



KAREN ELLISON, RECORDER

APN: 1319-30-721-001

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

ALLING & JILLSON, LTD.
Post Office Box 3390
Lake Tahoe NV 89449-3390

AFFIDAVIT OF DEATH OF JOINT TENANT

DANIEL MORAN, being first duly sworn, deposes and says:

1. That Affiant, DANIEL MORAN, was a Joint Tenant with JAMES FRANCES MORAN, JR., by virtue of that certain Quitclaim Deed, dated August 16, 2010, recorded on August 16, 2010, in the Official Records of Douglas County, Nevada, as Document Number 0768758, the same conveying that certain real property in the County of Douglas, State of Nevada, and more particularly described on Exhibit A attached hereto and incorporated herein by reference.

2. That the said JAMES FRANCES MORAN, JR. died on or about November 3, 2018, in Bryn Mawr, Montgomery County, Pennsylvania, and is the identical person named as JAMES FRANCES MORAN, JR. in that certain Certificate of Death, a copy of which is attached hereto as Exhibit B and incorporated herein by this reference.

3. That the said DANIEL MORAN was the son of the said JAMES FRANCES MORAN, JR.

4. That all of said real property was vested in DANIEL MORAN upon the death of JAMES FRANCES MORAN, JR. as of the date of death.

DATED: August 22nd, 2019

[Signature]
DANIEL MORAN

STATE OF Nevada)
) ss.
COUNTY OF Douglas)

On August 22nd 2019, before me, Marian T. Jongsma, personally appeared DANIEL MORAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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]
NOTARY PUBLIC

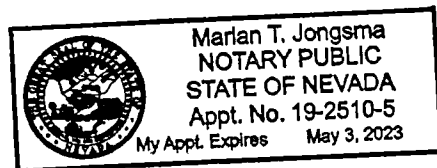


EXHIBIT "A"
(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 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 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 081 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the SUMMER "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721- 001

