

APN# 40-370-14

Recording Requested by/Mail to:

Name: Eric Wyatt Space

Address: 48 Lusscroft Rd

City/State/Zip: Wantage, NJ 07461

Mail Tax Statements to:

Name: Ridge Crest

Address: P.O. Box 5790

City/State/Zip: Stateline, NV 89449

Affidavit of Death

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain 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)

*Eric Wyatt Space*

Signature

Eric Wyatt Space

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Recording Requested By:  
Go Properties, Inc.  
(Without Title Examination)  
Eric Wyatt Space  
48 Lusscroft Rd.  
Wantage, NJ 07461  
Escrow #10722

APN:40-370-14

---

AFFIDAVIT OF DEATH – CONTINUOUS MARRIAGE

---

MERIAL J. COFFEEN is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of California:

1. WARREN B. COFFEEN is the person referenced in the attached certified copy of the Certificate of Death who died on January 5, 2019 in at Roseville, California.
2. WARREN B. COFFEEN is the same person who was named as a Grantee in that certain Grant, Bargain, Sale Deed dated April 1, 1994, and recorded May 13, 1994 as #337462, Book 0594 Page 2290, of Official Records of Douglas County, Nevada, legally described as follows:

SEE ATTACHED HERETO AS "EXHIBIT "A" AND "EXHIBIT B"  
AND INCORPORATED HEREIN BY THIS REFERENCE

3. That WARREN B. COFFEEN and MERIAL J. COFFEEN were continuously married to each other from the date that they acquired the above property, up to and including the date of the death of WARREN B. COFFEEN.

Date: 6-3-21

AFFIANT(S):

Merial J. Coffeen  
MERIAL J. COFFEEN

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.

*Signed, Sealed and Delivered in the Presence Of:*

STATE OF: California

COUNTY OF: Sacramento

ON THE 3<sup>rd</sup> DAY OF June, 2021, before me, Junior Vilash Chand, a Notary Public, personally appeared MERIAL J. COFFEEN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons(s) whose names(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signatures(s) on the instrument the persons(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]

A Notary Public in and for said State

My Commission Expires: 10/08/21

*Press Notarial Seal/Stamp Here*

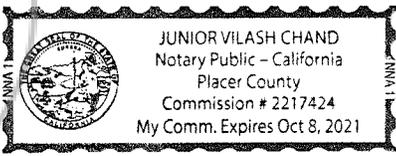


EXHIBIT "A"  
RIDGE CREST LEGAL

An Alternate Timeshare estate comprised of:

PARCEL 1: An undivided 1/102<sup>nd</sup> interest in and to that certain condominium estate described as follows:

- (a) An undivided 1/26<sup>th</sup> interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that certain condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada as Document No. 183624.
- (b) Unit No. 205 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, 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 "ALTERNATE USE WEEK" within the EVEN numbered years as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of 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 Crest project during said "ALTERNATE USE WEEK" as more fully set forth in the CC&R's.

A Portion of APN 40-370-14

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### OFFICE OF THE CLERK-RECORDER COUNTY OF PLACER AUBURN, CALIFORNIA

