

When recorded mail to:  
Edwina Schmidt  
135 GROVE ST.  
LEBANON OR  
97355

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF OREGON )  
COUNTY OF LINN )ss

EDWINA F. SCHMIDT being first duly sworn, deposes and says:

That Affiant is the surviving spouse of LEO C. SCHMIDT and that the Affiant and the said LEO C. SCHMIDT, deceased are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated the 25<sup>TH</sup> day of AUGUST, 1991 under the terms of which RIDGE SIERRA was Seller, to SAMUEL L. TOLSON, OPAL I. TOLSON EDWINA F. SCHMIDT AND LEO C. SCHMIDT husband and wife, as Joint Tenants, upon the terms, covenants, and provisions as set forth therein, said document recorded SEPT. 18, 1991 in Book 991, Page 2831 being Document No. 260572 of the Official Records in DOUGLAS County, Nevada, affecting all that certain piece or parcel of land, situate in the County of Douglas, State of Nevada.

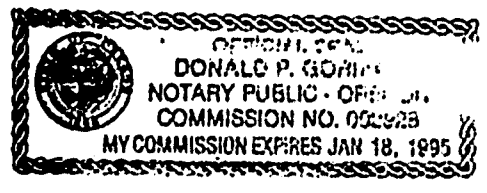
SEE EXHIBIT "A"

That the said LEO C. SCHMIDT one of the Grantees on the Joint Tenancy Deed, died on the 7<sup>TH</sup> day of JULY, 1992 in LINN COUNTY, OREGON and is the identical person named in the Certificate of Death. That all interest in and to said real property hereinabove described, vested absolutely in Affiant as of the date of decedent's death.

Edwina F. Schmidt

SUBSCRIBED AND SWORN TO BEFORE ME, this 29<sup>TH</sup> day of APRIL, 1993.

Donald P. Gordon  
Notary Public



306512

BK0593PG1036

**CERTIFICATION OF VITAL RECORD**

7-16-94-5-100

TYPE OR PRINT IN PERMANENT BLACK INK

110247 OREGON DEPARTMENT OF HUMAN RESOURCES  
 I.D. TAG NO. HEALTH DIVISION  
 392 CENTER FOR HEALTH STATISTICS 136-  
 Local File Number CERTIFICATE OF DEATH State File Number

1. DECEDENT'S NAME First: <b>Leo</b> Middle: <b>C.</b> Last: <b>SCHMIDT</b>			2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>July 7, 1992</b>	
4. SOCIAL SECURITY NUMBER <b>2496</b>	5a. AGE-Last Birthday (Years) <b>74</b>	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Canada</b>	7. DATE OF BIRTH (Month, Day, Year) <b>June 1, 1918</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) <b>Lebanon Community Hospital</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Lebanon</b>		9d. COUNTY OF DEATH <b>Linn</b>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Owner/Operator</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Shoemaker</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	12. SPOUSE (If Married, Widowed, Divorced) (Specify) <b>Faye</b>
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Linn</b>		13c. CITY, TOWN OR LOCATION <b>Lebanon</b>	
13d. RESIDENCE - STREET AND NUMBER <b>135 Grove Street</b>		13e. RESIDENCE - CITY <b>Lebanon</b>		13f. RESIDENCE - STATE <b>Oregon</b>	
13g. RESIDENCE - ZIP CODE <b>97355</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>10</b>		17. FATHER - NAME first middle last <b>Nicholas Schmidt</b>			
18. MOTHER - NAME first middle maiden <b>Marie Ann Washoski</b>		19. INFORMANT - NAME and relationship to decedent <b>Faye Schmidt - Wife</b>			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>I.O.O.F. Cemetery</b>		20c. LOCATION - City or Town, State <b>Lebanon, Oregon</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jeanine L. Shanko</i>		21b. LICENSE NUMBER (Of Licensee) <b>0198</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Jost Funeral Home 777 Park Street, Lebanon, OR 97355</b>	
23. DATE FILED (Month, Day, Year) <b>July 13, 1992</b>		24. REGISTRAR'S SIGNATURE <i>Dawn R. Walker</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <b>6:31 P. M.</b>	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH <b>M</b>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>Harold B. Dowling MD</i>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. <i>(Signature)</i>	
30. DATE SIGNED (Month, Day, Year) <b>July 8, 1992</b>		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Harold B. Dowling MD, 53171 Santiam, Lebanon, OR 97355</b>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.		Interval between onset and death	
PART I (a) <b>Cardiac Arrest.</b>		<b>1 hour</b>	
(b) <b>Coronary Artery Disease</b>		<b>14 yrs</b>	
(c) <b>Hypertensive Cardiovascular Disease</b>		<b>20 yrs</b>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Underdetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41b. DESCRIBE HOW INJURY OCCURRED	
41c. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY **306512**  
**BK 0593 PG 1037** 45-2 Rev 791

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE LINN COUNTY REGISTRAR.

DATE ISSUED July 13, 1992

*B. Bonlander MD*  
 BENJAMIN BONNLANDER, M.D.  
 COUNTY REGISTRAR  
 LINN COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

A timeshare estate comprised of:

PARCEL 1:

An undivided 1/51st interest in and to that certain condominium estate described as follows:

(a) An undivided 1/6th interest as tenants in common, in and to the Common Area of Lot 21 of Tahoe Village Unit No. 1, as shown on the map recorded December 27, 1983, as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada.

(b) Unit No. A-3 as shown and defined on said condominium map recorded as Document No. 93406, Official Records of Douglas County, State of Nevada.

PARCEL 2:

A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Areas as set forth in said condominium map recorded as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3:

An exclusive right to the use of a 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 PRIME "use season" as that term is defined in the First Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No. 134786, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above-described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "use week" in the above-referenced "use season" as more fully set forth in the CC&R'S,

A Portion of APN 40-360-12

REQUESTED BY  
*Edwina Schmidt*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

93 MAY -7 AM 10:09

SUZANNE BEAUDREAU  
RECORDER

*700* PAID *ke* DEPUTY

REQUESTED BY  
STEWART TITLE of DOUGLAS COUNTY  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

91 SEP 18 P1:57

SUZANNE BEAUDREAU  
RECORDER

*600* PAID *KJ* DEPUTY

306512

260572

BK0593PG1038

BOOK 991 PAGE 2831