

A portion of APN: 1319-30-644-109
Escrow No. 20180755

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:
Charles R. Beyerlein
7608 South Trask Street
Tampa, FL 33616

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)

Daisilena R. Morton Signature

Daisilena R. 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. # 1319-30-644-109
ESCROW NO. 20180755
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO: CHARLES R. BEYERLEIN
7608 SOUTH TRASK STREET
TAMPA, FL 33616

AFFIDAVIT - DEATH OF JOINT TENANT

CHARLES R. BEYERLEIN of legal age, being first duly sworn, deposes and says: That ELLEN K. BEYERLEIN the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELLEN K. BEYERLEIN, named as one of the parties in that certain Grant, Bargain, Sale Deed dated 17th day of February, 1990 executed by

HARICH TAHOE DEVELOPMENTS a Nevada general partnership to CHARLES R. BEYERLEIN and ELLEN K. BEYERLEIN, as husband and wife as joint tenants with right of survivorship, recorded

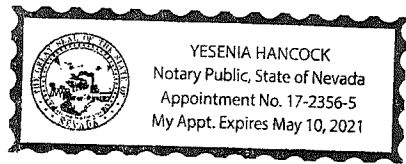
Instrument No. 220929, on February 28, 1990 in Book 290, Page 4025, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

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

DATE: 6/6/18

Charles R. Beyerlein
CHARLES R. BEYERLEIN

STATE OF Nevada }
 } ss.
COUNTY OF Douglas }
This instrument was acknowledged before me on
June 6, 2018
by, Charles R. Beyerlein
Signature Yesenia Hancock
 Notary Public



OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO. _____

1. DECEDENT'S NAME (First, Middle, Last, Suffix) **Ellen Kirkpatrick Beyerlein** 2. SEX **Female**

3. DATE OF BIRTH (Month, Day, Year) **January 10, 1942** 4a. AGE-Last Birthday (Years) **69** 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) **January 5, 2012**

6. SOCIAL SECURITY NUMBER **██████████-8080** 7. BIRTHPLACE (City and State or Foreign Country) **Kalamazoo, Michigan** 8. COUNTY OF DEATH **Citrus**

9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival Non-Hospital: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify) _____

10. FACILITY NAME (If not institution, give street address) **Brentwood Health Center** 11a. CITY, TOWN, OR LOCATION OF DEATH **Lecanto** 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) **Charles Beyerlein**

14a. RESIDENCE - STATE **Florida** 14b. COUNTY **Citrus** 14c. CITY, TOWN, OR LOCATION **Homosassa**

14d. STREET ADDRESS **11530 West Waterway Drive** 14e. APT. NO. _____ 14f. ZIP CODE **34448** 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") **Owner/Operator** 15b. KIND OF BUSINESS/INDUSTRY **Retail**

16. DECEDENT'S RACE (Specify the race/raaces to indicate what decedent considered himself/herself to be. More than one race may be specified.) White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) _____ Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) _____

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (If Yes, specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) _____ Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify): Associate Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) **William Kirkpatrick** 21. MOTHER'S NAME (First, Middle, Maiden Surname) **Frances Sutherland**

22a. INFORMANT'S NAME **Charles Beyerlein** 22b. RELATIONSHIP TO DECEDENT **husband** 23a. INFORMANT'S MAILING - STATE **Florida**

23b. CITY OR TOWN **Homosassa** 23c. STREET ADDRESS **11530 West Waterway Drive** 23d. ZIP CODE **34448**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Hooper Crematory** 25a. LOCATION - STATE **Florida** 25b. LOCATION - CITY OR TOWN **Inverness**

26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from State Other (Specify) _____

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No 27a. LICENSE NUMBER (of Licensee) **FO 44197** 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *[Signature]*

28. NAME OF FUNERAL FACILITY **Hooper Funeral Homes & Crematory** 29a. FACILITY'S MAILING - STATE **Florida**

29b. CITY OR TOWN **Homosassa** 29c. STREET ADDRESS **8495 W. Grover Cleveland Blvd.** 29d. ZIP CODE **34446**

30. CERTIFIER: Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier) *[Signature: Charles A. Prentice, MD]* 31b. DATE SIGNED (mm/dd/yyyy) **1/11/12** 32. TIME OF DEATH (24 hr.) **0650** 33. MEDICAL EXAMINER'S CASE NUMBER _____

34a. LICENSE NUMBER (of Certifier) **ME 38475** 34b. CERTIFIER'S NAME **Charles A. Prentice, M.D.** 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) _____

36a. CERTIFIER'S - STATE **Florida** 36b. CITY OR TOWN **Inverness** 36c. STREET ADDRESS **214 South Pine Avenue** 36d. ZIP CODE **34452**

37. SUBREGISTRAR - Signature and Date *[Signature]* 38a. LOCAL REGISTRAR - Signature *[Signature: Sheryl Jennings CDR]* 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) **Jan 12, 2012**

39. PROBABLE MANNER OF DEATH The following are under the jurisdiction of the medical examiner: Natural Accident Suicide Homicide Pending Investigation Undetermined 40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No

41. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **Myocardial Infarction** **24 hrs**

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. **Cardiomyopathy** **3 yrs**

c. **Severe COPD** **10 yrs**

d. **Severe Anorexia with malnutrition** **10 yrs**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **Severe Disease & Alcohol-related neuropathy** 42a. WAS AN AUTOPSY PERFORMED? Yes No 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY _____ 43b. DATE OF SURGERY (Mo., Day, Yr.) _____ 44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: Yes No Unknown 1. Yes, specify timeframe: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death

46. DATE OF INJURY (Month, Day, Year) _____ 47. TIME OF INJURY (24 hr.) _____ 48. INJURY AT WORK? Yes No 49a. LOCATION OF INJURY - STATE _____

49b. CITY OR TOWN _____ 49c. STREET ADDRESS _____ 49d. APT. NO. _____ 49e. ZIP CODE _____

50. DESCRIBE HOW INJURY OCCURRED _____

IF TRANSPORTATION INJURY, 52a. Status of Decedent Driver/Operator Passenger 52b. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify) _____

OTSEGO COUNTY MICHIGAN RECEIVED SUSAN DEFEYER, CLERK/REGISTRAR OF DEEDS 06/11/2018 9:54:12 AM

OTSEGO COUNTY MICHIGAN RECORDED SUSAN DEFEYER, CLERK/REGISTRAR OF DEEDS 06/11/2018 9:55:22 AM

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR MEDICAL CERTIFIER CAUSE OF DEATH TO BE COMPLETED BY: MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

9007 Southwest 209th Circle Dunnellon FL 34431 30
Sheryl Jennings CDR. JAN 13 2012



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1947 (08/04)

38527891

CERTIFICATION OF VITAL RECORD



* 3 8 5 2 7 8 9 1 *

EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 198 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

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