

APN: 1319-30-723-015

Escrow No. 20223460


Recording Requested By:
Stewart Vacation Ownership

Mail Tax Statement to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

When Recorded Mail to:
Thomas R. and Sandra L. Zimmerman
414 E. Seagull Court
Fresno, CA 93730

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 White

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.

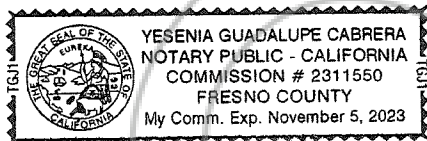
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Fresno

Subscribed and sworn to (or affirmed) before me on this 27th
day of April, 2022, by _____

THOMAS R. ZIMMERMAN and SANDRA L. ZIMMERMAN

proved to me on the basis of satisfactory evidence to be the person who appeared before me.



(Seal)

Signature

Yesenia Cabrera

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MADERA

MADERA, CALIFORNIA 93637

CERTIFICATE OF DEATH

3201720000162

Form with sections: DECEASED PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONERS USE ONLY. Includes fields for name, date of birth, social security number, cause of death, and physician information.



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

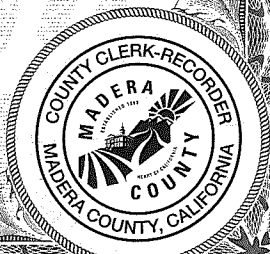
This is a true and exact reproduction of the document officially registered and placed on file in the office of the MADERA COUNTY CLERK-RECORDER.

DATE ISSUED MAR 18 2022

Signature of Rebecca Martinez, MADERA COUNTY CLERK-RECORDER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MERCED

MERCED, CALIFORNIA

CERTIFICATE OF DEATH

3201524001025

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) THOMAS		3. LAST (Family) ZIMMERMAN	
2. MIDDLE ALVIN		4. DATE OF BIRTH mm/dd/yyyy 03/19/1927	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 88	
6. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		7. DATE OF DEATH mm/dd/yyyy 10/20/2015	
10. SOCIAL SECURITY NUMBER 6334		8. HOUR (24 Hour) 0844	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/RDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MECHANICS		19. YEARS IN OCCUPATION 77	
20. DECEDENT'S RESIDENCE (Street and number, or location) 927 NORTH BUHACH ROAD			
21. CITY MERCED		25. STATE/FOREIGN COUNTRY CA	
22. COUNTY/PROVINCE MERCED		23. ZIP CODE 95340	
24. YEARS IN COUNTY 73		26. INFORMANT'S NAME, RELATIONSHIP ANN ZIMMERMAN, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 927 NORTH BUHACH ROAD, MERCED, CA 95340			
28. NAME OF SURVIVING SPOUSE/RDP - FIRST ANN		29. MIDDLE ELIZABETH	
30. LAST (BIRTH NAME) CRAFTS		31. NAME OF FATHER/PARENT - FIRST CHARLES	
32. MIDDLE M.		33. LAST (BIRTH NAME) ZIMMERMAN	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST NORA	
36. MIDDLE -		37. LAST (BIRTH NAME) GORDON	
38. BIRTH STATE CA		39. DISPOSITION DATE mm/dd/yyyy 10/22/2015	
40. PLACE OF FINAL DISPOSITION RESIDENCE: ANN ZIMMERMAN 927 NORTH BUHACH ROAD, MERCED, CA 95340			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT STRATFORD EVANS MERCED FUNERAL HOME	
45. LICENSE NUMBER FD 538		46. SIGNATURE OF LOCAL REGISTRAR TIMOTHY LIVERMORE, MD	
47. DATE mm/dd/yyyy 10/22/2015		48. PLACE OF DEATH RESIDENCE	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input checked="" type="checkbox"/> Hospice	
103. COUNTY MERCED		104. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 927 NORTH BUHACH ROAD		106. CITY MERCED	
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. LUNG CARCINOMA		108. DEATH REPORTED TO CORONER (R) Time Interval Between Death and Death Report 2 MOS.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) LUNG CARCINOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		109. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS, ASTHMA		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date) NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		112. SIGNATURE AND TITLE OF CERTIFIER JAIPAL M REDDY M.D.	
113. LICENSE NUMBER A62448		113. DATE mm/dd/yyyy 10/21/2015	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE SHOWN FROM THE CHUBBS BOXED Decedent Attended Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		114. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAIPAL M REDDY M.D. 450 E YOSEMITE AVE STE B, MERCED, CA 95340	
115. DATE mm/dd/yyyy 08/05/2015		115. DATE mm/dd/yyyy 10/20/2015	
116. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SHOWN FROM THE CHUBBS BOXED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		116. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
117. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		117. INJURY DATE mm/dd/yyyy	
118. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		118. HOUR (24 Hour)	
119. LOCATION OF INJURY (Street and number, or location, and city, and zip)		119. SIGNATURE OF CORONER / DEPUTY CORONER	
120. SIGNATURE OF CORONER / DEPUTY CORONER		120. DATE mm/dd/yyyy	
121. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		121. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH#	
A B C D E		CENSUS TRACT	

* 0 0 0 3 7 8 0 4 9 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF MERCED-RECORDER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY RECORDER.

DATE ISSUED: **03/18/2022**

Matt A. May
MATT H. MAY
MERCED COUNTY RECORDER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

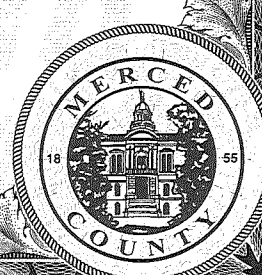


EXHIBIT "A"

(33)

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 33 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 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 134 as shown and defined on said Condominium Plan; 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 in the Declaration of Annexation of The Ridge Tahoe Phase III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Winter "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-015