

35-

A portion of APN: 42-261-21
R.P.T.T. 11.05
#34-021-14-84
(timeshare interest in The Ridge Tahoe)



KAREN ELLISON, RECORDER

✓ Recording Requested By:
When recorded, mail to:
ALAN L. PELLEGRINI
5390 Pacheco Manor Drive
Pacheco, CA 94553

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
)ss
COUNTY OF CONTRA COSTA)

ALAN PELLEGRINI, of legal age, being first duly sworn, deposes and says:

That GAYLE PELLEGRINI, the decedent mentioned in the attached certified copy of Certificate of Death, who died on February 11, 2018, in Pacheco, Contra Costa County, California, is the same person as GAYLE PELLEGRINI named as one of the parties in that certain Grant, Bargain, Sale Deed dated April 2, 2002, executed by Resort Investment Capital, LLC, a Nevada Limited Liability Company, to ALAN PELLEGRINI and GAYLE PELLEGRINI, husband and wife, as joint tenants with right of survivorship, recorded as Instrument No. 0539222, Book 0402, page 03024, on April 11, 2002, Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF.

Dated: March 29, 2018


ALAN PELLEGRINI

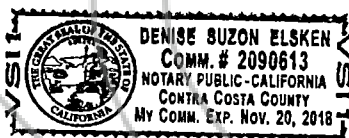
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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this 29th day of March, 2018, by ALAN PELLEGRINI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Denise Suzon Elskén
DENISE SUZON ELSKEN, Notary Public
in and for said County and State.

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EXHIBIT A (34)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows:

(A) an undivided 1/38th interest in and to Lot 34 as shown on Tahoe Village Unit No.3-13th Amended Map, recorded December 31, 1991, as Document 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 to 038 as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and

(B) Unit No. 021 as shown and defined on said Condominium Plan; 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 recorded February 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week every other year in Even-numbered years in the Prime "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-261- 21

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052018033475

CERTIFICATE OF DEATH

3201807001059

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
(REV. 01/01/06)

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) GAYLE		2. MIDDLE ANN		3. LAST (Family) PELLEGRINI	
	4. DATE OF BIRTH mm/dd/yyyy 04/11/1957				5. AGE Yrs. 60	6. SEX F
	8. BIRTH STATE/FOREIGN COUNTRY OHIO		10. SOCIAL SECURITY NUMBER -7394	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 02/11/2018
USUAL RESIDENCE	13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) SCOTTISH, GERMAN	
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EMBROIDERY		19. YEARS IN OCCUPATION 10	
	20. DECEDENT'S RESIDENCE (Street and number, or location) 5390 PACHECO MANOR DRIVE					
INFORMANT	21. CITY PACHECO		22. COUNTY/PROVINCE CONTRA COSTA		23. ZIP CODE 94553	24. YEARS IN COUNTY 22
	25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP ALAN PELLEGRINI, HUSBAND			
	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5390 PACHECO MANOR DRIVE, PACHECO, CA 94553					
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ALAN		26. MIDDLE LOUIS		30. LAST (BIRTH NAME) PELLEGRINI	
	31. NAME OF FATHER/PARENT - FIRST JAMES		32. MIDDLE ALLEN		33. LAST MURRAY	
	35. NAME OF MOTHER/PARENT - FIRST SHIRLEY		34. MIDDLE ANN		37. LAST (BIRTH NAME) SCHULTZ	
FUNERAL DIRECTORY / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 02/14/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF ALAN PELLEGRINI 5390 PACHECO MANOR DRIVE, PACHECO, CA 94553			
	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED			43. LICENSE NUMBER -
	44. NAME OF FUNERAL ESTABLISHMENT ALTA VISTA CREMATION AND FUNERAL SERVICE		45. LICENSE NUMBER FD1924	46. SIGNATURE OF LOCAL REGISTRAR ▶ WILLIAM WALKER M.D.		47. DATE mm/dd/yyyy 02/14/2018
PLACE OF DEATH	101. PLACE OF DEATH OWN HOME		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DQA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hosp <input type="checkbox"/> Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5390 PACHECO MANOR DRIVE		106. CITY PACHECO	
	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) (A) CARDIO PULMONARY ARREST (B) GLIOBLASTOMA MULTIFORME (C) _____ (D) _____ 108. DEATH REPORTED TO CORONER? (H) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MINS 2018-0872 (I) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MOS _____ (J) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (K) _____ (L) <input type="checkbox"/> YES <input type="checkbox"/> NO					
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) STEREOTACTIC BRAIN BIOPSY 12/27/2017		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	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 _____		115. SIGNATURE AND TITLE OF CERTIFIER ▶ PETER BERGADO MATEL M.D.		116. LICENSE NUMBER A100822	117. DATE mm/dd/yyyy 02/14/2018
	(A) mm/dd/yyyy 01/19/2018 (B) mm/dd/yyyy 02/02/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PETER BERGADO MATEL M.D. 3400 DELTA FAIR BLVD, ANTIOCH, CA 94509			
CORONERS USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		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 Hours) _____	
	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. # _____
010001003801275						CENSUS TRACT _____

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED **02/16/2018**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



001261281

William Walker MD
WILLIAM WALKER, MD
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALCONRADJ