highline Medical Center		26a. City, Town, or Location of Death Burien	26b. State WA
26c. Zip Code 98166		27. Date of Disposition October 18, 2012	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Seattle Service Group Crematory	
30. Location-City/Town, and State Seattle, Washington		31. Name and Complete Address of Funeral Facility Yarringtons Funeral Home 10708 16th Ave SW Seattle, WA 98146	
32. Funeral Director Signature <i>Nancy K. Hoult</i>		33. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CEREBROVASCULAR ACCIDENT Due to (or as a consequence of) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. ATRIAL FIBRILLATION Due to (or as a consequence of) c. AORTIC ATHEROSCLEROSIS Due to (or as a consequence of)	
34. Other significant conditions contributing to death but not resulting in the underlying cause given above HYPERTENSIVE HEART DISEASE, DIABETES MELLITUS TYPE 2		35. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		38. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. Date of Injury (mm/dd/yyyy)	40. Hour of Injury (24hrs)	41. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	42. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
43. Location of Injury: Number & Street City or Town County State Zip Code + 4		44. Describe how injury occurred	
45. Certifying Physician <i>M.D.</i>		46. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
47. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) MARION PUNKAN, MD - MIGRINE MED CTR - BURDEN WA		48. Hour of Death (24hrs) 0305	
49. Name and Title of Attending Physician if other than Certifier (Type or Print) M.D.		50. Date Signed (mm/dd/yyyy) 10/15/2012	
51. Title of Certifier	52. License Number 00047260	53. ME/Coroner File Number 12-6746	54. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
55. Registrar Signature <i>[Signature]</i>		56. Date Received (mm/dd/yyyy) OCT 17 2012	



DOH 01-003 (12/11)

**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)  
 a. 42-254-47 (portion) \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

2. Type of Property:
- |   |  |
|---|--|
| a. <input type="checkbox"/> Vacant Land   | b. <input type="checkbox"/> Single Fam. Res. |
| c. <input type="checkbox"/> Condo/Twnhse  | d. <input type="checkbox"/> 2-4 Plex         |
| e. <input type="checkbox"/> Apt. Bldg     | f. <input type="checkbox"/> Comm'l/Ind'l     |
| g. <input type="checkbox"/> Agricultural  | h. <input type="checkbox"/> Mobile Home      |
| <input checked="" type="checkbox"/> Other |  |

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3.a. Total Value/Sales Price of Property \$ 500.00  
 b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ )  
 c. Transfer Tax Value: \$ 500.00  
 d. Real Property Transfer Tax Due \$ 0.00

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 03  
 b. Explain Reason for Exemption: record Correction to show legal representation and heir to deceased Grantor recorded Document 2016-882457

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Rachael Engeldo Capacity: Agent for Seller

Signature \_\_\_\_\_ Capacity: \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**

Print Name: Ardee Borger/Daisy Borger  
 Address: 3924Falcon Ave.  
 City: Long Beach  
 State: California Zip: 90807

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**

Print Name: Behamin James White  
 Address: 8460 Heppner Court  
 City: Elk Grove  
 State: California Zip: 95624

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**

Print Name: Legacy Adventures, Inc.  
 Address: 25010 Oakhurst Dr. Suite 100  
 City: Spring

Escrow # \_\_\_\_\_  
 State: Texas Zip: 77386