



00064065201709062170050051

KAREN ELLISON, RECORDER

APN 1319-30-542-014

WHEN RECORDED MAIL TO:

✓ Grantee c/o Ridge Sierra
515 Nichols Blvd.
Sparks, NV 89431

MAIL TAX STATEMENTS TO:

Ridge Sierra
P.O. Box 859
Sparks, NV 89431

DECLARATION (OR AFFIDAVIT) OF DEATH

State of California

County of Sacramento

I, Christy Carmela Fuentes "being duly sworn" say I am 18 years of age or over; William G. Fuentes, Jr., the decedent mentioned in the attached Certificate of Death, is the same person as William G. Fuentes, Jr., named as one of the parties in the deed dated October 24, 1986, executed by Harlest Management, Inc. to William G. Fuentes, Jr. and the undersigned, as Joint Tenants, recorded on November 12, 1986, as Instrument # 144959 in Book 1186, Page 1120, 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. 01-003-29-71

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

Christy Carmela Fuentes
CHRISTY CARMELA FUENTES

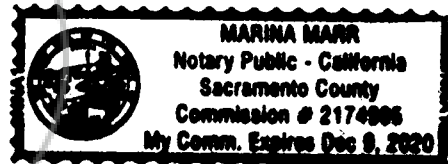
Subscribed and sworn to before me
on Sept 25th 2017

by Christy Carmela Fuentes

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.



Marina Marr
Notary Public

(seal of notary public)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052012238387

CERTIFICATE OF DEATH

3201234010812

STATE FILE NUMBER 3052012238387		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS VS. 1 (REV. 3/05)		LOCAL REGISTRATION NUMBER 3201234010812	
1. NAME OF DECEASED - FIRST (Given) WILLIAM		2. MIDDLE G.		3. LAST (Family) FUENTES JR	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) GUILLERMO - FUENTES JR.		4. DATE OF BIRTH mm/dd/yyyy 05/15/1941		5. AGE Yrs. 71 IF UNDER ONE YEAR: Months 0 Days 0 Hours 0 Minutes 0 Seconds 0 6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY TX		10. SOCIAL SECURITY NUMBER 5454		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 12/31/2012		8. HOUR (24 Hours) 2044	
13. EDUCATION - Highest Level/Degree SOME COLLEGE		14/15. WAS DECEASED HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE, MEXICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED AREA MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CANARY PRODUCTION		19. YEARS IN OCCUPATION 41	
20. DECEASED'S RESIDENCE (Street and number, or location) 7641 TATTERSHALL WAY					
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95823	
24. YEARS IN COUNTY 70		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP CHRISTY FUENTES, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7641 TATTERSHALL WY, SACRAMENTO, CA 95823		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST CHRISTY		29. MIDDLE -		30. LAST (BIRTH NAME) PRADO	
31. NAME OF FATHER/PARENT - FIRST GUILLERMO		32. MIDDLE -		33. LAST FUENTES	
34. BIRTH STATE TX		35. NAME OF MOTHER/PARENT - FIRST HERMINA		36. MIDDLE -	
37. LAST (BIRTH NAME) BORREGO		38. BIRTH STATE TX		39. DISPOSITION DATE mm/dd/yyyy 01/12/2013	
40. PLACE OF FINAL DISPOSITION ST. MARY'S CATHOLIC CEMETERY		41. TYPE OF DISPOSITION(S) BU			
42. SIGNATURE OF EMBALMER DONALD KELLERHALL		43. LICENSE NUMBER EMB8364		44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE VALLEY	
45. LICENSE NUMBER FD-1671		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD		47. DATE mm/dd/yyyy 01/03/2013	
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LT <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6600 BRUCEVILLE ROAD		106. CITY SACRAMENTO	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE RENAL FAILURE		Time Interval Between Onset and Death (AT) DYS		108. DEATH REPORTED TO CORPSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 HEPATO RENAL SYNDROME		(BT) DYS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LIVER CIRRHOSIS		(CT) YRS		110. ALTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ALCOHOLISM		(DT) 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 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PNEUMONIA WITH ACUTE RESPIRATORY FAILURE, METASTATIC PROSTATE CANCER					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy 12/30/2012 12/31/2012		115. SIGNATURE AND TITLE OF CERTIFIER PARAMJEET KAUR ATWAL M.D.		116. LICENSE NUMBER / 117. DATE mm/dd/yyyy A120307 01/03/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NORMAN SYN-LAI CHOW M.D. 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823					
119. I CERTIFY THAT IN MY OPINION DEATH 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					
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-Hour)					
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	
010001002238398					

AMENDED
1 OF 2

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
 COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **January 8, 2013**

* 0 0 1 3 4 2 3 6 8 *

Olivia Kasirye MD
 LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052012238387

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3201234010812

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1.1

[] BIRTH [X] DEATH [] FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Form with fields: 1A. NAME-FIRST (WILLIAM), 1B. MIDDLE (G.), 1C. LAST (FUENTES JR), 2. SEX (M), 3. DATE OF EVENT (12/31/2012), 4. CITY OF EVENT (SACRAMENTO), 5. COUNTY OF EVENT (SACRAMENTO), 6. FULL NAME OF FATHER/PARENT (GUILLERMO - FUENTES), 7. FULL NAME OF MOTHER/PARENT (HERMINA - BORREGO)

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: 8. ITEM NUMBER TO BE CORRECTED (35), 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD (HERMINA), 10. CORRECTED INFORMATION AS IT SHOULD APPEAR (HERMINIA)

LIST ONE ITEM PER LINE

AMENDED 2 OF 2

11. TO CORRECT MOTHERS FIRST NAME

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Affidavit section with fields for signatures and names of Sandee Henderson and Trevor Ball, dates, and titles.

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS. FORM VS 24e (REV. 1/08) 1.1

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DATE ISSUED: January 8, 2013

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Olivia Kange MD LOCAL REGISTRAR



EXHIBIT "A"
(Sierra 01-alternate) 01-003-29-71

A timeshare estate comprised of:

PARCEL 1: An undivided 1/102nd 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 "ALTERNATE USE WEEK" in ODD numbered years 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