

APN: 1319-30-643-013 (ptn)

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

Recording Requested By:  
Wilson Title Services, LLC.  
4045 S. Spencer St., Suite A62  
Las Vegas, NV 89119

After Recording Mail To:  
Wilson Title Services, LLC.  
4045 S. Spencer St., Suite A62  
Las Vegas, NV 89119

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

Interval ID: 2801235C

### ***AFFIDAVIT OF SURVIVING TRUSTEE***

I, MICHAEL E DZIECIOLOWSKI, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. MARILYN A DZIECIOLOWSKI, 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 March 28, 2000, executed by MICHAEL E DZIECIOLOWSKI and MARILYN A DZIECIOLOWSKI 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 May 25, 2000, as instrument No. 0492739, 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 # M6740327

Affidavit Surviving Trustee  
Ridge Tahoe (Lot 28)

4. No other person has a right to the interest of the Trust in the Described property.
5. The described property shall be transferred to MICHAEL E DZIECIOLOWSKI, as Surviving Trustee.

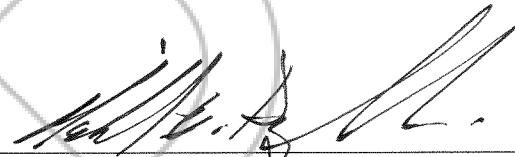
MICHAEL E DZIECIOLOWSKI \_\_\_\_\_

Surviving Trustee (Print Name)

Affiant \_\_\_\_\_

Title

DATED this 15<sup>th</sup> day of March, 2024,

  
\_\_\_\_\_  
Signature of Surviving Trustee  
MICHAEL E DZIECIOLOWSKI

STATE OF: \_\_\_\_\_ )

ss

COUNTY OF: \_\_\_\_\_ )

**SUBSCRIBED AND SWORN** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

by MICHAEL E DZIECIOLOWSKI.

**SEE ATTACHED  
NOTARIAL CERTIFICATE**

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Print Name

My Commission Expires: \_\_\_\_\_

# CALIFORNIA JURAT CERTIFICATE

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.

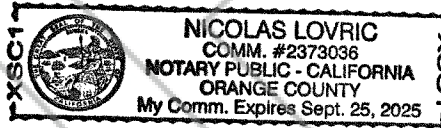
State of California

County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 01 day of MARCH, 2024, by MICHAEL E. DZIECIOWSKI proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature  
NICOLAS LOVRIC, NOTARY PUBLIC  
COMM# 2373036 EXP 09/25/2025



(Seal)

## OPTIONAL INFORMATION

### Description of Attached Document

This certificate is attached to a document titled/for the purpose of:

APPRAISAL OF  
SURVIVING  
TRUSTEE

### Additional Information:

Proved to me on the basis of satisfactory evidence:

- Form(s) of identification
- Credible witness(es).

California Driver's License  
28522662

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**  
**Ridge Tahoe (Lot 28)**

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 1/102nd interest as tenants in common, with each interest having a 1/102nd interest in and to that certain real property and improvements as follows:

- (A) An undivided 1/50th interest in and to Lot 28 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 1 through 50 (inclusive) as shown on said map; and
- (B) Unit No. 12 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 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, 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 28 only, for one week every other year in EVEN numbered years in accordance with said Declarations.

A Portion of APN: 1319-30-643-013

As shown with Interval Id # 2801235C

Per NRS 111.312 – The Legal Description appeared previously in that Grant Deed recorded on May 25, 2000, as Recorded Document No. 0492739 of Douglas County Records, Douglas County, Nevada.

