



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: 20223762  
APN: 1319-30-644-038

### AFFIDAVIT – DEATH OF TRUSTEE

**DIANA LYNN HIGBEE**, of legal age, being first duly sworn, deposes and says:

1. That **JOHN D. HIGBEE**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **JOHN D. HIGBEE** named as one of the Trustees in that certain GRANT, BARGAIN, SALE DEED dated October 1, 1988 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to JOHN D. HIGBEE and DIANA L. HIGBEE, Trustees of the HIGBEE LIVING TRUST, dated July 12, 1985, recorded as Instrument No. 189072, on October 21, 1988 in Book 1088, Page 2826, 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.

Date

1/20/23

  
Diana Lynn Higbee

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 Santa Barbara

Subscribed and sworn to (or affirmed) before me on this 20<sup>th</sup>  
day of January, 2023, by \_\_\_\_\_

DEANA LYNN HIGBEE

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

(Seal)

Signature

*J. Lindquist*



**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SAN LUIS OBISPO**

SAN LUIS OBISPO, CALIFORNIA  
 CERTIFICATE OF DEATH

3-1996-40-001320

STATE FILE NUMBER		3. LAST (FAMILY)	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE	
JOHN		DANIEL HIGBEE	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.	
08/24/1935		61	
6. SEX		7. DATE OF DEATH MM/DD/CCYY	
M		09/23/1996	
8. HOUR		0646	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
CHINA		[REDACTED]-9613	
11. MILITARY SERVICE		12. MARITAL STATUS	
NONE		MARRIED	
13. EDUCATION—YEARS COMPLETED		17	
14. RACE		15. HISPANIC OR SPEC.	
WHITE		NO	
16. USUAL EMPLOYER		17. YEARS IN OCCUPATION	
STRASBOUGH		38	
17. OCCUPATION		18. KIND OF BUSINESS	
OPERATIONS EXECUTIVE		SEMI CONDUCTOR EQUIPMENT	
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY	
129 HERMOSEA		SHELL BEACH	
22. COUNTY		23. ZIP CODE	
SAN LUIS OBISPO		93449	
24. YRS. IN COUNTY		25. STATE OR FOREIGN COUNTRY	
3		CA	
28. NAME (RELATIONSHIP)		27. MAILING ADDRESS (IF DIFF. AND INDICATE OF RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
THE NEPTUNE SOCIETY FUNERAL HOME		16 W. MISSION ST. SANTA BARBARA, CA 93101	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE	
DIANA		LYNN	
30. LAST (MARRIEN NAME)		31. BIRTH STATE	
BROWN		IN	
31. NAME OF FATHER—FIRST		32. MIDDLE	
CLYDE		ALVA	
33. LAST		34. BIRTH STATE	
HIGBEE		IN	
35. NAME OF MOTHER—FIRST		36. MIDDLE	
HANNAH		SOLOMON	
37. LAST (MAIDEN)		38. BIRTH STATE	
CHINA		CHINA	
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION	
10/02/1996		RES / 129 HERMOSEA, SHELL BEACH, CA 93449	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR	
NONE		THE NEPTUNE SOCIETY OF S.B.	
45. LICENSE NO.		46. SIGNATURE OF SOCIAL REGISTRAR	
FD 1309		[Signature]	
47. DATE MM/DD/CCYY		09/24/1996	
101. PLACE OF DEATH		102. IN HOSPITAL? SPECIFY ONE	
SIERRA VISTA REG. MED. CTR.		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
103. STREET ADDRESS—STREET AND NUMBER OR LOCATION		104. COUNTY	
1010 MURRAY AVENUE		SAN LUIS OBISPO	
105. CITY		106. CITY	
SAN LUIS OBISPO		SAN LUIS OBISPO	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	
(A) WIDELY DISSEMINATED MALIGNANT NON-HODGKINS LYMPHOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B)		109. SIGNIFY PERFORMED	
-		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)		110. AUTOPSY PERFORMED	
-		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)		111. USED IN DETERMINING CAUSE	
-		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE	
NONE		BONE MARROW BIOPSY 06/30/1993	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
DECEDENT ATTENDED SINCE DECEDENT LAST BEEN ALIVE MM/DD/CCYY		[Signature]	
06/29/1993 09/20/1996		116. LICENSE NO.	
117. DATE MM/DD/CCYY		118. ZIP	
09/23/1996		93401	
119. MANNER OF DEATH		120. INJURY AT WORK	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> FOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> HANGING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		121. INJURY DATE—MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OF LOCATION AND CITY AND ZIP CODE)	
125. SIGNATURE OF CORONER OR DEPUTY CORONER		126. DATE MM/DD/CCYY	
127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		128. FAX AUTH. #	
129. STATE REGISTRAR		CENSUS TRACT	

79091

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
 COUNTY SAN LUIS OBISPO } SS DATE ISSUED: OCT 03 1996

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.

[Signature]  
 HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**EXHIBIT "A"**

**(37)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 071 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-644-038**