3052019002757

CERTIFICATE OF DEATH

3201931000042

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF OCCIDENTAL FIRST (Given) WARREN		3. LAST (Family) COFFEEN	
AKA, ALIAS, KNOWN AS - Include MARRIAGE FIRST, MIDDLE, LAST		4. DATE OF BIRTH mm/dd/yyyy 06/30/1934	
5. BIRTH STATE/FORWARD COUNTRY OREGON		6. AGE Yrs. 84	
10. SOCIAL SECURITY NUMBER [REDACTED]-7237		11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. DECEASED'S MARRIAGE STATUS BACHELOR		13. MARITAL STATUS/PROF. at Time of Death MARRIED	
14. DECEASED'S RACE - Use 1 to 3, never race to be listed than workman on basis CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 01/05/2019	
15. DECEASED'S SEX M		8. HOUR 24 Hours 0047	
17. OCCUPATION - Type of work for most of life, DO NOT USE RETIRED		18. TYPE OF BUSINESS OR INDUSTRY (i.e., Grocery store, food construction, employment agency, etc.)	
ADMINISTRATOR		SACRAMENTO COUNTY	
19. YEARS IN OCCUPATION 38			
20. DECEASED'S RESIDENCE (Street and number, or location)		21. ZIP CODE	
3079 PONTE MORINO DRIVE, APT 210		95682	
22. CITY		23. YEARS IN COUNTY	
CAMERON PARK		3	
24. STATE/FORWARD COUNTRY CA			
25. INFORMANT'S NAME, RELATIONSHIP		26. RESIDENCE (Street and number, or location)	
MERIAL COFFEEN, WIFE		3079 PONTE MORINO DRIVE, APT 210, CAMERON PARK, CA 95682	
27. NAME OF SURVIVING SPOUSE/PROF. - FIRST		28. LAST (BIRTH NAME)	
MERIAL		JEAN	
29. NAME OF FATHER-IN-LAW - FIRST		30. LAST	
WARREN		COFFEEN	
31. NAME OF MOTHER-IN-LAW - FIRST		32. LAST (BIRTH NAME)	
EVELYN		HENRIETTA	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
KEYTE		OR	
35. DEPOSITION DATE mm/dd/yyyy		36. PLACE OF FINAL DISPOSITION	
01/10/2019		RESIDENCE OF MERIAL COFFEEN 3079 PONTE MORINO DRIVE, APT 210, CAMERON PARK, CA 95682	
37. TYPE OF DISPOSITION		38. SIGNATURE OF EXAMINER	
CR/RES		NOT EMBALMED	
39. NAME OF FUNERAL ESTABLISHMENT		40. LICENSE NUMBER	
TRIDENT SOCIETY		FD1909	
41. SIGNATURE OF LOCAL REGISTRAR		42. DATE mm/dd/yyyy	
ROBERT LEE OLDHAM, MD		01/10/2019	
43. PLACE OF DEATH		44. IF HOSPITAL, SPECIFY ONE	
KAISER FOUNDATION HOSPITAL- ROSEVILLE		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> DVA <input type="checkbox"/> OCA <input type="checkbox"/> HOME <input type="checkbox"/> OTHER THAN HOSPITAL, SPECIFY ONE	
45. COUNTY		46. CITY	
PLACER		ROSEVILLE	
47. FACILITY ADDRESS (Street and number, or location)		48. CITY	
1600 EUREKA ROAD		ROSEVILLE	
49. CAUSE OF DEATH		50. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE: I CARDIORESPIRATORY FAILURE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
II CONGESTIVE HEART FAILURE		51. DYS.	
III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (OPEN IN 107)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMFORT CARE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, THORACIC AORTIC ANEURYSM, HISTORY OF PULMONARY EMBOLISM, AXONAL PERIPHERAL NEUROPATHY, SPINAL STENOSIS		52. MOS.	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (OPEN IN 107)		54. AUTOPSY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. SIGNATURE AND TITLE OF CERTIFIER		56. LICENSE NUMBER	
JOHN EVERT LANTERMAN M.D.		A62238	
57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		58. DATE mm/dd/yyyy	
QINGWEN ZHENG M.D. 1600 EUREKA ROAD, ROSEVILLE, CA 95661		01/09/2019	
59. DATE mm/dd/yyyy		60. PLACE OF DEATH	
01/01/2019		1600 EUREKA ROAD, ROSEVILLE, CA 95661	
61. PLACE OF DEATH (i.e., home, construction site, wooded area, etc.)		62. PLURALITY DATE mm/dd/yyyy	
		12 HOUR 24 Hours	
63. DESCRIBE HOW INJURY OCCURRED (If injury which resulted in injury)		64. HOUR 24 Hours	
65. LOCATION OF INJURY (Street and number, or location, and city, county)		66. SIGNATURE OF CORONER/DEPUTY CORONER	
67. SIGNATURE OF CORONER/DEPUTY CORONER		68. DATE mm/dd/yyyy	
69. TYPE, NAME, TITLE OF CORONER/DEPUTY CORONER		70. SIGNATURE OF CLERK-RECORDER	
71. STATE REGISTRATION		72. COUNTY REGISTRATION	
A B C D E		FAX AUTH#	
		CENSUS TRACT	
		010011004088801	

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Clerk-Recorder.

DATE ISSUED

DEC 16 2019

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

FBI/DOJ/USDOJ

\*000280933\*

RYAN RONCO

PLACER COUNTY CLERK-RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE