

APN: 1319-30-724-024 (ptn)

R.P.T.T.: \$ 0.00

Recording Requested By:
Wilson Title Services, LLC
4045 S. Spencer St., Suite A-62
Las Vegas, NV 89119

After Recording Mail To:
Wilson Title Services, LLC
4045 S. Spencer St., Suite A-62
Las Vegas, NV 89119

Send Subsequent Tax Bills To:
Holiday Inn Club Vacations Incorporated
9271 S John Young Pkwy
Orlando, FL 32819

Interval ID: 3402307A

AFFIDAVIT OF SURVIVING TRUSTEE

I, Michael Gary Taylor, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. Traci Sharee Merwin Taylor, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person named as the Co-Trustee in the certain Declaration of Trustee dated December 22, 2010, executed by Michael Gary Taylor and Traci Sharee Taylor as trustors.
2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by the deed recorded on February 14, 2011, as instrument No. 2011-778479, in the Official Records of Douglas County, Nevada:

All that Real Property situated in the County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

3. I am the surviving Trustee of the same trust under which said decedent held title as trustee pursuant to the deeds described above, and am designated and empowered pursuant to the terms of said trust to serve as the Sole Trustee thereof.

Contract # 6738683

Affidavit Surviving Trustee
Ridge Tahoe (Lot 34)

EXHIBIT "A"
LEGAL DESCRIPTION
Ridge Tahoe (Lot 34)

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

That certain timeshare estate, as said timeshare estate is defined 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 Six, recorded December 18, 1990, as Document no. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, as each may be amended, supplemented, and amended and restated from time to time (collectively, the "Declarations") and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, which timeshare estate is comprised of:

an undivided 1/51st interest as tenants in common, with each interest having a 1/51st interest in and to that certain real property and improvements as follows:

- (A) An undivided 1/38th interest in and to Lot 34 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 there-from Units 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and
- (B) Unit No. **023** as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements de-scribed 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 recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the **Prime** "Season" as defined in and in accordance with said Declarations.

A Portion of APN: **1319-30-724-024**

As shown with Interval Id # **3402307A**

Contract No: **6738683**

Ridge Tahoe (Lot 34 – Annual)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

3052012010871

CERTIFICATE OF DEATH

3201210000332

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WOTEDITS OR ALTERATIONS
VS-1 (REV. 3/09)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) TRACI		2. MIDDLE SHAREE		3. LAST (Family) MERWIN TAYLOR	
4. DATE OF BIRTH mm/dd/yyyy 07/27/1961		5. AGE Yrs. 50		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 9429		12. MARITAL STATUS/SRDP (in final death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 24	
20. DECEDENT'S RESIDENCE (Street and number, or location) 270 W. LOYOLA AVE					
21. CITY CLOVIS		22. COUNTY/PROVINCE FRESNO		23. ZIP CODE 93619	
24. YEARS IN COUNTY 40		25. STATE/FOREIGN COUNTRY CALIFORNIA			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) MICHAEL G. TAYLOR, HUSBAND 270 W. LOYOLA AVE, CLOVIS, CA 93619					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST MICHAEL		29. MIDDLE GARY		30. LAST (BIRTH NAME) TAYLOR	
31. NAME OF FATHER/PARENT - FIRST RONALD		32. MIDDLE LAYMAN		33. LAST MERWIN	
34. BIRTH STATE WA		35. NAME OF MOTHER/PARENT - FIRST MARY		36. MIDDLE DAYRENE	
37. LAST (BIRTH NAME) NORICK		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 01/23/2012		40. PLACE OF FINAL DISPOSITION RES: MICHAEL G TAYLOR 270 W. LOYOLA AVE, CLOVIS, CA 93619			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE LIGHT		45. LICENSE NUMBER FD1423		46. SIGNATURE OF LOCAL REGISTRAR EDWARD L MORENO, MD	
47. DATE mm/dd/yyyy 01/23/2012					
101. PLACE OF DEATH OWN RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		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 FRESNO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 270 W. LOYOLA AVE		106. CITY CLOVIS	
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) BREAST CANCER Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) NONE (C) NONE (D) NONE					
108. LEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
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 03/13/2001 01/16/2012		115. SIGNATURE AND TITLE OF CERTIFIER CHRISTOPHER ROGER PERKINS M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy A41513 01/20/2012	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CHRISTOPHER ROGER PERKINS M.D. 6121 N THESTA STE 204, FRESNO, CA 93710					
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"/> Hanging <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
120. INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
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 }
COUNTY OF FRESNO }

DATE ISSUED SEP 07 2021

* 000674318 *

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.
FNSLO (Rev.) 02/01

PAUL DICTOS, C.P.A.
COUNTY RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

