

RECORDING COVER PAGE

Must be typed or printed clearly in black ink only.

APN# **42-281-06**

Mail Tax Statements To:

Marina Bay and Midler Services,
28 Shannon Circle,
Mascotte, Florida 34753

TITLE OF DOCUMENT (DO NOT Abbreviate)

Warranty Deed

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

Recording requested by:

Lakeside Closing Service, LLC

Return to:

Name **Lakeside Closing Service, LLC**

Address **PO Box 135337**

City/State/Zip **Clermont, FL 34713**

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.

Prepared by and Return To:
Lakeside Closing Service, LLC
PO Box 135337
Clermont, FL 34713

Contract # 3704421B

Warranty Deed

This Deed made the 9th day of October, 2017, between Kathleen B. Urke and Gerald D. Urke (Deceased), Husband and Wife as Joint Tenants with Right of Survivorship, whose post office address is P.O. Box 1646, Diamond Springs, CA 95619, grantor and Marina Bay and Midler Services, LLC, A Limited Liability Company, whose address is 28 Shannon Circle, Mascotte, Florida 34753, grantee:

(Whenever used herein the terms "grantor" and "grantee" include all parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts, and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and in being in the County of Douglas, Nevada to-wit:

The Timeshare unit described below is at the resort commonly known as **Ridge Tahoe Resort**.

See Attached "Exhibit A"

TOGETHER with a remainder over in fee simple absolute, as tenant in common with the owners of all the Unit Weeks in the hereafter described Condominium Parcel in that Percentage interest determined and established by Exhibits or successor exhibit, to the aforesaid Declaration of Condominium for the following described real estate located in the County of Douglas and the state of Nevada as follows:

Grantee shall not be deemed a successor or assign of Grantor's rights of obligations under the aforescribed. Plan or any instrument referred to therein. Grantee, by acceptance hereof, and by agreement with Grantor, hereby expressly assumes and agrees to be bound by and to comply with all of the covenants, terms, and conditions and provisions set forth and contained in the Plan, including, but not limited to, the obligation to make payment for assessments or the maintenance and operation of the Resort Facility which may be levied against the above described Time Share Interest.

This Conveyance is made Subject to the following:

1. Property taxes for current and all subsequent years;
2. Applicable zoning regulations and ordinances;
3. All of the terms, provisions, conditions, rights, privileges, obligations, easements, and liens set forth and contained in the Plan and all instruments therein referred to as may be subsequently amended;
4. All of the covenants, terms, provisions, conditions, reservations, restrictions, agreements and easements of record, if any, which may not affect the aforescribed property; and

5. Perpetual easements for encroachments now existing or hereafter existing caused by the settlement of improvements or caused by minor inaccuracies in building or rebuilding.

The benefits and obligations hereunto shall inure to and be binding upon the heirs, executors, administrators, successors and assigns of the respective parties hereto. The Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever. "Grantor" and "Grantee" are used for singular or plural, as context requires.

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

And the Grantor does hereby fully warrant the title to said property and will defend the same against lawful claims of all persons whomsoever.

In Witness Whereof, the said Grantor(s) has hereunto set the Grantor's hand and seal the day and year first above written.

Grantor: Kathleen B. Urke Witness _____
Kathleen B. Urke Printed Name _____

Grantor: _____ Witness _____
Printed Name _____

State of _____
County of _____

On this _____ day of _____, 201____, before me, _____, Notary Public, personally appeared _____ and _____ personally known to me (or 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.

