

APN 1319-30-542-020



00108257202009434370040042

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Grantee c/o Kimberley Sue Saunders Post
9413 Belmont Ln.
Waxhaw, NC 28173

MAIL TAX STATEMENTS TO:
Thunderbird Resort
P.O. Box 859
Sparks, NV 89432

DECLARATION (OR AFFIDAVIT) OF DEATH

State of North Carolina

County of Mecklenburg

I, Reba S. Saunders "being duly sworn" say I am 18 years of age or over;
Paul E. Saunders, the decedent mentioned in the attached Certificate of Death, is the
same person as Paul E. Saunders, named as one of the parties in the deed dated
February 7, 2004, executed by Kimberley Sue Saunders Post to
Paul E. Saunders and the undersigned, as Joint Tenants, recorded on
February 18, 2004 as Instrument # 604970 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. 01-004-03-02

A.P.N 1319-30-542-020

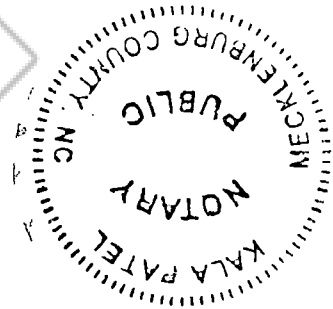
Reba S. Saunders
Reba S. Saunders by Power of
Attorney, Kimberley Sue Saunders
Post

Kimberley Sue Saunders Post
Kimberley Sue Saunders Post

Subscribed and sworn to before me
on January 13, 2020
by Kimberley Sue Saunders Post

Kala Patel
Notary Public Kala Patel

MY COMMISSION EXPIRES APRIL 11, 2021



(seal of notary public)

EXHIBIT "A"
(Sierra 01) 01-004-03-02

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 4** of Tahoe Village Unit No. 1, as shown on the map recorded December 27th, 1983, as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said in 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. **A4** 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 said as 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 "ALTERNATIVE USE WEEK" in **BOTH** 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: 1319-30-542-020

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013014599
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Paul Eugene SAUNDERS		2. DATE OF DEATH (Mo/Day/Year) September 02, 2013		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Emeritus at the Seasons		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Nursing Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 17, 1934		9a. STATE OF BIRTH (If not U.S.A., name country) North Carolina		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Reba Sue BROWN	
13. SOCIAL SECURITY NUMBER 0245		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Railroad Conductor		14b. KIND OF BUSINESS OR INDUSTRY Railroad	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 670 West Arroyo Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Earl SAUNDERS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eula FOSTER		18a. INFORMANT- NAME (Type or Print) Kimberley S POST		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 15605 Frohock Place Charlotte, North Carolina 28277	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mountain View Cemetery		19c. LOCATION City or Town State Hays North Carolina 28635	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TIM FANELLI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 708		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JEFFREY NEAL GINGOLD M.D.					
21b. DATE SIGNED (Mo/Day/Yr) September 06, 2013		21c. HOUR OF DEATH 13:00		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. 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) stated. (Signature & Title)				22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH				22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)				23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jeffrey Neal Gingold M.D. 3101 Plumas Reno, NV 89509	
23b. LICENSE NUMBER 5867				24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 09, 2013				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Alzheimers disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D No. CITY OR TOWN STATE	

STATE REGISTRAR



000129145

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

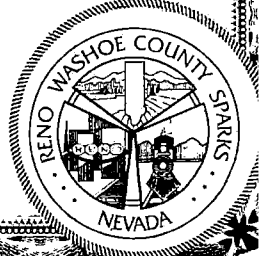
09/09/2013

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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



VRS-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE