

APN: 1319-30-519-020 (ptn)

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

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

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

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

Interval ID: 5002040A

AFFIDAVIT OF SURVIVING TRUSTEE

I, MARY ANN MOSS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. JAMES E MOSS, 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 11/23/2004, executed by JAMES E MOSS AND MARY ANN MOSS 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 9/08/2006, as instrument No. 0684073, 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 # M6750053

Affidavit Surviving Trustee
Ridge View (Lot 50)



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 MARY ANN MOSS, as Surviving Trustee.

MARY ANN MOSS _____

Affiant _____

Surviving Trustee (Print Name)

Title

DATED this 7th day of March, 2024,



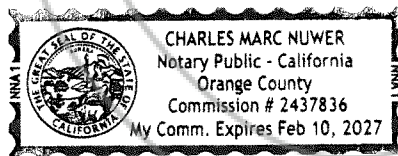
Signature of Surviving Trustee
MARY ANN MOSS

STATE OF: California)


SS

COUNTY OF: Orange)

SUBSCRIBED AND SWORN before me this 7th day of March, 2024
by MARY ANN MOSS.



Notary Stamp/Seal



Notary Public Signature

Charles Marc Nuwer, Notary Public
Notary Public Print Name
My Commission Expires: 02/10/2027

EXHIBIT "A"
LEGAL DESCRIPTION
Ridge View (Lot 50)

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 Declaration of Timeshare Covenants, Conditions and restrictions for Ridgeview. recorded December 21, 1984 in Book 1284, Page 1993, as Document No. 111558 of the Official Records, Douglas County, as may be amended, supplemented, and amended and restated from time to time (the "Declaration"), which timeshare estate comprised of:

Parcel 1:

One-(1) 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 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.
- (B) Unit No. 020 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2:

A non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3:

The exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "WINTER use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-020

As shown with Interval Id # 50020404

Per NRS 111.312 – The Legal Description appeared previously in that **The Ridgeview Grant Bargain and Sale Deed** recorded on 9/08/2006, as Recorded Document No. 0684073 of Douglas County Records, Douglas County, Nevada.

Ridge View (Annual)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
 1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CA 92701

3052018204486 **CERTIFICATE OF DEATH** 3201830016316

1. NAME OF DECEASED - FIRST (Given) JAMES		2. MIDDLE E		3. LAST (Family) MOSS	
4. ALSO KNOWN AS - include full name (FIRST, MIDDLE, LAST)					
5. DATE OF BIRTH (month/day/year) 10/12/1942		6. AGE (yrs) 75		7. SEX M	
8. BIRTH STATE - FOREIGN COUNTRY ILLINOIS		9. SOCIAL SECURITY NUMBER 9731		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
11. EDUCATION - Highest Level (Degree) SOME COLLEGE		12. MARITAL STATUS (at time of death) MARRIED		13. DATE OF DEATH (month/day/year) 10/08/2018	
14. USUAL OCCUPATION - Type of work for most of life (DO NOT USE RETIRED)		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, etc.) FASTENERS		16. YEARS IN OCCUPATION 40	
17. DECEDENT'S RESIDENCE (Street and number, or location) 1908 PARK ST					
18. CITY HUNTINGTON BEACH		19. COUNTY (Province) ORANGE		20. ZIP CODE 92648	
21. INFORMANT'S NAME, RELATIONSHIP MARY ANN MOSS, WIFE					
22. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1908 PARK ST, HUNTINGTON BEACH, CA 92648					
23. NAME OF SURVIVING SPOUSE (GROP) - FIRST MARY		24. MIDDLE ANN		25. LAST (BIRTH NAME) JACOBSON	
26. NAME OF FATHER (PARENT) - FIRST GLENN		27. MIDDLE ELDON		28. LAST (BIRTH NAME) MOSS	
29. NAME OF MOTHER (PARENT) - FIRST WILMA		30. MIDDLE LEE		31. LAST (BIRTH NAME) BOOMGARDEN	
32. DISPOSITION DATE (month/day/year) 10/10/2018		33. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF ORANGE COUNTY			
34. TYPE OF DISPOSITION CR/SEA		35. SIGNATURE OF EMBALMER NOT EMBALMED		36. LICENSE NUMBER	
37. NAME OF FUNERAL ESTABLISHMENT THE OMEGA SOCIETY		38. LICENSE NUMBER FD1280		39. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
40. DATE (month/day/year) 10/10/2018		41. LICENSE NUMBER A42410			
101. PLACE OF DEATH RESIDENCE - HOSPICE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/ICU <input type="checkbox"/> EDU <input type="checkbox"/> ICH <input type="checkbox"/> ICHC <input type="checkbox"/> ICHD <input type="checkbox"/> ICHL <input type="checkbox"/> ICHM <input type="checkbox"/> ICHN <input type="checkbox"/> ICHO <input type="checkbox"/> ICHP <input type="checkbox"/> ICHQ <input type="checkbox"/> ICHR <input type="checkbox"/> ICHS <input type="checkbox"/> ICHT <input type="checkbox"/> ICHU <input type="checkbox"/> ICHV <input type="checkbox"/> ICHW <input type="checkbox"/> ICHX <input type="checkbox"/> ICHY <input type="checkbox"/> ICHZ		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other		104. IF DEATH REPORTED TO CORONER (Date and time) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
105. COUNTY ORANGE		106. FACILITY ADDRESS (or location where found) (Street and number, or location) 1908 PARK STREET		107. CITY HUNTINGTON BEACH	
108. CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous air embolism unless following the words, "DUE TO". IMMEDIATE CAUSE: METASTATIC SMALL CELL LUNG CANCER WITH METASTASIS TO THE LIVER					
109. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Inquest <input type="checkbox"/> Could not be determined		110. DEATH REPORTED TO CORONER (Date and time) 4 MOS		111. DEATH REPORTED TO CORONER (Date and time) <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 108) NONE		113. MAJOR OPERATION PERFORMED FOR ANY CONDITION IN ITEM 108 OR 112 (If yes, list type of operation and date) NO		114. IF FEMALE, RECORD IN LAST PARENTHESIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 12/19/2016		116. SIGNATURE AND TITLE OF CERTIFIER NERSES SIMON TCHEKMEDEYAN M.D.		117. LICENSE NUMBER A42410	
118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 10/08/2018		119. TYPE AND ADDRESS OF PHYSICIAN'S OFFICE (Street and number, or rural route number, city or town, state and zip) 19582 BEACH BLVD, STE 212, HUNTINGTON BEACH, CA 92649		120. DATE (month/day/year) 10/10/2018	
121. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Inquest <input type="checkbox"/> Could not be determined		122. INSURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		123. HOUR (24 hour) 10/08/2018	
124. PLACE OF PLACED (e.g., farm, construction site, enclosed area, etc.)					
125. DESCRIBE HOW INJURY OCCURRED (If events which resulted in injury)					
126. LOCATION OF INJURY (Street and number, or location, or city, and state)					
127. SIGNATURE OF CLAIMER / DEPUTY CORONER		128. DATE (month/day/year)		129. TYPE, NAME, TITLE OF CORONER, DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

* 004223805 *

STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS

DATE ISSUED **October 24, 2018**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler M.D.
 ERIC G. HANDLER, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

