

APN: 1319-30-722-015 (ptn)

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

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Holiday Inn Club Vacations Incorporated
9271 S John Young Pkwy
Orlando, FL 32819

Interval ID: 3211426A

DOUGLAS COUNTY, NV **2024-1004225**
Rec:\$40.00
\$40.00 Pgs=5 01/25/2024 08:53 AM
WILSON TITLE SERVICES
SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF SURVIVING TRUSTEE

I, **Della M. Casey**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. Ronald Calvin Casey, 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 June 16, 2003, executed by Ronald & Della Casey 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 2/6/2004, as instrument No. 0603974, 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 # M6742296

Affidavit Surviving Trustee
Ridge Tahoe (Lot 32)



1. No other person has a right to the interest of the Trust in the Described property.
2. The described property shall be transferred to Della M. Casey, as Surviving Trustee.

Della M. Casey
Surviving Trustee (Print Name)

Affiant :
Title:

DATED this 24 day of Nov., 2023 ,

Della M. Casey
Signature of Surviving Trustee
Della M. Casey

STATE OF: FLORIDA

ss

COUNTY OF: ORANGE)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____.

by Della M. Casey.

SEE ATTACHED FOR NOTARY
Notary Public Signature

Notary Public Print Name
My Commission Expires: _____

Notary Stamp/Seal

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

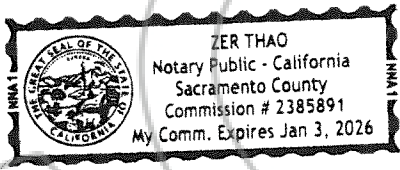
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 SACRAMENTO

Subscribed and sworn to (or affirmed) before me
 on this 24 day of NOVEMBER, 2023
 by Date Month Year
 (1) DELLA MAE CASEY
 (and (2) _____),
Name(s) of Signer(s)



Place Notary Seal and/or Stamp Above

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

Signature ZER THAO
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT OF SURVIVING TRUSTEE

Document Date: NOVEMBER 24, 2023 Number of Pages: 4

Signer(s) Other Than Named Above: NO OTHER SIGNERS - VERIFIED COPY

EXHIBIT "A"
LEGAL DESCRIPTION
Ridge Tahoe (Lot 32)

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 1/20th interest in and to Lot 32 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 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. **114** 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 **Spring/Fall** "Season" as defined in and in accordance with said Declarations.

A Portion of APN: **1319-30-722-015**

As shown with Interval Id # **3211426A**

Contract No: **6742296**

Ridge Tahoe (Lot 32 – Annual)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

305201169250

CERTIFICATE OF DEATH

3201134007682

| | | | | | |
|--|--|---|--|---|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-13 REV. 3/06 | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT— FIRST (Given) RONALD | | 2. MIDDLE CALVIN | | 3. LAST (Family) CASEY | |
| AKA: ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy 09/05/1944 | | 5. AGE Yrs. 67 | |
| 9. BIRTH STATE/FOREIGN COUNTRY MO | | 10. SOCIAL SECURITY NUMBER 0377 | | 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. MARRIAGE STATUS/SRD* (at time of death) MARRIED | | 7. DATE OF DEATH mm/dd/yyyy 09/16/2011 | | 8. HOUR (24 hours) 1225 | |
| 13. EDUCATION— Highest Level/Cegree (see worksheet on back) MASTER'S | | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 16. DECEDENT'S RACE— Up to 3 races may be listed (see worksheet on back) BLACK | |
| 17. USUAL OCCUPATION— Type of work for most of life. DO NOT USE RETIRED HIGHWAY PATROL | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) STATE OF CALIFORNIA | | 19. YEARS IN OCCUPATION 32 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 14 COOL RIVER COURT | | | | | |
| 21. CITY SACRAMENTO | | 22. COUNTY/PROVINCE SACRAMENTO | | 23. ZIP CODE 95831 | |
| 24. YEARS IN COUNTY 49 | | 25. STATE/FOREIGN COUNTRY CA | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP DELLA CASEY, WIFE | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 14 COOL RIVER COURT, SACRAMENTO, CA 95831 | | | |
| 28. NAME OF SPOUSING OR CLOSE RELATIVE— FIRST DELLA | | 29. MIDDLE M | | 30. LAST (BIRTH NAME) COLE | |
| 31. NAME OF FATHER/PARENT— FIRST EDGAR | | 32. MIDDLE - | | 34. BIRTH STATE TN | |
| 35. NAME OF MOTHER/PARENT— FIRST ELEANOR | | 36. MIDDLE - | | 37. LAST (BIRTH NAME) MCCLURE | |
| 38. BIRTH STATE MS | | | | | |
| 39. DISPOSITION DATE mm/dd/yyyy 09/23/2011 | | 40. PLACE OF FINAL DISPOSITION SUNSET LAWN 4701 MARYSVILLE BLVD, SACRAMENTO, CA 95838 | | | |
| 41. TYPE OF DISPOSITION(S) BU | | 42. SIGNATURE OF EMBALMER T.Y.P. GILLIAM | | 43. LICENSE NUMBER EMB8369 | |
| 44. NAME OF FUNERAL ESTABLISHMENT MORGAN JONES FUNERAL HOME | | 45. LICENSE NUMBER FD855 | | 46. SIGNATURE OF LOCAL REGISTRAR Laurie A. Werner, MD, MPH | |
| 47. DATE mm/dd/yyyy 09/20/2011 | | | | | |
| 101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL | | 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER <input type="checkbox"/> DCA | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other | |
| 104. COUNTY SACRAMENTO | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6600 BRUCEVILLE ROAD | | 106. CITY SACRAMENTO | |
| 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 venous thrombosis without showing the etiology. DO NOT ABBREVIATE. (A) ISCHEMIC CEREBROVASCULAR ACCIDENT (B) HYPERTENSIVE CARDIOVASCULAR DISEASE | | 108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PROSTATE CANCER | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) PROSTATECTOMY AND LYMPH NODE BIOPSY 11/27/2000 | | | | | |
| 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. Decedent Age: 67 Since: Decedent's Last Seen: Alive | | 115. SIGNATURE AND TITLE OF CERTIFIER YUEN WAN KWAN M.D. | | 116. LICENSE NUMBER A77152 | |
| 117. DATE mm/dd/yyyy 09/15/2011 | | 118. TYPE OF DEATH (Manner of Death) 09/16/2011 | | 119. SIGNATURE AND TITLE OF LOCAL REGISTRAR YUEN WAN KWAN M.D. | |
| 120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" 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
COUNTY OF SACRAMENTO } SS

* 001244205 *

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **September 21, 2011**

Laurie A. Werner, MD, MPH
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