*Ridge Tahoe (Lot 28 - Bi-Annual)*

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

81A1 FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
Marilyn		ANN DZIECIOLOWSKI	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
ANN		06/14/1952	
5. AGE Yrs.		6. SEX	
51		F	
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER	
NY		-8130	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
NY		-8130	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
13. EDUCATION - Highest Level Degree (see worksheet on back)		14. WAS DECEDENT HISpanic/Latino(A)/SPANISH? (if yes, see worksheet on back)	
ASSOCIATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
CAMPUS SUPERVISOR		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)	
CAMPUS SUPERVISOR		EDUCATION	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number or location)	
4		23810 INDIAN WELLS CIRCLE	
21. CITY		22. COUNTY/PROVINCE	
VALENCIA		LOS ANGELES	
23. ZIP CODE		24. YEARS IN COUNTY	
91355		18	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		MICHAEL DZIECIOLOWSKI - HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
23810 INDIAN WELLS CIRCLE, VALENCIA, CA 91355		MICHAEL	
29. MIDDLE		30. LAST ( maiden Name)	
EDWARD		DZIECIOLOWSKI	
31. NAME OF FATHER - FIRST		32. MIDDLE	
FREDERICK		AUGUST	
33. NAME OF MOTHER - FIRST		34. BIRTH STATE	
PATRICIA		NY	
35. MIDDLE		36. BIRTH STATE	
MARY		NY	
37. LAST (maiden)		38. BIRTH STATE	
McHugh		NY	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
05/30/2004		LADY OF MERCY QUEEN OF HEAVEN CEMETERY, MARGALE, FL 33068	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/TR/BU		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		NATIONAL CREMATION SERVICE	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1166		Thomas J. [Signature]	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
05/26/2004		[Signature]	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
103. COUNTY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
LOS ANGELES		23810 INDIAN WELLS CIRCLE	
105. CITY		106. CITY	
VALENCIA		VALENCIA	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or combinations - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator malfunction without showing the etiology. DO NOT ABBREVIATE.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		109. BIOPSY PERFORMED?	
OCULAR MELANOMA WITH LIVER METASTASIS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. USIP IN DETERMINING CAUSE?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date.)		113. FEMALE, PREGNANT IN LAST YEAR?	
LEFT EYE ENUCLEATION 12/07/2001		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 Seen Alive		[Signature]	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
A42284		05/25/2004	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE	
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		LILY SEIN M.D. 13652 CANTARA ST. PANORAMA CITY, CA 91402	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122. HOUR (24 Hour)	
123. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		123. INJURY DATE mm/dd/yyyy	
124. SIGNATURE OF CORONER / DEPUTY CORONER		124. DATE mm/dd/yyyy	
125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

1 of 2

STATE REGISTRAR A B C D E FAX AUTH. # 195/9071

\*090693491\*

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

*Thomas J. [Signature]* DATE ISSUED 24 JUN 24 2004

Director of Health Services and Registrar

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



# COUNTY OF LOS ANGELES

## DEPARTMENT OF HEALTH SERVICES

### AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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#### PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	
	MARILYN	ANN	DZIECIOLOWSKI	
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
	F	05/23/2004	VALENCIA	LOS ANGELES
	8. FATHER'S NAME AS STATED ON ORIGINAL		9. MOTHER'S NAME AS STATED ON ORIGINAL	
FREDERICK AUGUST ZIMMER		PATRICIA MARY McHugh		

2 of 2

#### PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
		30	DZIECIOLOSKI
	40	LADY OF MERCY QUEEN OF HEAVEN CEMETERY, MARGALE, FL 33068	LADY OF MERCY QUEEN OF HEAVEN CEMETERY MARGATE, FL 33068

REASON FOR CORRECTION	13. TYPOGRAPHICAL ERRORS
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**AFFIDAVITS AND SIGNATURES**  
We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
	<i>[Signature]</i>	HUSBAND	06/21/2004
USE BLACK INK ONLY	17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)	
	ADULT	23810 INDIAN WELLS CIRCLE, VALENCIA, CA 91355	
	19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
	<i>[Signature]</i>	CREMATION ARRANGER	06/21/2004
	22. AGE	23. ADDRESS (STREET, CITY, STATE, ZIP)	
	ADULT	10559 VICTORY BLVD., NO. HOLLYWOOD, CA 91606	
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY	
	<i>[Signature]</i>	06/23/2004	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR



This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.



*[Signature]*  
Director of Health Services and Registrar

DATE ISSUED JUN 24 2004



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