

RECORDING REQUESTED BY:

Chicago Title Company

AND WHEN RECORDED MAIL TO:

**BETH A. VIDA KOVITS, SUCCESSOR
TRUSTEE OF THE VIDA KOVITS FAMILY
TRUST DATED JANUARY 31, 1985
1105 BONILLA DR.
TOPANGA, CA 90290**

ESCROW NO.: TS28503-015-CS2

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

Beth A. Vidakovits, being of legal age, and first duly sworn, deposes and says:

1. That Doris O. Vidakovits^{oldham}, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as that named as Trustee in that certain First Amendment to the Vidakovits Family Trust dated August 30, 2012 executed by Doris O. Vidakovits, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as The Ridge Tahoe, Unit No. 92, Winter Season, Stateline, NV, which property is described in the Deed which was signed by Doris O. Vidakovits as Grantor(s) and recorded as instrument no. 389180 of Official Records on 6/3/1996. The property is situated in the City of Stateline, County of Douglas, State of California.

The legal description of said property is as follows:

An undivided 1/51st interest in and to that certain condominium described as: a) an undivided 1/20th interest in as tenants-in-common in and to Lot 31 of Tahoe Village Unit No. 3, Fifth amended map recorded October 29, 1981 as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981 as Document No. 62661, all of Official records Douglas County, State of Nevada, except therefrom units 081 to 100 Amended Map: b) Unit No. 092 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment. Amendment. P

3. I, Beth A. Vidakovits, have been appointed the Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in Paragraph 1 above.

I, Beth A. Vidakovits, declare under penalty of perjury, under the laws of the **State of California**, that the foregoing is true and correct.

ESCROW NO.: TS28503-015-CS2

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Dated August 10, 2018

The Vidakovits Family Trust dated January 31, 1985

Beth A. Vidakovits
Beth A. Vidakovits, Successor Trustee

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)

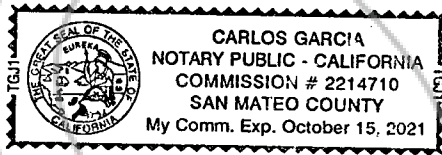
County of San Mateo)

Subscribed and sworn to (or affirmed) before me on this 7 day of September, 2018, by Beth A. Vidakovits

_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Carlos Garcia
Notary Signature

(Area for Notary Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201743007924

STATE FILE NUMBER		USE BACK SIDE ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS <small>VS-1 (REV. 3/06)</small>				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DORIS		2. MIDDLE OLDHAM		3. LAST (Family) VIDAKOVITS			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 05/06/1933		5. AGE Yrs. Months Days 84	
8. BIRTH STATE/FOREIGN COUNTRY KY		10. SOCIAL SECURITY NUMBER 3540		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at time of death) WIDOWED	
13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 09/06/2017	
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED. LIBRARIAN				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNIVERSITY LIBRARY		19. YEARS IN OCCUPATION 10	
20. DECEDENT'S RESIDENCE (Street and number, or location) 937 EICHLER DRIVE							
21. CITY MOUNTAIN VIEW		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 94040		24. YEARS IN COUNTY 45	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP BETH VIDAKOVITS, DAUGHTER					
27. DECEASED'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1105 BONILLA DRIVE, TOPANGA, CA 90290						28. NAME OF SURVIVING SPOUSE/SDP* - FIRST	
29. MIDDLE		30. LAST (BIRTH NAME)				31. NAME OF FATHER/PARENT - FIRST	
32. MIDDLE		33. LAST				34. BIRTH STATE	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
39. DISPOSITION DATE mm/dd/yyyy 09/22/2017		40. PLACE OF FINAL DISPOSITION GRAPEVINE CEMETERY					
41. TYPE OF DISPOSITION(S) CR/TR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MOUNTAIN VIEW FUNERAL & CREMATION SERVICE		45. LICENSE NUMBER FD-2114		46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD		47. DATE mm/dd/yyyy 09/21/2017	
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 937 EICHLER DRIVE				106. CITY MOUNTAIN VIEW	
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 ventilator failure unless showing the etiology. DO NOT ABBREVIATE. IN COMPLICATIONS OF NEURODEGENERATIVE DISEASE						108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO						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: mm/dd/yyyy 01/16/2017		115. SIGNATURE AND TITLE OF CERTIFIER LAWRENCE PAUL BONALDI M.D.		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LAWRENCE PAUL BONALDI M.D. 670 NORTH MCCARTHY BOULEVARD, MILPITAS, CA 95035		117. LICENSE NUMBER G34176	
118. 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		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy		121. HOUR (24 Hours)	
122. 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 *010001003658014* FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
SEP 25 2017