Notary Public _____
My Commission Expires _____

Seal /Stamp

See Attached Acknowledgement

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 San Luis Obispo)

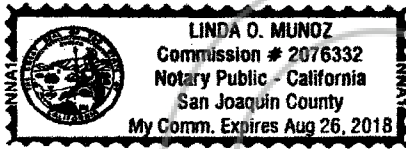
On Oct 9, 2017 before me, Linda O. Munoz Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Kathleen B. Urke
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 Linda O. Munoz
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: Warranty Deed Document Date: 10-9-17
Number of Pages: 3 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

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

An undivided 1/102nd interest in and to that certain condominium as follows:

- (A) An undivided 1/106ths interest as tenants-in-common, in and to Lot 37 of Tahoe Village Unit No. 3 as shown on the Ninth Amended Map Recorded July 14, 1988 as Document No. 182057, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (Inclusive) and Units 141 through 204 (Inclusive) as shown and defined on that certain Condominium Plan Recorded as Document No. 182057, Official Records of Douglas County, Nevada.
- (B) Unit No. 044 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modifications thereof recorded September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada and such recreational areas as may become a part of said timeshare project, for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East,
- and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 164461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE ALTERNATE use week within the Odd numbered years of the Prime SEASON, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3200734007185

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
GERALD		DAVID		URKE	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
09/01/1940		67		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
MO				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		09/19/2007		1200	
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)	
HS GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CAUCASIAN	
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	
PLUMBING CONTRACTOR		PLUMBING		41	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1511 MENDOTA WAY					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
CARMICHAEL		SACRAMENTO		95808	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
49		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
KATHLEEN URKE, WIFE			1511 MENDOTA WAY, CARMICHAEL, CA 95608		
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (Maiden Name)	
KATHLEEN		BERNADINE		LEITING	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST	
HENRY		JOSEPH		URKE	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST		36. MIDDLE	
IL		MARIE		E.	
37. LAST (Maiden)		38. BIRTH STATE		39. BIRTH STATE	
SAGER		MO		MO	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)			
SACRAMENTO VALLEY VA NATIONAL CEMETERY		CR/BU			
5810 MIDWAY ROAD, DIXON, CA 95620		42. SIGNATURE OF EMBALMER			
		▶ NOT EMBALMED			
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
		LOMBARD AND CO FNRL DIRECTORS		FD1037	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy			
▶ GLENNAH I TROCHET, MD		09/25/2007			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
MERCY GENERAL HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SACRAMENTO		4001 J STREET		SACRAMENTO	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time Interval Between Onset and Death		(87) REFERRAL NUMBER	
(A) METASTATIC BLADDER CANCER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MONTHS	
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		(81)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		(82)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
HYPERTENSION		(83)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		(84)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NO		(85)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. SIGNATURE AND TITLE OF CERTIFIER		113. LICENSE NUMBER		114. DATE mm/dd/yyyy	
▶ PARAG AGNIHOTRI, MD		C52218		09/24/2007	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
3160 FOLSOM BLVD, SACRAMENTO, CA 95816-5219		C62218		09/24/2007	
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
(A) 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		(B) 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	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy		123. HOUR (24 Hours)	
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	
▶					

CERTIFIED COPY OF VITAL RECORDS

STATE REGISTER A B C D E SS F G H I J K L M N O P Q R S T U V W X Y Z

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: **September 26, 2007**

* 000917795 *

Glennah I Trochet M.D.
LOCAL REGISTRAR

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



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)
 a) 42-281-06
 b) _____
 c) _____
 d) _____

2. Type of Property:
 a) Vacant Land b) Single Fam. Res.
 c) Condo/Twnhse d) 2-4 Plex
 e) Apt. Bldg f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 i) Other Timeshare _____

FOR RECORDERS OPTIONAL USE ONLY	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 1000.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ 1000.00
 Real Property Transfer Tax Due: \$ 3.90

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # _____
 b. Explain Reason for Exemption: _____

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 _____ Capacity Seller Agent
 Signature _____ Capacity Buyer Agent

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Kathleen B. Urke
 Address: PO Box 1646
 City: Diamond Springs, CA 95619
 State: _____

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Marina Bay and Midler Service, LLC.
 Address: 28 Shannon Circle
 City: Mascotte, FL 34753
 State: _____

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Lakeside Closing Service Escrow # _____
 Address: PO Box 135337
 City: Clermont State: FL Zip: 34713

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)