

DOUGLAS COUNTY, NV      **2021-977130**  
Rec:\$40.00  
\$40.00      Pgs=5      11/16/2021 02:43 PM  
VACATION OWNERSHIP TITLE AGENCY  
KAREN ELLISON, RECORDER

A portion of: 1319-30-519-014  
Escrow No. 20213212

Recording Requested By:  
**Vacation Ownership Title Agency**

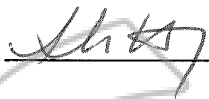
Mail Tax Statement to:  
Holiday Inn Club Vacations Inc.  
9271 So. John Young Parkway  
Orlando, FL 32819

When Recorded Mail to:  
Wilson Title Services, LLC  
4045 S. Spencer Street, Suite A62  
Las Vegas, NV 89119

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AFFIDAVIT – DEATH OF JOINT TENANT  
(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 Joint Tenant – NRS 440.380(1)(A) & NRS 40.525(5)  
 Judgment – NRS 17.150(4)  
 Military Discharge – NRS 419.020(2)

 \_\_\_\_\_ Signature  
Shanna Haney \_\_\_\_\_ 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.

Recording Requested By:  
Holiday Inn Club Vacations Incorporated  
9271 S. John Young Pkwy.  
Orlando, FL 32819

After Recording Mail To:  
Wilson Title Services, LLC  
4045 S. Spencer Street, Suite A62  
Las Vegas, NV 89119

Send Subsequent Tax Bills To:  
Holiday Inn Club Vacations Incorporated  
9271 S. John Young Pkwy.  
Orlando, FL 32819

Escrow: 20213212  
APN: 1319-30-519-014

### **AFFIDAVIT – DEATH OF JOINT TENANT**

**KENNETH R. TRESTER**, of legal age, being first duly sworn, deposes and says:

1. That **MERLE C. TRESTER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MERLE C. TRESTER** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated February 5, 1992 executed by The Ridge View Property Owners' Association, a Nevada nonprofit corporation to Kenneth R. Trester and Merle C. Trester, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 270718, on February 10, 1992 in Book 292, Page 1158, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:
2. The real property subject hereof is situated in Douglas County, State of Nevada, bounded and described as follows:  
See **Exhibit 'A'** attached hereto and by reference made a part hereof.

3. That the undersigned affiant, KENNETH R TRESTER, is the surviving spouse of the named decedent.

I, KENNETH R TRESTER, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license numbers 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.

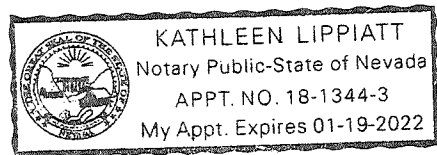
DATED this 7<sup>th</sup> day of July, 2021,

Kenneth R Trestler  
Signature KENNETH R TRESTER

STATE OF: Nevada )  
COUNTY OF: Douglas ) <sup>SS</sup>

SUBSCRIBED AND SWORN before me this 7<sup>th</sup> day of July, 2021,  
by KENNETH R TRESTER.

Kathleen Lippiatt  
Notary Public Signature  
Printed Name: Kathleen Lippiatt  
My Commission Expires: OK 01-19-2022



STAMP/SEAL

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 3892341

2016008351

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Merle Campbell <b>TRESTER</b>		2. DATE OF DEATH (Mo/Day/Year) May 03, 2016		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient(Specify) Renown Regional Medical Center Inpatient		4. SEX Female	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 11, 1936	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kenneth Robert TRESTER			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-4805		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Manager		14b. KIND OF BUSINESS OR INDUSTRY Publishing	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
DISPOSITION	15d. STREET AND NUMBER 208 Beverly Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Warren CAMPBELL	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gertrude Johanna CAMPBELL		18a. INFORMANT - NAME (Type or Print) Kenneth TRESTER			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 208 Beverly Dr Stateline, Nevada 89449				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DUSTIN OLSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 779		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 4600 Kietzke Lane, Ste. G-173 Reno NV 89503	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>MOVSES KAZANCHYAN M.D.</b> SIGNATURE AUTHENTICATED		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)			
	21b. DATE SIGNED (Mo/Day/Yr) May 05, 2016		21c. HOUR OF DEATH 06:35		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Movses Kazanchyan M.D. 1155 Mill St Reno, NV 89502			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 15875		24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 10, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) No	
	PART I (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Altered Mental Status, Encephalopathy						
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

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.

5/18/2016

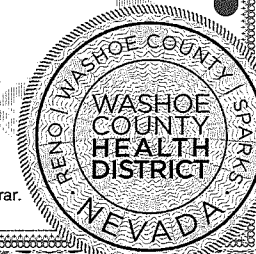
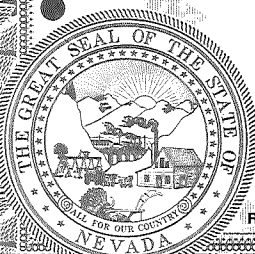
DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: REV 10/15

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

VRS-Rev-20120523a





**EXHIBIT "A"**

**(50)**

**A timeshare estate comprised of:**

**Parcel 1: An undivided 1/51st interest in and to that certain condominium described as follows:**

**(A) An undivided 1/24<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.**

**(B) Unit No. 014 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.**

**Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.**

**Parcel 3: the exclusive right to use said 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 "use week" within the "Swing" use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".**

**A Portion of APN: 1319-30-519-014**