

**APN:** 1319-30-722-012  
**R.P.T.T.:** \$0.00

**Recording Requested By:**

uDeed, LLC  
9041 South Pecos Road, Suite 3900  
Henderson, NV 89074

**After Recording Mail To:**

uDeed, LLC - 92643A  
9041 South Pecos Road, Suite 3900  
Henderson, NV 89074

**Send Subsequent Tax Bills To:**

Ridge Tahoe Property Owners Association  
% Resorts West  
P.O. Box 5790  
Stateline, NV 89449

**AFFIDAVIT OF SURVIVING TRUSTEE**

TITLE OF DOCUMENT

I/We, **Linda M. Dunn**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **February 12, 1997, Ralph N. Dunn and Linda M. Dunn** executed **The Dunn 1997 Living Trust**.
2. Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of **Ralph N. Dunn**.
3. **Ralph Newton Dunn** died on **December 12, 2019** at **La Quinta, California**, a resident of **Riverside** County, **California** pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Ralph N. Dunn**.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:


SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **400 Ridge Club Drive, Stateline, Nevada 89449**

Per NRS 111.312 - The Legal Description appeared previously in **Trust Transfer Deed**, recorded on **June 10, 1998**, as Document No. **0441673** in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **Linda M. Dunn** as Surviving Trustee(s).

I, **Linda M. Dunn**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

  
\_\_\_\_\_  
**Linda M. Dunn**

\_\_\_\_\_  
Affiant  
Title

DATED this 15 day of April, 2020.

**The Dunn 1997 Living Trust, Dated February 12, 1997**

Linda M. Dunn  
Linda M. Dunn, Surviving Trustee

STATE OF California )

COUNTY OF Riverside ) <sup>SS</sup>

SUBSCRIBED AND SWORN before me this 15 day of April, 2020, by  
**Linda M. Dunn, Surviving Trustee.**

**NOTARY STAMP/SEAL**

[Signature]  
Notary Public  
notary public  
Title and Rank  
My Commission Expires: Jun 25, 2023



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

ALL INTEREST IN THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, TO WIT:

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

AN UNDIVIDED 1/51<sup>ST</sup> INTEREST IN AND TO THAT CERTAIN CONDOMINIUM DESCRIBED AS FOLLOWS:

(A) AN UNDIVIDED 1/20<sup>TH</sup> INTEREST, AS TENANTS-IN-COMMON, IN AND TO LOT 32 OF TAHOE VILLAGE UNIT NO. 3, FIFTY-AMENDED MAP, RECORDED OCTOBER 29, 1981, AS DOCUMENT NO. 61612 AS CORRECTED BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 23, 1981, AS DOCUMENT NO. 62661, ALL OF OFFICIAL RECORDS DOUGLAS COUNTY, STATE OF NEVADA. EXCEPT THEREFROM UNITS 101 TO 120 AMENDED MAP AND AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.

(B) UNIT NO. 111 AS SHOWN AND DEFINED ON SAID LAST MENTIONED MAP AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.

PARCEL TWO:

A NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY KNOWN AS PARCEL "A" ON THE OFFICIAL MAP OF TAHOE VILLAGE UNIT NO. 3, RECORDED JANUARY 22, 1973, AS DOCUMENT NO. 63805, RECORDS OF SAID COUNTY AND STATE, FOR ALL THOSE PURPOSES PROVIDED FOR IN THE DECLARATION OF COVENANTS, CONDITIONS, AND RESTRICTIONS RECORDED JANUARY 11, 1973, AS DOCUMENT NO. 63681, IN BOOK 173 PAGE 229 OF OFFICIAL RECORDS AND IN MODIFICATION THEREOF RECORDED SEPTEMBER 28, 1973, AS DOCUMENT 69063 IN BOOK 973 PAGE 812 OF OFFICIAL RECORDS AND RECORDED JULY 2, 1976, AS DOCUMENT NO. 1472 IN BOOK 776 PAGE 87 OF OFFICIAL RECORDS.

PARCEL THREE:

A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS AND RECREATIONAL PURPOSES AND FOR USE AND ENJOYMENT AND INCIDENTAL PURPOSES OVER, ON AND THROUGH LOTS 29, 39, 40 AND 41 AS SHOWN ON SAID TAHOE VILLAGE UNIT NO. 3, FIFTH-AMENDED MAP AND AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.

