

DOUGLAS COUNTY, NV

2024-1006299

Rec:\$40.00

\$40.00

Pgs=4

04/03/2024 08:51 AM

WILSON TITLE SERVICES

SHAWNYNE GARREN, RECORDER

APN: 1319-30-644-073 (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: 3716442C

AFFIDAVIT OF SURVIVING TRUSTEE

I, IRENE COFFMAN WALLIS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. CHARLES ROSS WALLIS, 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 April 22, 2000, executed by **Irene C. Wallis and Charles R. Wallis, Trustees of The Hydro Green Revocable Trust, Dated April 22, 2000**, as trustees.
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 1/30/2018, as instrument No. 2018-909813, 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 # M6744493

Affidavit Surviving Trustee
Ridge Tahoe (Lot 37)



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 IRENE COFFMAN WALLIS, as Surviving Trustee.

IRENE COFFMAN WALLIS _____ Affiant _____

Surviving Trustee (Print Name)

Title

IRENE COFFMAN WALLIS

DATED this 29th day of February, 2024,

Irene Coffman Wallis
Signature of Surviving Trustee
IRENE COFFMAN WALLIS

STATE OF: Pennsylvania)
SS

COUNTY OF: Northampton

SUBSCRIBED AND SWORN before me this 29th day of February, 2024
by IRENE COFFMAN WALLIS.

Commonwealth of Pennsylvania - Notary Seal
MARY ANN K CLYMER - Notary Public
Northampton County
My Commission Expires February 6, 2027
Commission Number 1028214

Notary Stamp/Seal

Mary Ann K Clymer
Notary Public Signature

MARY ANN K CLYMER
Notary Public Print Name
My Commission Expires: 2/6/2027

EXHIBIT "A"
LEGAL DESCRIPTION
Ridge Tahoe (Lot 37)

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 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and
- (B) Unit No. **164** as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, 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 Lot 37 only, for one week each year in the **Swing** "Season" as defined in and in accordance with said Declarations.

A Portion of APN: **1319-30-644-073**

As shown with Interval Id # **3716442C**

Contract No: **6744493**

Ridge Tahoe (Lot 37 – Annual)

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

3052022040774

CERTIFICATE OF DEATH

3202234001825

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS 65-11 (REV. 5/02) | | | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) CHARLES | | 2. MIDDLE ROSS | | 3. LAST (Family) WALLIS | | | |
| 4. DATE OF BIRTH mm/dd/yyyy 07/19/1928 | | | | 5. AGE Yrs 93 | | 6. SEX M | |
| 8. BIRTH STATE/FOREIGN COUNTRY AR | | 10. SOCIAL SECURITY NUMBER 5826 | | 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS/SPR/P (Type of Death) MARRIED | |
| 13. EDUCATION - Highest Level/Degree DOCTORATE | | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (Yes see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE | | 7. DATE OF DEATH mm/dd/yyyy 02/17/2022 | |
| 17. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED COLONEL | | | | 15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employer's agency, etc.) UNITED STATES ARMY | | 19. YEARS IN OCCUPATION 36 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 104 CASELLA COURT | | | | | | | |
| 21. CITY FOLSOM | | 22. COUNTY/PROVINCE SACRAMENTO | | 23. ZIP CODE 95630 | | 24. YEARS IN COUNTY 16 | |
| 25. STATE/ALIA ORIGIN COUNTRY CA | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or post route number, city or town, state and zip) 104 CASELLA COURT, FOLSOM, CA 95630 | | | | | |
| 28. INFORMANT'S NAME, RELATIONSHIP IRENE COFFMAN WALLIS, WIFE | | 29. INFORMANT'S MAILING ADDRESS (Street and number, or post route number, city or town, state and zip) 104 CASELLA COURT, FOLSOM, CA 95630 | | | | | |
| 28. NAME OF SURVIVING SPOUSE/SPR/P - FIRST IRENE | | 29. MIDDLE COFFMAN | | 30. LAST (BIRTH NAME) BALD | | | |
| 31. NAME OF FATHER/PARENT - FIRST JAMES | | 32. MIDDLE - | | 33. LAST WALLIS | | 34. BIRTH STATE AR | |
| 35. NAME OF MOTHER/PARENT - FIRST EDITH | | 36. MIDDLE KATHRYN | | 37. LAST (BIRTH NAME) MCCORMACK | | 38. BIRTH STATE AR | |
| 39. DISPOSITION DATE mm/dd/yyyy 02/18/2022 | | 40. PLACE OF FINAL DISPOSITION MALVERN OAK RIDGE CEMETERY PINE BLUFF STREET, MALVERN, AR 72104 | | | | | |
| 41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/BURIAL | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | | | | 43. LICENSE NUMBER - | |
| 44. NAME OF FUNERAL ESTABLISHMENT GREEN VALLEY MORTUARY & CEMETERY | | 45. LICENSE NUMBER FD1551 | | 46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE MD | | 47. DATE mm/dd/yyyy 02/18/2022 | |
| 101. PLACE OF DEATH RESIDENCE-HOSPICE | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> E/OP <input type="checkbox"/> DCA | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hosp. <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other | | | |
| 104. COUNTY SACRAMENTO | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 104 CASELLA COURT | | | | 106. CITY FOLSOM | |
| 107. CAUSE OF DEATH Enter the most significant condition contributing to death, but not resulting in the underlying cause given in 107. IMMEDIATE CAUSE (Final disease or condition resulting in death) LATE EFFECTS OF CEREBROVASCULAR ACCIDENT | | 108. SEX REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109. MOS MOS | | 110. B.O.P.S.Y. PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST CEREBRAL VASCULAR DISEASE | | 112. ALTOPS PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 113. U.S. BIRTH CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE | |
| 115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 114? (If yes, list type of operation and date) NO | | 116. LICENSE NUMBER G52746 | | 117. DATE mm/dd/yyyy 02/18/2022 | | | |
| 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED Deceased Attested Since: 11/30/2021 Deceased Last Seen Alive: 02/17/2022 | | 115. SIGNATURE AND TITLE OF CERTIFIER MICHAEL GADDINI, MD | | 116. LICENSE NUMBER G52746 | | | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL GADDINI, MD, G52746 6520 PLEASANT VALLEY ROAD, DIAMOND SPRINGS, CA 95619 | | 119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | | | |
| 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 OLIVIA KASIRYE MD | | | | 129. HOURS (24-hour) | |
| STATE REGISTRAR | | A | | B | | C | |
| D | | E | | FAX AUTH.# | | CENSUS TRACT | |

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

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED **March 1, 2022**



Olivia Kasirye MD

OLIVIA KASIRYE, MD
LOCAL REGISTRAR

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

