| APN# <u>42-254-31</u> | OGDEN LAW FIRM |
|--|---|
| Recording Requested by/Mail to: | |
| Name: Daniel J. Ogden | 00089120201909275550040041 KAREN ELLISON, RECORDER |
| Address: 1535 J Street, Suite A | TORKEN ELLIOSI, REGORDER |
| City/State/Zip: Modesto, CA 95354 | _ \ \ |
| Mail Tax Statements to: | |
| Name:Joni F. Ogden | |
| Address: 3330 Wycliffe Drive | |
| City/State/Zip: Modesto, CA 95355 | |
| AFFIDAVIT - DE | EATH OF TRUSTEE |
| The undersigned hereby affirms to contains personal information X Affidavit of Death — Judgment — NRS 17 Military Discharge — Signature Daniel J. Ogden Printed Name | |
| | |
| | |

\$1.00 Additional Recording Fee for Use of This Page

DOUGLAS COUNTY, NV

Rec:\$35.00

Total:\$35.00

2019-927555

Pgs=4

04/05/2019 02:44 PM

A portion of APN: 42-254-31

RECORDING REQUESTED BY
STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO:
Daniel J. Ogden
1535 J Street, Suite A
Modesto, CA 95354

| Modesto, CA 95354 | | | | \ \ | |
|--|---|---|---|--|---------------|
| Escrow No: | RECORD | ERS USE ONL | X | | |
| | AFFIDAVI | T – DEATH O | F TRUSTEE | | ١, |
| STATE OF | | | | | · |
| COUNTY OF | SS. | // | | \ | |
| Joni F. Ogden | | of legal age, be | ing duly sworn, de | poses and says | |
| That Ralph Carl Ogde is the same person as Ralp Declaration of Trust dated in Douglas Coun 4292 as Document | h C. Ogden, September 7, ty, State of Neva | 111 na , 2000 and de | amed as the Truste signated the Truste | e of that certain ee in the Deed recorde | d |
| In accordance with the aborsuccessor trustee of said trustees of said trustees. Joni F. Ogden establish the succession of aforesaid trust. The trust es Nevada, which is more full reference. Dated: | is filing is filled includes an include include includes an include | ng this Affidavi den interest in real p | t with the Douglas as successor to property located in | Douglas County, State | € 01 |
| STATE OF California COUNTY OF Stanislau |))ss. | 0 | |) | |
| SUBSCRIBED AND SWORD TENERS ME OR PROVED TO ME OF WHO APPEARED BEFORE SIGNATURE NOTARY PUR | N TO (OR AFFIRI 0 19 BY 3 N THE BASIS OF ME. | MED) BEFORE SATISFACTOR | PE EVIDENCE TO | DAY OF ERSONALLY KNOWN BE THE PERSON(S) NIKKI D. BLEWETT otary Public - California Stanislaus County commission # 2153078 omm. Expires May 14, 2020 | SANNA1 |

EXHIBIT "A" (28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map. Recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 31 as shown and defined on said map; 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 Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of the Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-31



