

A portion of APN: 1319-30-724-027
Escrow No. 20190271 / #34-026-16-01

Recording Requested By:
Stewart Vacation Ownership

Mail Tax Statement to:
Ridge Tahoe POA
P.O. Box 5790
Stateline, NV 89449

When Recorded Mailto:
Delia M. Sanchez
627 South Central Avenue
Stockton, CA 95204

AFFIDAVIT – DEATH OF TRUSTEE
(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.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CLARA
 SAN JOSE, CALIFORNIA

CERTIFICATE OF DEATH

3200043004624

STATE FILE NUMBER		USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS) VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Castulo		2. MIDDLE Ramirez		3. LAST (FAMILY) Sanchez			
4. DATE OF BIRTH M/M/DD/C.C.Y.Y 01/16/1938		5. AGE YRS. 62		6. SEX M		7. DATE OF DEATH M/M/DD/C.C.Y.Y B. HOUR 06/27/2000 0630	
9. STATE OF BIRTH AZ		10. SOCIAL SECURITY NO. [REDACTED] 4684		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 12		14. RACE Caucasian		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> Mexican <input type="checkbox"/> NO		16. USUAL EMPLOYER Huntington Mech. Labs	
17. OCCUPATION Machinist		18. KIND OF BUSINESS Machine Shop		19. YEARS IN OCCUPATION 35			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 155 Santa Rosa Ave.							
21. CITY Mountain View		22. COUNTY Santa Clara		23. ZIP CODE 94043		24. YRS IN COUNTY 52	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Delia Sanchez (Wife)					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 155 Santa Rosa Ave., Mountain View, CA 94043		28. NAME OF SURVIVING SPOUSE—FIRST Delia		29. MIDDLE Mendoza		30. LAST (MAIDEN NAME) Sanchez	
31. NAME OF FATHER—FIRST Teodolo		32. MIDDLE -		33. LAST Sanchez		34. BIRTH STATE Mexico	
35. NAME OF MOTHER—FIRST Hermenia		36. MIDDLE -		37. LAST (MAIDEN) Ramirez		38. BIRTH STATE AZ	
39. DATE M/M/DD/C.C.Y.Y 06/30/2000		40. PLACE OF FINAL DISPOSITION Santa Clara Mission Cem., 490 Lincoln Ave., Santa Clara, CA 95050					
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER <i>John C. Hoffman</i>		43. LICENSE NO. 6923		44. NAME OF FUNERAL DIRECTOR Cusimano Family Colonial Mortuary	
45. LICENSE NO. FD 1041		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin Fometschke</i>		47. DATE M/M/DD/C.C.Y.Y 06/28/2000		48. COUNTY Santa Clara	
101. PLACE OF DEATH Own Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Santa Clara	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 155 Santa Rosa Ave.		106. CITY Mountain View		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A): METASTATIC COLON CANCER DUE TO (B): DUE TO (C): DUE TO (D):			
108. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. TIME INTERVAL BETWEEN ONSET AND DEATH 8 MOS.		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 RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. YES. RECTOSIGMOID RESECTION 02/01/1999							
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 M/M/DD/C.C.Y.Y 10/27/1998		115. SIGNATURE AND TITLE OF CERTIFIER <i>Shawn Mung MD</i>		116. LICENSE NO. A044886		117. DATE M/M/DD/C.C.Y.Y 06/27/2000	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Shawn Mung, MD 900 Kiely Blvd., Santa Clara, CA 95051		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/C.C.Y.Y	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C.C.Y.Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

STATE REGISTRAR: A B C D E F G H FAX AUTH. # CENSUS TRACT



CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
 This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Santa Clara County Clerk-Recorder.

Regina Alcomendras
 REGINA ALCOMENDRAS
 COUNTY CLERK-RECORDER

DATE ISSUED: APR 26 2019

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

PBCCO (REV) 03/17

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. 026 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.

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