

A portion of APN: 1319-30-645-003
Escrow No. 20180861 / #42-259-37-01

Recording Requested By:
Stewart Vacation Ownership

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

When Recorded Mailto:
Bradley V. Wolfe
368 Eagle Court
Rexburg, ID 83440

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)

Signature

Shanna White 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 IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR: State of Idaho
CERTIFICATE OF DEATH STATE FILE NO. **2013-07312**
08/08/2013 ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §§ 33-2414 AND §§ 33-274, IDAHO CODE Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ELIZABETH DIANE WOLFE		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER ████████ 4482			
	4a. AGE-Last Birthday 59 (Years)		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		4c. UNDER 1 DAY Hours: Minutes:			
MORTICIAN: Complete/Verify and File Within 5 Days of Death	5. DATE OF BIRTH (Mo/Day/Yr) 05/21/1954			6. BIRTHPLACE (City and State, Territory, or Foreign Country) WASHINGTON, DISTRICT OF COLUMBIA				
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY MADISON		7c. CITY OR TOWN REXBURG			
PARENTS	7d. STREET AND NUMBER 368 EAGLE COURT			7e. APT. NO. 83440		7f. ZIP CODE 83440		
	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) BRADLEY VIRGIL WOLFE	
INFORMANT	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11a. FATHER'S NAME (First, Middle, Last, Suffix) ROBERT HERMAN CRABTREE		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LOUISE MAMIE HOBBS			12b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH		13a. INFORMANT'S NAME (Type or print) BRADLEY WOLFE		
DISPOSITION	13b. RELATIONSHIP TO DECEDENT HUSBAND			13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 368 EAGLE COURT REXBURG, ID 83440				
	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) REXBURG CEMETERY W. MORAN VIEW RD. REXBURG, IDAHO 83440		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY FLAMM FUNERAL HOME 61 NORTH FIRST EAST REXBURG, IDAHO 83440			
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BRUCE W. BAXTER			17b. LICENSE NUMBER (Of licensees) M0800		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			PLACE OF DEATH (19-22)	
DATE OF DEATH	20. FACILITY NAME (if not facility, give street and number) 368 EAGLE COURT			21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE REXBURG, ID 83440		22. COUNTY OF DEATH MADISON		
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 7, 2013		24. TIME OF DEATH (24hr) Estimated 11:00 - 11:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 7, 2013		26. TIME PRONOUNCED DEAD (24hr) 14:20	
CAUSE OF DEATH	27. CAUSE OF DEATH PART I: Enter the chain of events—disease, 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: IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CHF DUE TO (or as a consequence of):					Approximate Interval: Onset to Death 5 WEEKS		
	PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (LAST disease or injury that initiated the events resulting in death). b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d.							
CERTIFIER: Complete Within 72 Hours of Death	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	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 (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
ITEMS 33-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.). SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable			
	38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown					
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input checked="" type="checkbox"/> 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.					39b. LICENSE NUMBER		
	Signature and Title of Certifier ELECTRONICALLY SIGNED: RICK DAVIS					39c. DATE SIGNED 8 / 8 / 2013 MM DD YYYY		
REGISTRAR	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) RICK DAVIS, 530 COMANCHE DRIVE REXBURG, ID 83440					40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		
						40b. DATE SIGNED 8 / 8 / 2013 MM DD YYYY		



This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **AUG 08 2013**

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PBNC0 (Rev) 02/12

EXHIBIT "A"

(42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48^{ths} interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 259 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;

thence S. 14°00'00" W. along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

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