

RECORDING REQUESTED BY:

Legal Docs By ME

AND WHEN RECORDED MAIL TO:

Debra A. Miller
47103 El Menara Circle
Palm Desert, CA 92260



KAREN ELLISON, RECORDER

A.P.N.: 34-015-24A

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE }

THE UNDERSIGNED, Wanda N. Bray, BEING OF LEGAL AGE, BEING DULY SWORN, DEPOSES AND SAYS:

- That Charles Edward Bray, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Edward Bray named as the Trustee in that certain Declaration of Trust dated January 22, 1996, executed by Charles Edward Bray and Wanda Nell Bray as Trustor(s).
- At the time of demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as The Ridge Resorts Time Share, which property is described in a Deed which was signed by Mark E., Paul J., and Nancy A. Maki, as Grantor(s) on 09/09/2005 and recorded as Instrument No. 0657199, on 10/07/2005, of Official Records of Douglas County, State of Nevada.

The legal description of said property is as follows:

See Legal Description attached hereto as Exhibit "A" and made a part hereof.

- I, Wanda N. Bray am 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Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which as not been revoked, and I hereby consent to act as such.
- There is no federal estate tax due as the result of the death of the decedent mentioned in paragraph 1 above.

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

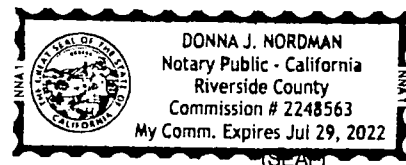
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Name Wanda Nell Bray
Wanda N. Bray, Trustee OF THE CHARLES E. & WANDA N. BRAY FAMILY TRUST DATED 22ND OF JANUARY 1996
Name _____

State of California }
County of Riverside }

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 15th day of February, 2019, by Wanda N. Bray, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Donna J. Nordman



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052016017776

CERTIFICATE OF DEATH

3201633001057

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-116 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CHARLES		2. MIDDLE EDWARD		3. LAST (Family) BRAY	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 04/23/1926	5. AGE Yrs. 89
9. BIRTH STATE/FOREIGN COUNTRY OHIO		10. SOCIAL SECURITY NUMBER 5906	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	6. SEX M
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CERTIFIED PUBLIC ACCOUNTANT			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ACCOUNTING		19. YEARS IN OCCUPATION 40
20. DECEDENT'S RESIDENCE (Street and number, or location) 47118 EL MENARA CIRCLE					
21. CITY PALM DESERT		22. COUNTY/PROVINCE RIVERSIDE	23. ZIP CODE 92260	24. YEARS IN COUNTY 3	25. STATE/FOREIGN COUNTRY CALIFORNIA
26. INFORMANT'S NAME, RELATIONSHIP WANDA N BRAY, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 47118 EL MENARA CIRCLE, PALM DESERT, CA 92260		
28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST WANDA		29. MIDDLE N	30. LAST (BIRTH NAME) BANDY		
31. NAME OF FATHER/PARENT-FIRST CHARLES		32. MIDDLE A	33. LAST BRAY		34. BIRTH STATE UNKNOWN
35. NAME OF MOTHER/PARENT-FIRST MARIE		36. MIDDLE ALICE	37. LAST (BIRTH NAME) FINNEGAN		38. BIRTH STATE UNKNOWN
39. DISPOSITION DATE mm/dd/yyyy 01/29/2016		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARKS AND MORTUARIES 69855 EAST RAMON ROAD, CATHEDRAL CITY, CA 92234			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED			43. LICENSE NUMBER -
44. NAME OF FUNERAL ESTABLISHMENT ROSE MORTUARY		45. LICENSE NUMBER FD 2058	46. SIGNATURE OF LOCAL REGISTRAR ▶ CAMERON KAISER, MD		47. DATE mm/dd/yyyy 01/29/2016
101. PLACE OF DEATH RESIDENCE					
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 47118 EL MENARA CIRCLE		106. CITY PALM DESERT	
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) CARDIORESPIRATORY ARREST		Time Interval Between Onset and Death 5 MINS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) ATRIAL FIBRILLATION		YEARS		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 PARKINSON'S DISEASE, DIABETES MELLITUS TYPE II	
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 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: 01/17/2013 Decedent Last Seen Alive: 12/21/2015	
115. SIGNATURE AND TITLE OF CERTIFIER ▶ BRETT HARRIS WOLFF M.D.		116. LICENSE NUMBER G77493		117. DATE mm/dd/yyyy 01/29/2016	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRETT HARRIS WOLFF M.D. 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270		119. 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			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Public Health.

DATE ISSUED **Feb 2, 2016**

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



001388025

Cameron Kaiser
DR. CAMERON KAISER, MD
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOID 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. 015 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 PRIME "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-016