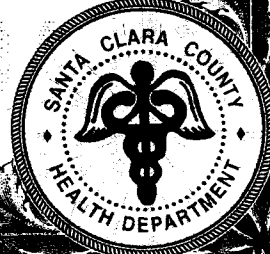
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

PHNCO (Rev) 6/14

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



DESCRIPTION

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

AN UNDIVIDED 1/51ST INTEREST IN AND TO THAT CERTAIN CONDOMINIUM DESCRIBED AS FOLLOWS:

(A) AN UNDIVIDED 1/20TH INTEREST, AS TENANTS IN COMMON, IN AND TO LOT 31 OF TAHOE VILLAGE UNIT NO. 3, FIFTH AMENDED MAP, RECORDED OCTOBER 29, 1981, AS DOCUMENT NO. 61612 AS CORRECTED BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 23, 1981, AS DOCUMENT 62661, ALL OF OFFICIAL RECORDS DOUGLAS COUNTY, STATE OF NEVADA, EXCEPTING THEREFROM UNITS 81 TO 100 ON SAID AMENDED MAP AND AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.

(B) UNIT NO. 092 AS SHOWN AND DEFINED ON SAID LAST MENTIONED MAP AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.

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, IN THE OFFICIAL 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 MODIFICATION 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 USE AND ENJOYMENT AND INCIDENTAL PURPOSES OVER, ON AND THROUGH LOTS 29, 39, 40 AND 41 AS SHOWN ON SAID TAHOE VILLAGE UNIT NO. 3, FIFTH AMENDED MAP AND AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.

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 DECUMENT NO. 01112, RECORDED JUNE 17, 1976) IN SECTION 30, TOWNSHIP 13 NORTH, RANGE 19 EAST, M.D.M., AND

(B) AN EASEMENT FOR INGRESS, EGRESS AND PUBLIC UTILITY PURPOSES, 32' WIDE, THE CENTERLINE OF WHICH IS SHOWN AND DESCRIBED ON THE FIFTH AMENDED MAP OF TAHOE VILLAGE NO. 3, RECORDED OCTOBER 29, 1981, AS DOCUMENT NO. 61612, AND AMENDED BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 23, 1981, AS DOCUMENT NO. 62661, OFFICIAL RECORDS, DOUGLAS COUNTY, STATE OF NEVADA.

DESCRIPTION

PARCEL FIVE:

THE EXCLUSIVE RIGHT TO USE SAID UNIT AND THE NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY REFERRED TO IN SUBPARAGRAPH (A OF PARCEL ONE AND PARCEL TWO, THREE AND FOUR ABOVE, DURING ONE USE WEEK DURING WITHIN THE WINTER USE SEASON, AS SAID TERMS ARE DEFINED IN THE RESTRICTIONS FOR THE RIDGE TAHOE, RECORDED SEPTEMBER 17, 1982, AS DOCUMENT NO. 71000 OF OFFICIAL RECORDS, AS AMENDED.

THE ABOVE DESCRIBED EXCLUSIVE AND NON-EXCLUSIVE RIGHTS MAY BE APPLIED TO ANY AVAILABLE UNIT IN THE PROJECT, DURING SAID ALTERNATE USE WEEK WITHIN SAID SEASON.

