

DOUGLAS COUNTY, NV

2020-940782

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STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A.P.N. No.:	A portion of 1319-30-722-017
File No.:	RTAVTS19172510
Recording Requested By:	
Stewart Title Guaranty Company	
Mail Tax Statements To:	
Ridge Tahoe P.O.A P.O. Box 5790 Stateline, NV 89449	
When Recorded Mail To:	
Glorietta G. Huddle 4235 Mesa Ct. Rocklin, CA 95677	

AFFIDAVIT - DEATH OF JOINT TENANT

State of _____)
) ss
 County of _____)

GLORIETTA G. HUDDLE, of legal age, being first duly sworn, deposes and says: That **LAWRENCE D. HUDDLE**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **LAWRENCE D. HUDDLE** named as one of the parties in that certain Grant, Bargain, Sale Deed, dated May 19, 1998 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to **LAWRENCE D. HUDDLE** and **GLORIETTA G. HUDDLE**, husband and wife as joint tenants, recorded as Document No. 441059, on June 2, 1998 in Book 0698, Page 0362 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada, which is more fully described in "**Exhibit A**" attached hereto and incorporated herein by reference.

Dated: 12-13, 2019.



 Glorietta G. Huddle

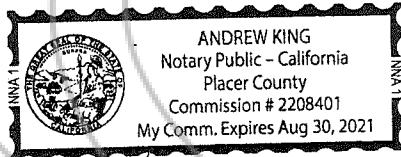
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Placer

Subscribed and sworn to (or affirmed) before me on this 13th
day of December, 2019, by _____
GLORIETTA G. HUDDLE,
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

(Seal)

Signature



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

3201431002568

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) LAWRENCE		2. MIDDLE DEAN	
3. LAST (Family) HUDDLE		4. DATE OF BIRTH mm/dd/coyy 07/11/1933	
5. AGE Yrs. 81		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 9523	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/coyy 10/08/2014	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED ENGINEER		8. HOUR (24 Hours) 2041	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENGINEERING		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 813 BRIARWOOD TERRACE			
21. CITY EAST WENATCHEE		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 98802		24. YEARS IN COUNTY 12	
25. STATE/FOREIGN COUNTRY WA		26. INFORMANT'S NAME, RELATIONSHIP GLORIETTA GAY HUDDLE, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4235 MESA COURT, ROCKLIN, CA 95677		28. NAME OF SURVIVING SPOUSE/SRDP—FIRST GLORIETTA	
29. MIDDLE GAY		30. LAST (BIRTH NAME) SWANSON	
31. NAME OF FATHER/PARENT—FIRST JAMES		32. MIDDLE CONRAD	
33. LAST HUDDLE		34. BIRTH STATE IA	
35. NAME OF MOTHER/PARENT—FIRST GRACE		36. MIDDLE MAUDE	
37. LAST (BIRTH NAME) KAIGHIN		38. BIRTH STATE IL	
39. DISPOSITION DATE mm/dd/coyy 10/15/2014		40. PLACE OF FINAL DISPOSITION RESIDENCE OF GLORIETTA GAY HUDDLE 4235 MESA COURT, ROCKLIN, CA 95677	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT BLUE OAKS CREMATION AND BURIAL SERVICES	
45. LICENSE NUMBER FD1987		46. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD	
47. DATE mm/dd/coyy 10/14/2014		101. PLACE OF DEATH SUTTER ROSEVILLE MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1 MEDICAL PLAZA DR	
106. CITY ROSEVILLE		107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST	
108. TIME INTERVAL BETWEEN ONSET AND DEATH (A) MINS		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <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 SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE, SEVERE VASCULAR DISEASE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If 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 Attended Since Decedent Last Seen Alive (A) 09/22/2014 (B) 10/08/2014		115. SIGNATURE AND TITLE OF CERTIFIER JACOB G. HOOVER, MD	
116. LICENSE NUMBER A117392		117. DATE mm/dd/coyy 10/13/2014	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JACOB G. HOOVER, MD 1 MEDICAL PLAZA DRIVE, ROSEVILLE, CA 95661		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/coyy: 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/coyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		CENSUS TRACT	

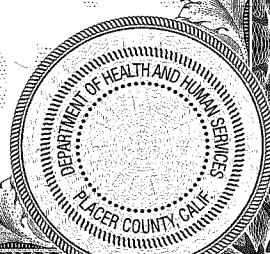


CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER

* 000437467 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.
 DATE ISSUED 10/16/2014
 Robert L. Oldham, M.D.
 HEALTH OFFICER AND LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of Registrar.
 PBNCO (Rev) 02/14



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

(32)

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 32 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 101 through 120 (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. 116 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 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: 1319-30-722-017