PARCEL FOUR:

(A) A NON-EXCLUSIVE EASEMENT FOR ROADWAY AND PUBLIC UTILITY PURPOSES AS GRANTED TO HARICH TAHOE DEVELOPMENTS IN DEED RE-RECORDED DECEMBER 8, 1981, AS DOCUMENT NO. 63026, BEING OVER A PORTION OF PARCEL 26-A (DESCRIBED IN DOCUMENT NO. 01112, RECORDED JUNE 17, 1976) IN SECTION 30, TOWNSHIP 13 NORTH, RANGE 19 EAST, M.D.M., - AND

**EXHIBIT "A"**  
**LEGAL DESCRIPTION (continuing)**

(B) AN EASEMENT FOR INGRESS, EGRESS AND PUBLIC UTILITY PURPOSES, 32' WIDE, IN THE CENTERLINE OF WHICH IS SHOWN AND DESCRIBED ON THE FIFTY-AMENDED MAP OF TAHOE VILLAGE NO. 3, RECORDED OCTOBER 29, 1981, AS DOCUMENT NO. 61612, AND AMENDED BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 23, 1981, AS DOCUMENT NO. 61612, OFFICIAL RECORDS, DOUGLAS COUNTY, STATE OF NEVADA.

PARCEL FIVE:

THE EXCLUSIVE RIGHT TO USE SAID UNIT AND THE NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY REFERRED TO IN SUBPARAGRAPH (A) OF PARCEL ONE AND PARCELS TWO, THREE, AND FOUR ABOVE DURING ONE "USE WEEK" WITHIN THE SPRING/FALL "USE SEASON", AS SAID QUOTED TERMS ARE DEFINED IN THE DECLARATION OF RESTRICTIONS, RECORDED SEPTEMBER 17, 1982 AS DOCUMENT NO. 71000 OF SAID OFFICIAL RECORDS.

THE ABOVE DESCRIBED EXCLUSIVE AND NON-EXCLUSIVE RIGHTS MAY BE APPLIED TO ANY AVAILABLE UNIT IN THE PROJECT, DURING SAID USE WEEK WITHIN SAID SEASON.

NOTE: FOR USE WITH FIRST PHASE DEEDS AND DEEDS OF TRUST ON LOT 32.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
**RIVERSIDE, CALIFORNIA**

3052019252105

**CERTIFICATE OF DEATH**

3201933015641

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>RALPH</b>		3. LAST (Family) <b>DUNN</b>	
2. MIDDLE <b>NEWTON</b>		4. DATE OF BIRTH mm/dd/ccyy <b>10/07/1938</b>	
AKA, ALSO KNOWN AS— include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. <b>81</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>AR</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NUMBER <b>5527</b>		12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>	
13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		7. DATE OF DEATH mm/dd/ccyy <b>12/12/2019</b>	
14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) <b>1525</b>	
16. DECEDENT'S RACE— Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		17. USUAL OCCUPATION— Type of work for most of life. DO NOT USE RETIRED <b>BUSINESS OWNER</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ELECTRICAL HARDWARE</b>		19. YEARS IN OCCUPATION <b>46</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>60661 WHITE SAGE DRIVE</b>			
21. CITY <b>LA QUINTA</b>		23. ZIP CODE <b>92253</b>	
22. COUNTY/PROVINCE <b>RIVERSIDE</b>		24. YEARS IN COUNTY <b>10</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>LINDA M. DUNN, WIFE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>60661 WHITE SAGE DRIVE, LA QUINTA, CA 92253</b>		28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST <b>LINDA</b>	
29. MIDDLE <b>MARIE</b>		30. LAST (BIRTH NAME) <b>AMOROSI</b>	
31. NAME OF FATHER/PARENT—FIRST <b>WILLIAM</b>		32. MIDDLE <b>-</b>	
33. LAST <b>DUNN</b>		34. BIRTH STATE <b>AR</b>	
35. NAME OF MOTHER/PARENT—FIRST <b>NELLIE</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>LINDSAY</b>		38. BIRTH STATE <b>AR</b>	
39. DISPOSITION DATE mm/dd/ccyy <b>12/18/2019</b>		40. PLACE OF FINAL DISPOSITION <b>AT SEA OFF THE COAST OF SAN DIEGO COUNTY</b>	
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>ALL CALIFORNIA CREMATION</b>	
45. LICENSE NUMBER <b>FD1546</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ CAMERON KAISER, MD</b>	
47. DATE mm/dd/ccyy <b>12/17/2019</b>		101. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>60661 WHITE SAGE DRIVE</b>	
106. CITY <b>LA QUINTA</b>		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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. <b>(A) COLON CANCER</b>	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. ALTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>			
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: (A) mm/dd/ccyy <b>12/03/2019</b> Decedent Last Seen Alive: (B) mm/dd/ccyy <b>12/12/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ PETER MICHAEL M. KADILE D.O.</b>	
116. LICENSE NUMBER <b>20A6617</b>		117. DATE mm/dd/ccyy <b>12/17/2019</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>PETER MICHAEL M. KADILE D.O. 78100 MAIN ST STE 207, LA QUINTA, CA 92253</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/ccyy			
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 <b>▶</b>		127. DATE mm/dd/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C
D	E	F	G
FAX AUTH#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS  
 COUNTY OF RIVERSIDE }

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Dec 24, 2019**

*Cameron Kaiser*  
 Dr. Cameron Kaiser, M.D., County Health Officer  
 RIVERSIDE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE