

APN# 1319-30-721-006 ptn

Recording Requested by/Mail to:

Name: uDeed, LLC

Address: 1349 Galleria Drive, Suite 100

City/State/Zip: Henderson, NV 89014-8624

Mail Tax Statements to:

Name: Ridge Tahoe Property Owners Association
% Resorts West

Address: P.O. Box 5790

City/State/Zip: Stateline, NV 89449

CORRECTIVE AFFIDAVIT OF SURVIVING TRUSTEE

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)

Valerie Ward

Signature

Valerie Ward

Printed Name

This document is being (re-)recorded to correct document # 2022-990463, and is correcting
the omission of the Original Death Certificate from the recording of the Corrective Affidavit of Surviving Trustee.

APN: 1319-30-721-006 ptn
R.P.T.T.: \$0.00
Recording Requested By:
uDeed, LLC
1349 Galleria Drive, Suite 100
Henderson, NV 89014-8624
After Recording Mail To:
uDeed, LLC - 99843
1349 Galleria Drive, Suite 100
Henderson, NV 89014-8624
Send Subsequent Tax Bills To:
Ridge Tahoe Property Owners Association
% Resorts West
P.O. Box 5790
Stateline, NV 89449

CORRECTIVE AFFIDAVIT OF SURVIVING TRUSTEE

TITLE OF DOCUMENT

I, **Diane R. Hall**, 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 **September 10, 1998, Harry H. Hall and Diane R. Hall** executed the **Hall Family Living Trust**.
2. Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of **Harry H. Hall**.
3. **Harry Hubert Hall** died on **October 04, 2018 at San Jose, California**, a resident of **Santa Clara County, California** pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Harry H. Hall**.
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:

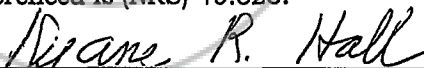
SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **400 Ridge Club Drive, Unit 86, Stateline, Nevada 89449**
Per NRS 111.312 - The Legal Description appeared previously in **Grant, Bargain, Sale Deed**, recorded on **December 9, 1998**, as Document No. **0456133** 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 **Diane R. Hall** as Surviving Trustee.

THIS AFFIDAVIT IS TO CORRECT THE LEGAL DESCRIPTION THAT WAS INCORRECT IN THAT CERTAIN AFFIDAVIT OF SURVIVING TRUSTEE RECORDED FEBRUARY 8, 2022 AS DOC. NO. 2022-980921.

I, **Diane R. Hall**, 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.



Diane R. Hall

Affiant
Title

DATED this 15th day of June, 2022.

Diane R. Hall
Diane R. Hall, Surviving Trustee

STATE OF CA)
COUNTY OF Santa Clara) ^{SS}

SUBSCRIBED AND SWORN before me this 15 day of June, 2022,
by **Diane R. Hall, Surviving Trustee.**

NOTARY STAMP/SEAL

Dolores Escalle
Notary Public
Notary Public
Title and Rank
My Commission Expires: 09/12/2025

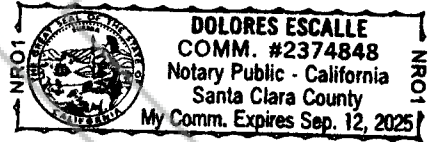


EXHIBIT "A"
LEGAL DESCRIPTION

ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

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

- (A) AN UNDIVIDED 1/20TH INTEREST, AS TENANTS-IN-COMMON, IN AND TO LOT 31 OF TAHOE VILLAGE UNIT NO. 3, FIFTH-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 81 TO 100 AMENDED MAP AND AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.
- (B) UNIT NO. 086 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 NO. 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 THE 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 -
- (B) AN EASEMENT FOR INGRESS, EGRESS AND PUBLIC UTILITY PURPOSES, 32' WIDE, THE CENTERLINE OF WHICH IS SHOWN AND DESCRIBED ON THE FIFTH-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. 62661, OFFICIAL RECORDS, DOUGLAS COUNTY, STATE OF NEVADA.

EXHIBIT "A"
LEGAL DESCRIPTION (continued)

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.

Per NRS 111.312 - The Legal Description appeared previously in **Grant, Bargain, Sale Deed**, recorded on **December 9, 1998**, as Document No. **0456133** in Douglas County Records, Douglas County, Nevada.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
(S-1 REV 9/06) 3201843008200

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) HARRY		2. MIDDLE HUBERT	
3. LAST (Family) HALL		AKA, ALSO KNOWN AS—Include N/AKA (FIRST, MIDDLE, LAST)	
4. DATE OF BIRTH mm/dd/yyyy 01/17/1933		5. AGE Yrs. 85	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 10/04/2018	
8. HOUR (24 hours) 1028		9. BIRTH STATE/FOREIGN COUNTRY CA	
10. SOCIAL SECURITY NUMBER 4688		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		13. EDUCATION—Highest (Level/Degree) MASTER'S	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
16. USUAL OCCUPATION—Type of work for most of life, DO NOT USE RETIRED HIGH SCHOOL EDUCATOR		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION	
18. YEARS IN OCCUPATION 28		20. DECEDENT'S RESIDENCE (Street and number, or location) 2175 NORTHAMPTON DRIVE	
21. CITY SAN JOSE		22. COUNTY/PROVINCE SANTA CLARA	
23. ZIP CODE 95124		24. YEARS IN COUNTY 68	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DIANE HALL, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2175 NORTHAMPTON DRIVE, SAN JOSE, CA 95124		28. NAME OF SURVIVING SPOUSE/SRDP—FIRST DIANE	
29. MIDDLE ROBERTA		30. LAST (BIRTH NAME) SIMPSON	
31. MIDDLE OF FATHER/PARENT—FIRST HUBERT		32. MIDDLE HARRY	
33. LAST HALL		34. BIRTH STATE IL	
35. NAME OF MOTHER/PARENT—FIRST MARY		36. MIDDLE ISABELLA	
37. LAST (BIRTH NAME) NICOLLS		38. BIRTH STATE CANADA	
39. DISPOSITION DATE mm/dd/yyyy 10/10/2018		40. PLACE OF FINAL DISPOSITION ST. FRANCIS EPISCOPAL CHURCH 1205 PINE AVENUE, SAN JOSE, CA 95125	
41. TYPE OF DISPOSITIONS CR/REL		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY	
45. LICENSE NUMBER FD1834		46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	
47. DATE mm/dd/yyyy 10/09/2018		101. PLACE OF DEATH VALLEY SPRINGS RESIDENTIAL CARE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> LJA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1538 HILLSDALE AVENUE	
106. CITY SAN JOSE		107. CAUSE OF DEATH Enter the chain of events—disease, 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. (A) HEART FAILURE (B) HYPERTENSION	
108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <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 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO	
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		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: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy 09/03/2018 10/03/2018	
115. SIGNATURE AND TITLE OF CERTIFIER WILLIAM SAMUEL WARSHAL M.D.		116. LICENSE NUMBER G41468	
117. DATE mm/dd/yyyy 10/04/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE WILLIAM SAMUEL WARSHAL M.D. 400 RACE STREET SUITE 101, SAN JOSE, CA 95126	
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"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		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		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR	A	B	C
	D	E	
FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } DATE ISSUED
 COUNTY OF SANTA CLARA } SS By **11/14/2018**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

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



Sara H. Cody
 SARA H. CODY
 HEALTH OFFICER AND LOCAL REGISTRAR
 OF BIRTHS AND DEATHS

