

✓ WALKER & ASSOCIATES
110 MAGNOLIA ST.
RUBEN CA 95603

Recording Requested by:
Arline M. Sanders

When recorded, return to:
Arline M. Sanders
6880 Boardwalk Drive
Granite Bay, CA 95746

APN# PORTION

AFFIDAVIT - DEATH OF A JOINT TENANT

40-300-22

State of California
County of Placer

Arline M. Sanders, of legal age, being duly sworn, deposes and says:

That Elliott Martin Sanders, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Elliot M. Sanders, named as one of the parties in that certain Grant Deed dated July 25, 1987, executed by SAIDA of Nevada, Inc., to Elliot M. Sanders and Arline M. Sanders, as Joint Tenants, recorded as Instrument No. 114254, AND/OR 19, in Book , Page , of Official Records of Douglas County, Nevada, covering the following property situated in the said County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO

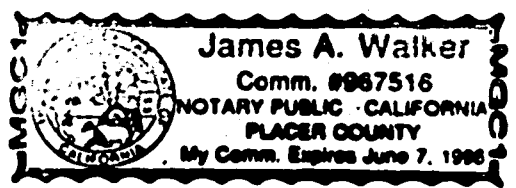
DECEMBER 23, 1993
Dated: ~~September 29, 1998~~

STATE OF CALIFORNIA
COUNTY OF Placer

Subscribed and Sworn to before me
DECEMBER 23, 1993

[Signature]
Notary Public Commissioned for
said County and State

Arline M. Sanders
Arline M. Sanders



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BK0694PG0860

EXHIBIT "A"
LEGAL DESCRIPTION

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described 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. 022 as shown and defined on said 7th 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 as set forth on said 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 further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said 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 "Summer use season" as said quoted terms are defined in the Declaration of Conditions, Covenants 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.

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BK 0694 PG 0861

CERTIFICATE OF DEATH 39034

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) Elliott		1B. MIDDLE Martin	1C. LAST (FAMILY) Sanders	2A. DATE OF DEATH—MO. DAY, YR. Feb 10, 1990
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. July 24, 1924	7. AGE IN YEARS 65
8. STATE OF BIRTH NY		9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Hyman Samuelsohn	10B. STATE OF BIRTH Poland
12. MILITARY SERVICE? 19 42 TO 19 46 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 1645	14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Arline Bollotin
16A. USUAL OCCUPATION Mortgage Banker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Mortgage Banking	16C. USUAL EMPLOYER Beneficial Finance	16D. YEARS IN OCCUPATION 35
17. EDUCATION—YEARS COMPLETED 16		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 6880 Boardwalk Dr.		
18B. CITY Roseville		18C. ZIP CODE 95661		
18D. COUNTY Placer		18E. NUMBER OF YEARS IN THIS COUNTY 7	18F. STATE OR FOREIGN COUNTRY CA	20. NAME, RELATIONSHIP, MAKING ADDRESS AND ZIP CODE OF INFORMANT Arline Sanders, Wife 6880 Boardwalk Dr. Roseville, CA 95661
19A. PLACE OF DEATH Mercy San Juan Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	19C. COUNTY Sacramento	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 6501 Coyle Ave.
19E. CITY Carmichael		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) METASTATIC COLON CANCER		23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO (B)		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (C)		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NONE		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. LAPAROTOMY 8-11-89		
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 8-4-89		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN John Kailath M.D.		27C. PHYSICIAN'S LICENSE NUMBER A 036589
27D. DATE SIGNED 2-12-90		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS John M. Kailath, M.D. 6401 Coyle Ave. Carmichael, CA		
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Bonnie York		28B. DATE SIGNED FEB 13 1990		
29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR
30D. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S) Burial		
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Home of Peace Jewish Cemetery Sacramento, CA		34C. DATE MO. DAY, YEAR 2-13-90	35A. SIGNATURE OF EMBALMER Not embalmed	35B. LICENSE NUMBER - - -
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lind Brothers Mortuary		36B. LICENSE NO. 1141	37. SIGNATURE OF LOCAL REGISTRAR Beth A. Heston, M.D.	38. REGISTRATION DATE FEB 13 1990
A.		B.	C.	D.
E.		F.	CENSUS TRACT	

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

SEAL
REGISTRAR
DEPUTY

Beth A. Heston, M.D.
Bonnie York

DATE: FEB 15 1990

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COPY

REQUESTED BY
Walker + McGinnis
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'94 JUN -6 AM 11:47

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SUZANNE BLAUDREAU
RECORDER
\$ 10⁰⁰ PAID KZ DEPUTY