

A portion of APN: 1319-30-723-018
Escrow No. 20171518 / #33-137-22-02

Recording Requested By:
Stewart Vacation Ownership

Mail Tax Statement to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

When Recorded Mailto:
Rick C. Morgan
RT 3 Box 266
Blackfoot, ID 83221

AFFIDAVIT – DEATH OF JOINT TENANT
(Title of Document)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Daisy Morton Signature

Daisy Morton Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

A.P.N. # A ptn of 1319-30-723-018

ESCROW NO. 20171518

RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

Rick C. Morgan
RT 3 Box 266 Blackfoot, ID 83221

AFFIDAVIT - DEATH OF JOINT TENANT

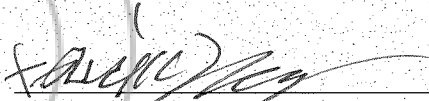
Rick C. Morgan of legal age, being first duly sworn, deposes and says: That Michelle Morgan the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Michelle Morgan, named as one of the parties in that certain Warranty Deed dated 4th day of June, 2012 executed by

Scott G. Halliday and Dawn I. Halliday, husband and wife to Rick Morgan and Michelle Morgan, husband and wife holding title as joint tenants with rights of survivorship, recorded

Instrument No. 804975, on July 2nd 2012 in Book 0712, Page 1, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit 'A' attached hereto and by this reference made a part hereof.

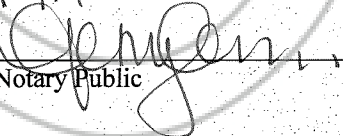
DATE: October 11, 2017

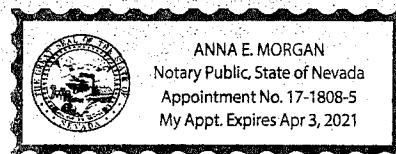


Rick C. Morgan

STATE OF Nevada }
COUNTY OF Douglas } ss.

This instrument was acknowledged before me on
Rick C. Morgan
by, 10/11/17

Signature 
Notary Public



STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR: **06/23/2017** State of Idaho
CERTIFICATE OF DEATH STATE FILE NO. **2017-06579**

| | | | | |
|--|--|--|---|--|
| DECEDENT | * 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) MICHELLE JAYNE MORGAN | | 2. SEX FEMALE | 3. SOCIAL SECURITY NUMBER 9428 |
| TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN | 4a. AGE-Last Birthday 53 (Years) | | 4b. UNDER 1 YEAR Months: _____ Days: _____ | |
| | 4c. UNDER 1 DAY Hours: _____ Minutes: _____ | | 5. DATE OF BIRTH (Mo/Day/Yr) 10/08/1963 | |
| | 6. BIRTHPLACE (City and State, Territory, or Foreign Country) BLACKFOOT, IDAHO | | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO | |
| FOR INSTRUCTIONS SEE HANDBOOKS | 7b. COUNTY BINGHAM | | 7c. CITY OR TOWN BLACKFOOT | |
| | 7d. STREET AND NUMBER RT 3 BOX 266 | | 7e. APT. NO. 83221 | 7f. ZIP CODE 83221 |
| PARENTS | 8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown | | 9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) RICK MORGAN | |
| | 10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 11. BIRTHPLACE (State, Territory, or Foreign Country) UTAH | |
| INFORMANT | 11a. FATHER'S NAME (First, Middle, Last, Suffix) NORMAN CLIVE LOTT | | 12. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO | |
| | 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) SONNIE JANE SWAINSTON | | 13. MAILING ADDRESS (Street and Number, City, State, Zip Code) RT. 3 BOX 266 BLACKFOOT, ID 83221 | |
| DISPOSITION | 13a. INFORMANT'S NAME (Type or print) RICK C. MORGAN | | 13b. RELATIONSHIP TO DECEDENT SPOUSE | |
| | 14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) | | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) BLACKFOOT CREMATORY 132 S. SHILLING AVE. BLACKFOOT, IDAHO 83221 | |
| PLACE OF DEATH | 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221 | | 17. LICENSE NUMBER (Of licensee) M0734 | |
| | 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PERRY L. HAWKER | | 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| DATE OF DEATH | 19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) | | 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) | |
| | 20. FACILITY NAME (if not facility, give street and number) PORTNEUF MEDICAL CENTER | | 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE POCATELLO, ID 83201 | |
| CAUSE OF DEATH | 22. COUNTY OF DEATH BANNOCK | | 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 16, 2017 | |
| | 24. TIME OF DEATH (24hr) 21:35 | | 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 16, 2017 | |
| CERTIFIER | 26. TIME PRONOUNCED DEAD (24hr) 21:35 | | 27. CAUSE OF DEATH | |
| | PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MULTI-SYSTEM DYSFUNCTION DUE TO (or as a consequence of): b. REFRACTORY LACTIC ACIDOSIS DUE TO (or as a consequence of): c. CHRONIC CLOSTRIDIUM DIFFICILE COLITIS DUE TO (or as a consequence of): d. SEVERE ALCOHOLIC CIRRHOSIS | | Approximate Time Interval: Onset to Death DAYS HOURS MONTHS YEARS | |
| REGISTRAR | PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I | | 28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 29. DID TOBACCO CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DATE OF DEATH | 30. IF FEMALE (Aged 10-54): <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year | | 31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined | |
| | 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) | | 33. TIME OF INJURY (24hr) | |
| CAUSE OF DEATH | 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) | | 35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 36. TYPE OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____ | | 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. TRANSPORTATION INJURY ONLY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| CERTIFIER | 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| | 39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input type="checkbox"/> CORONER 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) and manner stated. | | 39b. LICENSE NUMBER M-09083 | |
| REGISTRAR | Signature and Title of Certifier: STEVEN M. KRAWTZ, M.D. | | 39c. DATE SIGNED 6 / 23 / 2017 MM DD YYYY | |
| | * 39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) STEVEN M. KRAWTZ, 177 HOSPITAL WAY POCATELLO, ID 83201 | | 40a. REGISTRAR'S SIGNATURE <i>James B. Gidlette</i> | |
| | | 40b. DATE SIGNED 6 / 23 / 2017 MM DD YYYY | | |

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **OCT 30 2017**

James B. Gidlette
JAMES B. AYDELOTTE
 STATE REGISTRAR

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



EXHIBIT "A"

(33)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 33 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 137 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 Phase III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Lots 31, 32 or 33 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

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