EXHIBIT B

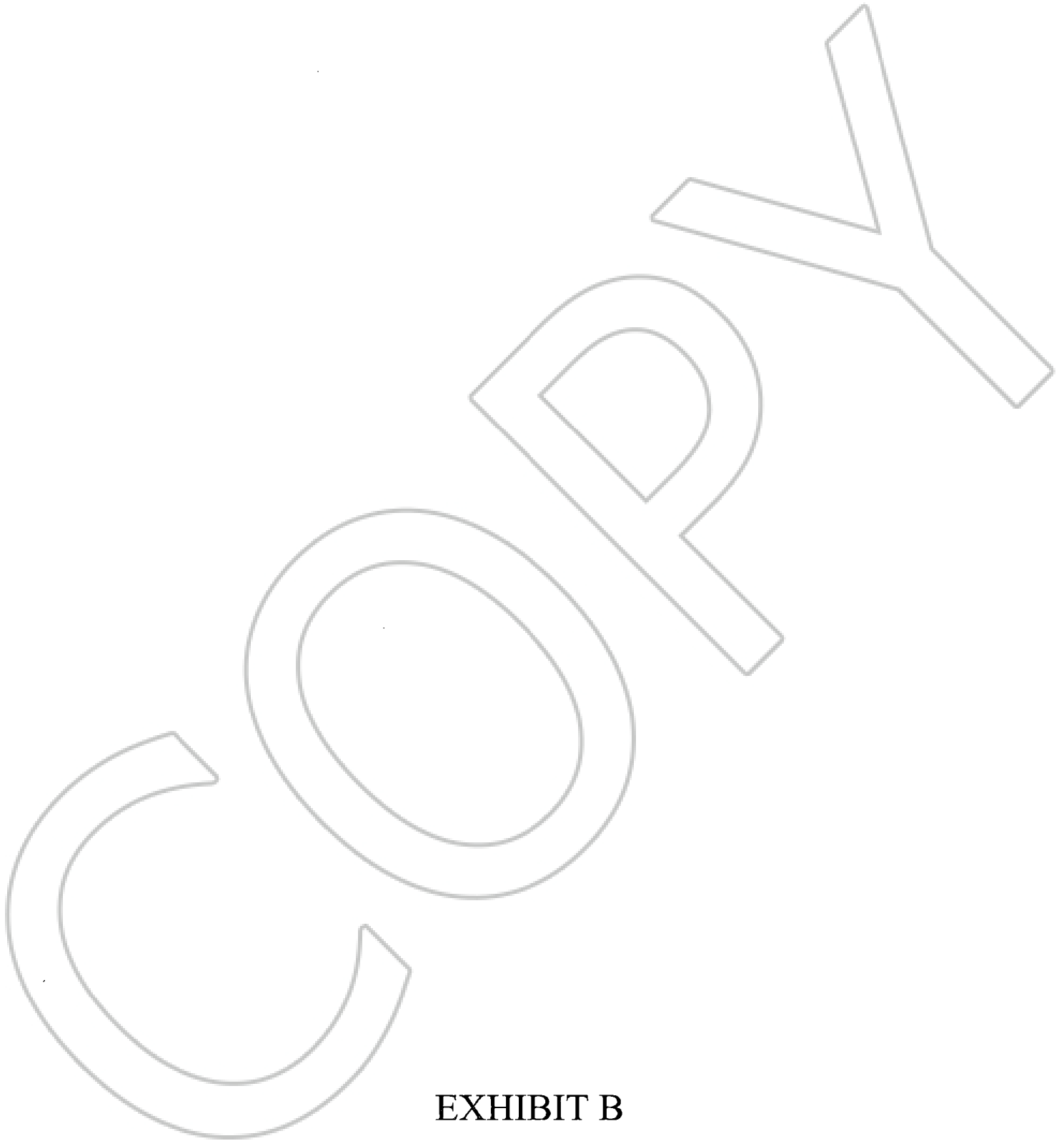


EXHIBIT B

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 25448973

Certification Number

Annette C. Glensner 11/6/2018
Local Registrar Date Issued

Type/Print in Permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 363656-2018

1. Decedent's Legal Name (First, Middle, Last, Suffix) James Francis Moran Jr.		2. Sex Male	3. Social Security Number 4059	4. Date of Death (Month dd, yyyy) November 03, 2018
5a. Age-Last Birthday (Yrs) 72	5b. Under 1 Year Months: _____ Days: _____	5c. Under 1 Day Hours: _____ Minutes: _____	6. Date of Birth (Mo/Day/Year) (Spell Month) July 03, 1946	
7a. Birthplace (City and State or Foreign Country) Carbondale, Pennsylvania		7b. Birthplace (County) Lackawanna		
8a. Residence (State or Foreign Country) Florida		8b. Residence (Street and Number - Include Apt No.) 4572 Tamarind Way		8c. Old Decedent Live in a Township? <input type="checkbox"/> Yes, decedent lived in _____ twp.
8d. Residence (County) Collier		8e. Residence (Zip Code) 34119		8f. No, decedent lived within limits of Naples city/boro.
9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage)
12. Father / Parent's Name (First, Middle, Last, Suffix) James F. Moran		13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Monica Loftus		
14a. Informant's Name Bridget K. Moran-McCabe		14b. Relationship to Decedent Daughter		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) 800 Wynnewood Road Ardmore, PA 19003
15. Place of Death (Check only one) If Death Occurred in a Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home				
15b. Facility Name (if not institution, give street and number) Bryn Mawr Hospital		15c. City or Town, State, and Zip Code Bryn Mawr, Pennsylvania 19010		15d. County of Death Montgomery
16a. Method of Disposition <input type="checkbox"/> Removal from State <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		16b. Date of Disposition November 06, 2018		
16d. Location of Disposition (City or Town, State, and Zip) Lansdale, Pennsylvania 19446		17a. Signature of Funeral Service Licensee or Person in Charge of interment Warren F Miller III (Electronically Signed)		17b. License Number FD138502
17c. Name and Complete Address of Funeral Facility Huff And Lakjer Funeral Home Inc 701 Derstine Avenue Lansdale, Pennsylvania 19446				
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino		21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Certified Public Accountant
22b. Kind of Business/Industry Accounting		23a. Date Pronounced Dead (Mo/Day/Yr) November 03, 2018		
23b. Signature of Person Pronouncing Death (Only when applicable)		23c. License Number		
23d. Date Signed (Mo/Day/Yr)		24. Time of Death 12:45 AM		
25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE → a. Metastatic Melanoma Due to (or as a consequence of): _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. Septic Shock Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ Due to (or as a consequence of): _____				Approximate Interval: Onset to Death
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I				27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably Unknown		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
32. Date of Injury (Mo/Day/Yr) (Spell Month)		33. Time of Injury		
34. Place of Injury (e.g. home; construction site; farm; school)		35. Location of Injury (Street and Number, City, State, Zip Code)		
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
38. Describe How Injury Occurred:				
39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
Signature of certifier: JOSEPH M ABBOUD (Signature on File) Title of certifier: MD		License number: MD069368L		
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) JOSEPH ABBOUD 130 S Bryn Mawr Avenue Bryn Mawr, Pennsylvania 19010		39c. Date Signed (Mo/Day/Yr) November 05, 2018		
40. Registrar's District Number 46-426		41. Registrar's Signature Annette C Glensner (Signature on File)		42. Registrar File Date (Mo/Day/Yr) November 06, 2018
43. Amendments				