

A portion of APN: 1319-30-724-031
Escrow No. 20180918 / #34-030-51-01

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:
Lynnelle Beth Fries
386 Wishon Ave. West
Madera, CA 93636

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. # 1319-30-724-031
ESCROW NO. 20180918 / #34-030-51-01
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO: LYNNELLE BETH FRIES
386 WISHON AVE WEST
MADERA, CA 93636

AFFIDAVIT - DEATH OF JOINT TENANT

LYNNELLE BETH FRIES of legal age, being first duly sworn, deposes and says: That TODD FRIES the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as TODD FRIES, named as one of the parties in that certain Grant, Bargain, Sale Deed dated 12TH September 2005 executed by

HARICH TAHOE DEVELOPMENTS a Nevada general partnership to LYNNELLE BETH FRIES AND TODD FRIES, as husband and wife as joint tenants with right of survivorship, recorded

Instrument No. 0657207, on October, 07, 2005 in Book 1005, Page 3043, 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: 10/12/2018

Lynelle Beth Fries 10/12/18
LYNNELLE BETH FRIES

STATE OF CALIFORNIA }
 } ss.
COUNTY OF FRESNO }

This instrument was acknowledged before me on
10/12/2018
by, LYNNELLE BETH FRIES

Signature [Signature]
Notary Public

Please see attached acknowledgment. JLO

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 FRESNO)

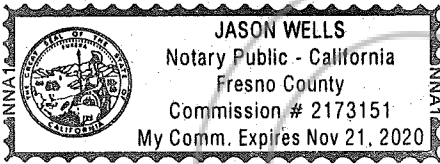
On 10/12/2018 before me, JASON WELLS, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared LYMNELLE BETH TRIES
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 [Signature]
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: AFFIDAVIT - DEATH OF JOINT TENANT

Document Date: _____ Number of Pages: _____

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: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

COUNTY OF TULARE

TULARE, CALIFORNIA

3052016164879

CERTIFICATE OF DEATH

3201654001755

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-11a (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) TODD		2. MIDDLE M.		3. LAST (Family) FRIES	
AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 06/28/1967		5. AGE Yrs. 49 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 3911		6. SEX M	
13. EDUCATION -- Highest Level/Degree (See worksheet on back) BACHELOR		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
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/ccyy 08/16/2016	
17. USUAL OCCUPATION -- Type of work for most of life; DO NOT USE RETIRED. DEPUTY SHERIFF		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COUNTY		8. HOUR (24 Hours) 1840	
19. YEARS IN OCCUPATION 27		20. DECEDENT'S RESIDENCE (Street and number, or location) 2810 DARTMOUTH AVE.			
21. CITY VISALIA		22. COUNTY/PROVINCE TULARE		23. ZIP CODE 93277	
24. YEARS IN COUNTY 45		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP NATHAN FRIES, SON		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 1801 BROADWAY APT. 127, FRESNO, CA 93721			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST BETH		29. MIDDLE -		30. LAST (BIRTH NAME) WOODWARD	
31. NAME OF FATHER/PARENT—FIRST LLOYD		32. MIDDLE -		33. LAST FRIES	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT—FIRST PAT		36. MIDDLE -	
37. LAST (BIRTH NAME) HANBY		38. BIRTH STATE CA		39. DISPOSITION DATE mm/dd/ccyy 08/23/2016	
40. PLACE OF FINAL DISPOSITION BELMONT MEMORIAL PARK 201 NO. TEILMAN AVENUE, FRESNO, CA 93706		41. TYPE OF DISPOSITION(S) CR/BU			
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT SALSER & DILLARD FUNERAL CHAPEL	
45. LICENSE NUMBER FD1781		46. SIGNATURE OF LOCAL REGISTRAR KAREN HAUGHT, MD		47. DATE mm/dd/ccyy 08/23/2016	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA		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 TULARE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2810 DARTMOUTH AVE		106. CITY VISALIA	
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. (A) GLIOBLASTOMA		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		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) YES CRANIOTOMY 02/06/2016		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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: (A) mm/dd/ccyy 04/23/2001 (B) mm/dd/ccyy 08/01/2016	
115. SIGNATURE AND TITLE OF CERTIFIER MARK VERNAL TETZ, M.D.		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARK VERNAL TETZ M.D. 311 W. NOBLE AVE STE 202, VISALIA, CA 93277		117. LICENSE NUMBER A54646	
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/ccyy	
121. INJURY DATE mm/dd/ccyy		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/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	
				010001003323337	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.

DATE ISSUED **AUG 29 2016**

Karen Haught
Karen Haught, M.D., M.P.H., Tulare County Health Officer
Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.
FINCO (Rev) 10/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(34)

An undivided 1/51st 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 No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 030 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 August 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 each year in the Swing "Season" as defined in and in accordance with said Declarations.

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