COUNTY OF STANISLAUS

MODESTO, CALIFORNIA

| 3052017087652 | | | USE BL | CERTIFICATE OF DEATH USE BLOCK INC ONLY STATE OF CALLY STANDAY (NO. 1945-1852 AND CONTROL OF CALLEBATIONS (F. 1946-1952 AND CONTROL OF CALLEBATIONS) | | | | 3201750001702 | | | |
|--|--|--|--|--|------------------------------------|--|------------------------------|-----------------------------|--|---|--|
| | STATE FILE NUMBER 1. NAME OF DECEDENT-FIRST (GAME | | 2. MIDOLE | | i S. LAZI Familyi | | | LOCAL REGISTRATION NUMBER | | | |
| 5 | RALPH | | CARL | •11 | | | 1 | ĎEŇ III | | \ | |
| NAL DAT | AKA, ALBO KNOWN AS - Include full Al | KA (FIRST, MIDDLE, LAST) | • | | | . DATE OF 15/02/ | вятн mm/6d/00 1953 | 63 S. AGE Yrs. FI | UNDER ONE YEAR What Days | F UNDER 24 H | URB 6. SEX M |
| DECEDENT'S PERSONAL DATA | II. BIRTH STATE/FOREIGN COUNTRY NM | 10. BOCIAL BECURIT | 9 | | X No [|] UNK | 2. MAPITAL STATUS MARRIED | /GROP* fat Tess of Death 7. | DATE OF DEATH 04/23/2017 | | 1059 |
| 5 | 13. EDUCATION - Highant Level/Degree 14/ | 15. WAS DECEDENT HISPAN | SCALATINO(A)/SPANS | SH7 (f yes, see | worksheet on bea | i No C | AUCASIA | CE - Up to 3 races may | be listed (see work | mest on back | |
| 2 | PROFESSIONAL L. 17. USUAL OCCUPATION - Type of worth | YES | NE RETURED | I 18 KIN | X OF BURNEY | | | ry store, road construction | arrakwawai man | ny eta) 19 YE | ARS IN OCCUPATION |
| <u> </u> | ATTORNEY AT LAW | 1 | | LAV | | | OUT (Magazine | _ | , or tool war and | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 38 |
| K. | 20. DECEDENT'S RESIDENCE (Blook as 3330 WYCLIFFE DR | | | | | | | | The state of the s | | |
| 2 4 | MODESTO | S ⁻ | COUNTY/PROVING TANISLAU | | | 23. ZP 0 9535 | 5 | 24. YEARS IN COUNTY 42 | CA | | Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, w |
| MFOR- | 28. RIFORMATS HAME, RELATIONSHIP JONI OGDEN, SPOUSE 27. RIFORMATS MANE. RELATIONSHIP 3330 WY CLIFF | | | FFE DR, I | MODESTO, C | A 95355 | own, state and zipi | | | | |
| SPOUSE/SRIDP AND PARENT MFORMATION | 28. NAME OF BURYIVING SPOUSE/SR | OP-FIRST | FAY | | | | SO, LAST (BURTI | (NAME) | | | |
| 900 | 31. NAME OF FATHER/PARENT-FIRST | | 82. MIDDLE | AF | | 33. LAST | | | | L BERTH STATE | |
| SEC. | RALPH 35. NAME OF MOTHER/PARENT-FIRST | | CARL 36. MIDDLE | - | غيرست | | OGDEN 57, LAST (SATT) | 11. | | | B. BIRTH STATE |
| FATE | ALMA | | JEAN | N | | ١, | SHIFLE | | | | K |
| Š | S4. DISPOSITION DATE mm/kk/soyy 04/28/2017 | 900 SANTA F | FAVE HI | EWOOL IGHSOI | MEMO | RIAL 5326 | PARK | / | | | |
| FUNERAL DIRECTOR/ LOCAL REGISTRAR | 41. TYPE OF DISPOSITION(S) | 10000 | | 42. SIGNATUR | | | 7 | | | 49. LICE | NSE NUMBER |
| AL RE | CR/BU | | | NOT | | | | | | | |
| E 2 | LAKEWOOD FUNERAL HOME FD1392 | | NUMBER 48. SIGNATURE OF LOCAL REGISTRAR JOHN WALKER, MD | | | 47. DATE man/dol/copy 04/28/2017 | | | | | |
| ь | 101. PLACE OF DEATH | and the same of th | | The Real Property lies, the Person of the Pe | | | HOSPITAL, SPECI | | HER THAN HOSPI | m Gall | iE codentis Other |
| PLACE OF DEATH | RESIDENCE LOS TOUR LO | | | | | | pce Naring X Decedents Other | | | | |
| 5.0 | STANISLAUS | 3330 WYCLI | 770 | | | | | | MODE | | |
| 1 | IMMEDIATE CAUSE (A) ATRIA | Enter the chain of events as cardiac arrest, respirator FIRRULLATIO | y termet, or ventricular | Erteten wine | that directly d lut showing the | etickogy. D | O NOT ABBREVIATE | mente avente auch | Tiens Interval Be Orașet and De | AET DEVINE | REPORTED TO CORONERT |
| | Finel disease or condition resulting in death) | ACTIONILLATION | | | | DAYS | | | | | |
| | Sequentially, liet conditions, if any, | | | | - N | | 1 | - N | (m) | 109. BHOPY | SY PERFORMED? |
| DEATH | conditions, it say, leading to cause on Line A. Enter UNDERLYING | | | | | <u>. </u> | $\neg $ | | (CII) | 110. AUTO | PSY PERFORMED? |
| å | CAUSE (cheese or | | | | | <u> </u> | _ | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| CALIE | resulting in death) LAST | | | | | _\ | | | (cm) | THE OBES OF | DETERMINING CAUSE? |
| and the last of th | NONE | S CONTRIBUTING TO DEAT | H BUT NOT FIESUL | TING IN THE U | NDERLYING C | WSE GIVI | 3N IN 107 | | | | |
| İ | 113. WAS OPERATION PERFORMED PO NO | OR ANY CONDITION IN ITEM | i 107 OFI 1127 β/ ye | e, liet type of o | persilion and de | ipo) | | • | | YES | NO UNK |
| r š | 114, I CERTIFY THAT TO THE BEST OF MY IO. AT THE HOUR, DATE, AND PLACE STATED FR | OWLEDGE DEATH DOCUMED ON THE CAUSES STATED. | 118, SIGNATURE | AND TITLE OF | CERTIFIER | 7 | - | VA | 116, LICENSE | | WIE mm/dd/ocyy |
| S S | Decadent Atlended Since | Decedent Last Saan Alive | NANDE | ESH VE | ERAPP | J.M A |), massa za m | | A8633 | 04/ | 25/2017 |
| PHYSICIAN'S CERTIFICATION | | | | | | | | | | | |
| | 118.1 CERTIFY THAT IN MY OPINION DEATH MANNER OF DEATH Netural | Accident Hour, DAT | | D FROM THE CA Pending Investigati | | ould not be etermined | | EDATWORK? | | ATE menuloid/ocyly | 122.HOUR (24 Hours) |
| OMEY | 123, PLACE OF RAURY (e.g., home, construction site, wooded gree, etc.) | | | | | | | | | | |
| 3 | 124, DESCRIBE HOW INJURY OCCURRED (Everts which receiled in Injury) | | | | | | | | | | |
| CORONER'S | 125, LOCATION OF INJURY (Breet and number, or location, and only, and sky) | | | | | | | | | | |
| ٥ | 128, SKINATURE OF CORONER / DEP | UTY CORONER | / | 127 | DATE mm/de | J/ccyy | 123. TYPE NAM | E, TITLE OF CCRONER | / DEPUTY CORON | ER . | |
| ST/ | | 0 1 | , E | | | | | | FAX AUTH. | | CENSUS TRACT |
| REGIS | IIIAN | /- | | | | *0100 | 01003544338° | | <u> </u> | | L |

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



DATE ISSUED

AUG 0 9 2017

Gail Pilgrim

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder.

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

