

A portion of APN: 1319-30-643-008  
Escrow No. 20190205 / #28-007-26-02

Recording Requested By:  
**Stewart Vacation Ownership**

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

When Recorded Mailto:  
Ruth Ann Johnson  
11800 SW 1<sup>st</sup> Street  
Yukon, OK 73099

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.

A.P.N. #	A ptn of 1319-30-643-008
Escrow No.	20190205-TS/AH
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Stewart Vacation Ownership	
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11800 SW 1 <sup>st</sup> Street	
Yukon, OK 73099	

**AFFIDAVIT – DEATH OF JOINT TENANT**

State of Oklahoma        }  
  } ss.  
County of Canadian       }

**RUTH ANN JOHNSON**, of legal age, being first duly sworn, deposes and says: That **RICHARD F. JOHNSON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **RICHARD F. JOHNSON** named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 16, 1993 executed by Harich Tahoe Developments, a Nevada general partnership to **RICHARD F. JOHNSON** and **RUTH ANN JOHNSON**, husband and wife as joint tenants with right of survivorship, recorded as Document No. 302091, on March 16, 1993 in Book 393, Page No. 3119 of Official Records of Douglas, Nevada, covering the following described property in Exhibit "A" (Account #28-007-26-02) attached hereto situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto and incorporated herein by this reference.

Dated: 5-14-19

✓ Ruth Ann Johnson  
Ruth Ann Johnson

STATE OF Oklahoma )  
COUNTY OF Canadian ) ss.

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 14th  
DAY OF May, 2019. BY  
Ruth Ann Johnson, PERSONALLY KNOWN TO ME OR PROVED TO  
ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO  
APPEARED BEFORE ME.

SIGNATURE Darlene Getchell (SEAL)  
NOTARY PUBLIC



This document is recorded as an  
ACCOMMODATION ONLY and without liability  
for the consideration therefore, or as to the  
validity or sufficiency of said instrument, or  
for the effect of such recording on the title of  
the property involved.

(One Inch Margin on all sides of Document for Recorder's use Only)

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/05/2018  
FEE NUMBER: 1706332

CERTIFICATE NUMBER: 2018-020944

FIRST AND MIDDLE NAME(S): RICHARD FLOYD  
LAST NAME(S): JOHNSON

COUNTY OF DEATH: KING  
DATE OF DEATH: MAY 04, 2018  
HOUR OF DEATH: 02:59 AM  
SEX: MALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: ████████-4648

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: AUGUST 24, 1939  
BIRTHPLACE: OKLAHOMA CITY, OK

MARITAL STATUS: MARRIED  
SPOUSE: RUTH ANN BRITTON

OCCUPATION: MARINE  
INDUSTRY: MILITARY  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

INFORMANT: RUTH ANN JOHNSON  
RELATIONSHIP: SPOUSE  
ADDRESS: 11800 SW 1ST ST, YUKON, OKLAHOMA 73099

CAUSE OF DEATH:  
A: SUBDURAL AND SUBARACHNOID HEMORRHAGE  
INTERVAL: DAYS  
B: BLUNT FORCE HEAD INJURY  
INTERVAL: DAYS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIFFUSE LARGE B-CELL  
LYMPHOMA WITH THROMBOCYTOPENIA

DATE OF INJURY: APRIL 26, 2018  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: CRUISE SHIP

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED: FELL FROM BED.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 11800 SW 1ST ST  
CITY, STATE, ZIP: YUKON, OK 73099  
INSIDE CITY LIMITS: YES COUNTY: CANADIAN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER/PARENT: FLOYD JOHNSON  
MOTHER/PARENT: IVA LEE MORRIS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: MAY 09, 2018

FUNERAL FACILITY: ELEMENTAL CREMATION & BURIAL - BELLEVUE

ADDRESS: 10900 NE 8TH STREET STE 1000  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004  
FUNERAL DIRECTOR: JEFF P. JORGENSON

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: BRIAN S. MAZRIM, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER  
CITY, STATE, ZIP: SEATTLE, WA 98104  
DATE SIGNED: MAY 08, 2018

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 18-0903  
ATTENDING PHYSICIAN: RANDALL CHESNUT, MD

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: MAY 09, 2018





# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</b>				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record: First Middle Last			2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
	7. Return Mailing Address: P.O. Box or Street Address City State Zip				
Telephone Number: ( )			Email Address:		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

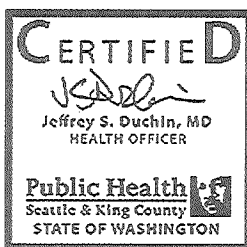
#### Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH-422-034 October 2015



0 2 2 7 4 5 8 7

**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 1/50<sup>th</sup> interest in and to Lot 28 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 007 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.**

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