

APN: A portion of 1319-30-712-001
Escrow No. RTAVTS19191399

Recording Requested By:
Stewart Vacation Ownership

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

When Recorded Mail to:
Janet K. Becker
3915 Road ~~16~~ 106
Pasco, WA 99301

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 of Trustee – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Aleta Hannum Signature

Aleta Hannum 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 portion of APN: 1319-30-644-073

RECORDING REQUESTED BY
STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO:

Janet K. Becker
3915 Road ~~16~~ 106
Pasco, WA 99301

Escrow No: RTAVTS19191399

RECORDERS USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF WASHINGTON

ss.

COUNTY OF FRANKLIN

JANET K. BECKER, of legal age, being duly sworn, deposes and says

That **H. SCOTT BECKER**, the decedent mentioned in the attached Certificate of Death, is the same person as **H. SCOTT BECKER**, named as one of the Trustees of that certain **BECKER LIVING TRUST**, dated June 25, 2003 and designated one of the Trustees in the Deed recorded in Douglas County, State of Nevada on August 19, 2003 as Document No. 587076 in book 0803 at page 9640.

In accordance with the above referenced trust, **JANET K. BECKER** shall act as trustee of said trust on the death of **H. SCOTT BECKER**.

JANET K. BECKER is filing this Affidavit with the Douglas County Recorder to establish the succession of **JANET K. BECKER**, as trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in **Exhibit 'A'** attached hereto and incorporated herein by reference.

Dated:

12/4/19

Janet K. Becker
Janet K. Becker

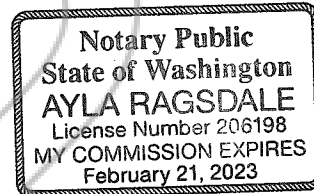
STATE OF *Washington*)
) SS
COUNTY OF *Franklin*)

On *December 4th 2019*, personally appeared before me, a Notary Public,

JANET K. BECKER

personally known or proved to me to be the person(s) whose name(s) is/are
subscribed to the above instrument who acknowledged that he/she/they executed
the same for the purposes therein stated.

Ayla Ragsdale
Notary Public



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-048561

DATE ISSUED: 11/08/2018
FEE NUMBER: 0117-4533

FIRST AND MIDDLE NAME(S): HERBERT SCOTT
LAST NAME(S): BECKER

COUNTY OF DEATH: BENTON
DATE OF DEATH: NOVEMBER 06, 2018
HOUR OF DEATH: 11:47 AM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: ████████-3181

PLACE OF DEATH: HOSPICE
FACILITY OR ADDRESS: CHAPLAINCY HOSPICE CARE
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 99336

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

RESIDENCE STREET: 3915 ROAD 106
CITY, STATE, ZIP: PASCO, WA 99301-6749
INSIDE CITY LIMITS: YES COUNTY: FRANKLIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: JANUARY 14, 1939
BIRTHPLACE: SPOKANE, WA

FATHER/PARENT: HERBERT BECKER
MOTHER/PARENT: IRENE SCOTT

MARITAL STATUS: MARRIED
SPOUSE: JANET KAREN AUSTRENG

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BOGC CREMATION SERVICES

OCCUPATION: OWNER/OPERATOR
INDUSTRY: CONSTRUCTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: KENNEWICK, WASHINGTON
DISPOSITION DATE: NOVEMBER 08, 2018

INFORMANT: JANET BECKER
RELATIONSHIP: SPOUSE
ADDRESS: 3915 ROAD 106, PASCO, WA 99301

FUNERAL FACILITY: EZCREMATE.COM

CAUSE OF DEATH:
A: ACUTE CEREBRAL VASCULAR ACCIDENT WITH DYSPHAGIA
INTERVAL: DAYS
B: CEREBROVASCULAR DISEASE
INTERVAL: YEARS

ADDRESS: 2804 W LEWIS ST
CITY, STATE, ZIP: PASCO, WASHINGTON 99301
FUNERAL DIRECTOR: J. BLAZE TITUS

C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: WAYNE M. KOHAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2108 W. ENTIAT AVENUE
CITY, STATE, ZIP: KENNEWICK, WA 99336
DATE SIGNED: NOVEMBER 07, 2018

LOCATION OF INJURY:
CITY, STATE, ZIP:

COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUSANA MARTINEZ
DATE RECEIVED: NOVEMBER 07, 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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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	First	Middle	Last	MM/DD/YYYY City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First	Middle	Last/Maiden	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:

8. The record now shows:	9. The true fact is:
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 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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**
1. 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.
 2. The **only** parent(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.
 3. Documentary proof must be five or more years old or established within five years of birth.

- | | |
|--|--|
| <p>Child under 18</p> <ul style="list-style-type: none"> • 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 | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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**
1. 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.
 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

- Marriage/Dissolution (Divorce) Certificates**
1. 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.
 2. 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

CERTIFIED

NOV 08 2018

Amy D. Person
Amy D. Person, M.D.

Benton-Franklin County Health District



0 2 0 5 4 8 7 5

EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 164 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 Phase Five recorded August 18, 1988, as Document No. 184461, as amended, 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 37 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-073