

APN: 1319-30-722-016  
Escrow No. 20234125

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

Mail Tax Statement to:  
Holiday Inn Club Vacations Incorporated  
9271 S. John Young Pkwy.  
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 TRUSTEE  
(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 Trustee – 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: 20234125  
APN: 1319-30-722-016

### **AFFIDAVIT – DEATH OF TRUSTEE**

**SUSAN M. LEACH**, of legal age, being first duly sworn, deposes and says:

1. That **WALTER WARWICK LEACH II**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **WALTER WARWICK LEACH II** named as one of the Trustees in that certain GRANT, BARGAIN, SALE DEED dated May 25, 2016 executed by Kimberly Lorenz, a single woman to Walter W. Leach II and Susan M. Leach, Trustees of the LEACH FAMILY LIVING TRUST, dated September 17, 2014, recorded as Instrument No. 882692, on June 16, 2016, 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, SUSAN M LEACH, is the surviving trustee of the named decedent.

I, SUSAN M LEACH, 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 19 day of May, 2023,

Susan M Leach  
Signature SUSAN M LEACH

STATE OF: California)

SS

COUNTY OF: Placer)

SUBSCRIBED AND SWORN before me this 19 day of May, 2023,  
by SUSAN M LEACH.

Damian Rodriguez  
Notary Public Signature  
Printed Name: Damian Rodriguez  
My Commission Expires: May 8, 2027



STAMP/SEAL



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

#### CERTIFICATE OF DEATH

3201931000046

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) WALTER		2. MIDDLE WARWICK		3. LAST (Family) LEACH II	
AKA: ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/20/1934		5. AGE Yrs 84	
9. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER [REDACTED] 1403		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SDP* (at Time of Death) MARRIED	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED INDUSTRIAL ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) MANUFACTURER		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
19. YEARS IN OCCUPATION 45		20. DECEDENT'S RESIDENCE (Street and number, or location) 1377 MARSEILLE LN.		21. CITY ROSEVILLE	
22. COUNTY/PROVINCE PLACER		23. ZIP CODE 95747		24. YEARS IN COUNTY 8	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SUSAN LEACH, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 1377 MARSEILLE LN., ROSEVILLE, CA 95747	
28. NAME OF SURVIVING SPOUSE/SDP—FIRST SUSAN		29. MIDDLE FROST		30. LAST (BIRTH NAME) MOODY	
31. NAME OF FATHER/PARENT—FIRST WALTER		32. MIDDLE WARWICK		33. LAST LEACH	
34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT—FIRST MILDRED		36. MIDDLE -	
37. LAST (BIRTH NAME) RYERSON		38. BIRTH STATE RUSSIA		39. DISPOSITION DATE mm/dd/yyyy 01/11/2019	
40. PLACE OF FINAL DISPOSITION RESIDENCE OF SUSAN LEACH 1377 MARSEILLE LN., ROSEVILLE, CA 95747		41. TYPE OF DISPOSITION(S) CR/RFS		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT CREMATION SOCIETY OF PLACER COUNTY		45. LICENSE NUMBER FD2199	
46. SIGNATURE OF LOCAL REGISTRAR ▶ ROBERT LEE OLDHAM, MD		47. DATE mm/dd/yyyy 01/10/2019		101. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/CP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY PLACER	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1377 MARSEILLE LN.		106. CITY ROSEVILLE		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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) FAILURE TO THRIVE (B) AMYOTROPHIC LATERAL SCLEROSIS	
108. DEATH REPORTED TO CORONER? (AT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> WKS 0500200		109. BICPSY PERFORMED? (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> MONS		110. AUTOPSY PERFORMED? (CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (DT) YES <input type="checkbox"/> NO <input type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (PT) YES <input type="checkbox"/> NO <input type="checkbox"/>		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: Decedent Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy 10/17/2011 12/07/2018		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ROGER ANG M.D. 116. LICENSE NUMBER A62536	
117. DATE mm/dd/yyyy 01/10/2019		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROGER ANG M.D. 3100 DOUGLAS BLVD., ROSEVILLE, CA 95661		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		*010001004087756*			

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

09 / 18 / 2019

000559783

Robert L. Oldham MD  
ROBERT L. OLDHAM, MD  
HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAPLACER01



**EXHIBIT "A"**

**(32)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 32 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 101 through 120 (inclusive) as shown on 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; and (B) Unit No. 115 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 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 Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-722-016