

DOUGLAS COUNTY, NV **2023-1003160**
Rec:\$40.00
\$40.00 Pgs=5 12/14/2023 08:14 AM
VACATION OWNERSHIP TITLE AGENCY
SHAWNYNE GARREN, RECORDER

APN: 1319-30-645-003
Escrow No. 20234465

Recording Requested By:
Vacation Ownership Title Agency

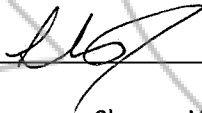
Mail Tax Statement to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

When Recorded Mail to:
Verna Dummann
1414 Conrad St.
Fairbanks, AK 99701

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.P.N. No.:	1319-30-645-003
Escrow No.:	20234465
Recording Requested By:	
Vacation Ownership Title Agency, Inc.	
Mail Tax Statement To:	
The Ridge Tahoe	
P.O. Box 5790	
Stateline, NV 89449	
When Recorded Mail To:	
VERNA DUMMANN	
1414 Conrad St.	
Fairbanks, AK 99701	

AFFIDAVIT – DEATH OF JOINT TENANT

State of Alaska)
) ss.
 County of Fairbanks)

VERNA DUMMANN, of legal age, being first duly sworn, deposes and says:
 That PAUL E. LUTTS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAUL E. LUTTS named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated November 13, 1997 executed by Paul E. Lutts, an unmarried man and Verna Dummann, a single woman, who acquired title as husband and wife to Paul E. Lutts, an unmarried man and Verna Dummann, a single woman, together as joint tenants with right of survivorship, recorded as Instrument No.0426978, on November 24, 1997 in Book 1197 and Page 4585, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Cascade Building, Every Year Use, Old Account No. 4228133A, Holiday Inn Club Vacations Account No. M6748213, Stateline, NV 89449. See **Exhibit 'A'** attached hereto and by reference made a part hereof.

Dated: 12-4-23

Verna Dummann

 VERNA DUMMANN

STATE OF *Alaska*)
COUNTY OF *Fairbanks*) ss
)

Signed and sworn to (or affirmed) before me on *12-4-23*

by VERNA DUMMANN

Jacob Fisher
Notary Public

STATE OF ALASKA
NOTARY PUBLIC
Jacob Fisher
My Commission Expires August 3, 2025



STATE OF ALASKA
CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - BUREAU OF VITAL STATISTICS
P.O. Box 110675, Juneau, AK 99811-0675
CERTIFICATE OF DEATH



DATE FILED **06/16/2021** STATE FILE NO. **2021007058**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) PAUL E. LUTTS		2. SEX M	3. SOCIAL SECURITY NUMBER 8458
4a. AGE-Last Birthday (Years) 88	4b. UNDER 1 YEAR Months: Days	4c. UNDER 1 DAY Hours: Minutes	5. DATE OF BIRTH (MM/DD/YY) 08/08/1932
6. BIRTHPLACE (City and State or Foreign Country) TOLEDO, OHIO	7a. RESIDENCE-STATE ALASKA	7b. COUNTY FAIRBANKS NORTH STAR	7c. CITY OR TOWN FAIRBANKS
7d. STREET AND NUMBER 1414 CONRAD STREET	7e. APT. No.	7f. ZIP CODE 99701	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last) DONALD LUTTS		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) MARIE STINELY	
13a. INFORMANT'S NAME SHELLEY K WHITE	13b. RELATIONSHIP TO DECEDENT DAUGHTER	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 951 CRAIG STADLER CP N WASILLA, AK 99623	
14. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		15. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino(a). Check the 'No' box if the decedent is, not Spanish/Hispanic/Latino(a). <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino Specify _____	
16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro(a) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____			
17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) AIRLINE PILOT			
18. KIND OF BUSINESS OR INDUSTRY COMMERCIAL AND PRIVATE			
19. PLACE OF DEATH (Check only one) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other (Specify): _____			
20. FACILITY NAME (If not institution, give street & number) FAIRBANKS MEMORIAL HOSPITAL		21. CITY OR TOWN, STATE AND ZIP CODE FAIRBANKS, ALASKA 99701	
22. COUNTY OF DEATH FAIRBANKS NORTH STAR		23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) BLANCHARD FAMILY FUNERAL HOME			
25. LOCATION - CITY, TOWN AND STATE FAIRBANKS, ALASKA		26. NAME AND COMPLETE ADDRESS OF FUNERAL HOME BLANCHARD FAMILY FUNERAL HOME 611 ADLER ST FAIRBANKS, AK 99701	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT <i>Paul Blunt</i>		28. LICENSE NUMBER (Of Licensee) AK 334	
29. DATE PRONOUNCED DEAD (MM/DD/YY) 05/18/2021		30. TIME PRONOUNCED DEAD 10:50 PM	
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) <i>Paul Blunt</i>		32. LICENSE NUMBER 7183	
33. DATE SIGNED (MM/DD/YY) 06/08/21		34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY) 05/08/2021	
35. ACTUAL OR PRESUMED TIME OF DEATH 10:50 PM		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. COVID VIRAL PNEUMONIA Due to (or as a consequence of): _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____			Approximate Interval: Onset to death 3 weeks
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			38. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			40. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
41. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within past year		42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
43. DATE OF INJURY (MM/DD/YY)	44. TIME OF INJURY	45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	46. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zip Code)			
48. DESCRIBE HOW INJURY OCCURRED:			49. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____
50a. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician - to the best of my knowledge, death occurred (due to the cause(s) and manner stated <input type="checkbox"/> Pronouncing & Certifying physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - 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) and manner stated. Signature of certifier: _____			
50b. SIGNATURE OF CERTIFIER <i>Paul Blunt</i>		51. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 37) <i>Paul Blunt</i>	
52. LICENSE NUMBER 7183		53. DATE CERTIFIED (MM/DD/YY) 06/08/21	

VS 101 Rev 01/2014

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

JUL 30 2021

DATE ISSUED _____

Abbecca W Topol

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48^{ths} interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 281 as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;

thence S. 14°00'00" W. along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A Portion of APN: 1319-30-645-003