



KAREN ELLISON, RECORDER

APN 1319-30-527-003
1319-30-542-010

WHEN RECORDED MAIL TO:

Grantee c/o Ridge Sierra
515 Nichols Blvd.
Sparks, NV 89431

MAIL TAX STATEMENTS TO:

Ridge Sierra
P.O. Box 859
Sparks, NV 89432

DECLARATION (OR AFFIDAVIT) OF DEATH

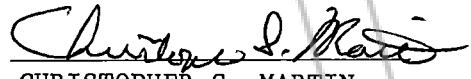
State of CALIFORNIA

County of ORANGE

I, Christopher S. Martin "being duly sworn" say I am 18 years of
age or over; Stefany M. Martin, the decedent mentioned in the
attached Certificate of Death, is the same person as Stefany M. Martin,
named as one of the parties in the deed dated October 27, 1995
June 5, 1992, executed
by QM Corporation to Stefany M. Martin and the
undersigned, as Joint Tenants, recorded on December 6, 1995
June 9, 1992, as
Instrument # 280585 and 376337 in Book ---, Page ---, of the Official
Records of Douglas County, Nevada, covering the property situated in
Stateline, County of Douglas, State of Nevada,
described
as follows:

Timeshare No. 04-026-19-03 & 02-010-28-04

A.P.N. 1319-30-527-003
1319-30-542-010


CHRISTOPHER S. MARTIN

Subscribed and sworn to before me
on MAY 21, 2019

by Christopher S. Martin

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.

see attached
Notary Public

(seal of notary public)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

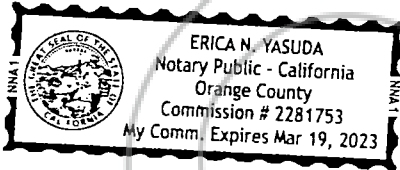
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Orange)
On May 21, 2019 before me, Erica N. Yasuda,
Date Here Insert Name and Title of the Officer
personally appeared Christopher S. Martin
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 Erica N. Yasuda
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: Declaration of Death 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

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3052015200090
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 2/08)

3201530015362
LOCAL REGISTRATION NUMBER

| | | | | | |
|---|--|---|---|---|--|
| 1. NAME OF DECEDENT - FIRST (Given) STEFANY | | 2. MIDDLE MARIE | | 3. LAST (Family) MARTIN | |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) STEFANY MARIE NAPOLITANO | | | | 4. DATE OF BIRTH mm/dd/yyyy 05/14/1949 | |
| 5. AGE Yrs. 66 | | 6. SEX F | | 7. DATE OF DEATH mm/dd/yyyy 10/14/2015 | |
| 8. BIRTH STATE/FORIGN COUNTRY MA | | 10. SOCIAL SECURITY NUMBER 6580 | | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> JUNK | |
| 13. EDUCATION - Highest Level Degree (see notes on back) SOME COLLEGE | | 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? #1 yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 12. MARITAL STATUS (ADOP #; Time of Death) MARRIED | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED EXECUTIVE SECRETARY | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employer/agency, etc.) CREDIT BUREAU | | 19. YEARS IN OCCUPATION 26 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or locality) 8510 E WATERTON AVE | | | | | |
| 21. CITY ORANGE | | 22. COUNTY/PROVINCE ORANGE | | 23. ZIP CODE 92867 | |
| 24. YEARS IN COUNTY 58 | | 25. STATE/FORIGN COUNTRY CA | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP* CHRISTOPHER SCOTT MARTIN, HUSBAND | | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6510 E WATERTON AVE, ORANGE, CA 92867 | | |
| 28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST CHRISTOPHER | | 29. MIDDLE SCOTT | | 30. LAST (BIRTH NAME) MARTIN | |
| 31. NAME OF FATHER/PARENT-FIRST PASQUALE | | 32. MIDDLE - | | 33. LAST NAPOLITANO | |
| 34. BIRTH STATE ITALY | | 35. NAME OF MOTHER/PARENT-FIRST LAURA | | 36. MIDDLE - | |
| 37. LAST (BIRTH NAME) CORREIA | | 38. BIRTH STATE MA | | | |
| 39. DISPOSITION DATE mm/dd/yyyy 10/22/2015 | | 40. PLACE OF FINAL DISPOSITION FAIRHAVEN MEMORIAL PARK 1702 FAIRHAVEN AVE, SANTA ANA, CA 92705 | | | |
| 41. TYPE OF DISPOSITION(S) BU | | 42. SIGNATURE OF EMBALMER NICKI HOBBS | | 43. LICENSE NUMBER EMB9011 | |
| 44. NAME OF FUNERAL ESTABLISHMENT FAIRHAVEN MORTUARY | | 45. LICENSE NUMBER FD1313 | | 46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D. | |
| 47. DATE mm/dd/yyyy 10/16/2015 | | | | | |
| 101. PLACE OF DEATH ST JOSEPH HOSPITAL | | 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER-OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | |
| 104. COUNTY ORANGE | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1100 W STEWART DR | | 106. CITY ORANGE | |
| 107. CAUSE OF DEATH Enter the effect of event - disease, injury, or complications that directly caused death. DO NOT enter limiting words such as "suspected", "possible", "probable", or "questionable" without showing the evidence. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY DISTRESS (B) CONGESTIVE HEART FAILURE (C) UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST CORONARY ARTERY DISEASE, RENAL FAILURE | | 108. DEATH REPORTED TO CORONER (AT) HRS 10/14/2015 | | 109. DEATH REPORTED TO CORONER (BT) YEARS 10/14/2015 | |
| 110. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107 CORONARY ARTERY DISEASE, RENAL FAILURE | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? #1 yes, list type of operation and date. NO | | 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Affirmed Since: <input type="checkbox"/> Decedent Not Seen Alive: <input type="checkbox"/> | | 115. SIGNATURE AND TITLE OF CERTIFIER KASRA MORSHEDIZADEH M.D. | |
| 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KASRA MORSHEDIZADEH M.D. 1310 W STEWART DR STE 410, ORANGE, CA 92868 | | 117. LICENSE NUMBER A90985 | | 118. DATE mm/dd/yyyy 10/16/2015 | |
| 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"/> Accidental <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"/> JUNK | | 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
 00001003062010
 FAX AUTH.# CENSUS TRACT

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

JAMES GREENE MD MS
JAMES GREENE MD MS
STATE REGISTRAR OF VITAL RECORDS

NOV 23 2015



This copy not valid unless prepared on engraved border displaying seal and signature of State Registrar.
09-02113



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A-1"
(Sierra 04) 04-026-19-03

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

- (A) An undivided 1/6th interest as tenants in common, in and to the Common Area of **Lot 20** of Tahoe Village Unit No. 1, as shown on the map recorded December 27, 1983, as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada
- (B) Unit No. **A2** as shown and defined on said condominium map recorded as Document No. 93406, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" within the **PRIME** "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-527-003

EXHIBIT "A-2"
(Sierra 02) 02-010-28-04

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

- (A) An undivided 1/8th interest as tenants in common, in and to the Common Area of **Lot 3** of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada
- (B) Unit No. **A2** as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" within the **PRIME** "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-542-010