

RECORDING REQUESTED BY

AFTER RECORDING MAIL TO

TSI TITLE AND ESCROW

P.O. BOX 7197

STATELINE, NV 89449

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT — DEATH OF JOINT TENANT

ALL  
PTN.

State of California,

County of \_\_\_\_\_

SS.

MARY A. CRIPPES

, of legal age, being first duly sworn, deposes and says:

That \_\_\_\_\_, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN J. CRIPPES SR. named as one of the parties in that certain DEED dated JULY 13, 1984, executed by TAHOE SUMMIT VILLAGE TIME SHARE DEVELOPERS, A JOINT VENTURE to JOHN J. CRIPPES SR. AND MARY A. CRIPPES, HUSBAND AND WIFE, as joint tenants, recorded as Instrument No. 103902 on JULY 20, 1984, in Book 984, Page 916, of OFFICIAL RECORDS Records of DOUGLAS County, ~~California~~ NEVADA, covering the following described property situated in the said County, State of ~~California~~ NEVADA:

SEE ATTACHED EXHIBIT "A" ATTACHED AND MADE A PART HEREOF

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 500.00.

*Mary A. Crippes*  
MARY A. CRIPPES

Subscribed and Sworn to before me  
this 1st day of September, 1990

*Vicki R. Lopez* (Sign)  
Notary Public Commissioned for said County and State

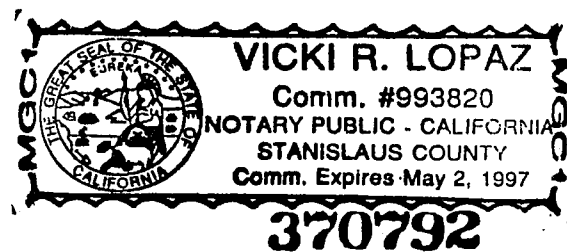


EXHIBIT "A"  
LEGAL DESCRIPTION

ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 1: AN UNDIVIDED 1/51ST INTEREST IN AND TO THAT CERTAIN CONDOMINIUM DESCRIBED AS FOLLOWS: (i) AN UNDIVIDED 1/9TH INTEREST, AS TENANTS-IN-COMMON, IN AND TO LOT 28 OF TAHOE VILLAGE UNIT NO. 2, THIRD AMENDED MAP, RECORDED FEBRUARY 26, 1981, AD DOCUMENT NO. 53845, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

EXCEPT THEREFROM UNITS 1 TO 9; (ii) UNIT NO. C, AS SHOWN AND DEFINED ON SAID LAST MENTIONED MAP, UNIT TYPE A.

PARCEL 2: A NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY KNOWN AS THE COMMON AREA ON THE OFFICIAL MAP OF TAHOE VILLAGE UNIT NO. 2, RECORDED MARCH 29, 1974 AS DOCUMENT NO. 72495, RECORDS OF SAID COUNTY AND STATE, FOR ALL THOSE PURPOSES PROVIDED FOR IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1973 AS DOCUMENT NO. 69063 IN BOOK 973 PAGE 812 OF OFFICIAL RECORDS AND I THE MODIFICATION RECORDED JULY 2, 1976 AS DOCUMENT NO. 1472 IN BOOK 776 PAGE 87 OF OFFICIAL RECORDS.

PARCEL 3: THE EXCLUSIVE RIGHT TO USE SAID UNIT AND THE NONEXCLUSIVE RIGHT TO USE THE REAL PROPERTY REFERRED TO IN SUBPARAGRAPH (A) OF PARCEL ONE AND PARCEL TWO ABOVE DURING (1) ONE "USE PERIOD" WITHIN THE SWING "SEASON", AS SAID QUOTED TERMS ARE DEFINED IN THE DECLARATION.

THE ABOVE DESCRIBED EXCLUSIVE AND NON-EXCLUSIVE RIGHTS MAY BE APPLIED TO ANY AVAILABLE UNIT IN THE PROJECT, DURING SAID USE PERIOD WITHIN SAID SEASON.

APN 41-240-04

370792

BK0995PG2909

**CERTIFICATE OF DEATH**

4300-04596

STATE OF CALIFORNIA

STATE FILE NUMBER		STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR		
	John		J.		Crippes, Sr.		July 20, 1986		0540		
	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH			7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS		
	Male	Cauc./Germ.-Eng.	NO <input checked="" type="checkbox"/>	August 14, 1923			62 YEARS	MONTHS	DAYS	HOURS	MINUTES
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER				
SD			Lawrence Crippes - IA			Barbara Schiele - IA					
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
USA		19 40 TO 1960		[REDACTED] 1052		Married		Mary A. Gobbe			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS					
Postal Worker		16		U.S. Post Office		Mail Service					
USUAL RESIDENCE.	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN				
	3837 Glengrove Way				503309		San Jose				
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP							
Santa Clara		CA		Mary A. Crippes (wife) 3837 Glengrove Way San Jose, CA 95121							
PLACE OF DEATH	21A. PLACE OF DEATH		21B. COUNTY								
	VA Medical Center		Santa Clara								
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN								
3801 Miranda Avenue			Palo Alto								
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)										
	IMMEDIATE CAUSE										
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Respiratory Arrest		10 Min.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		24. WAS DEATH REPORTED TO CORONER?		
			(B) Carcinoma of the Lung		1 Yr.				25. WAS BIOPSY PERFORMED?		
		(C)						26. WAS AUTOPSY PERFORMED?			
								No			
								No			
								No			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION							
1627 Emphysema											
PHYSI- CIAN'S CERTI- FICA- TION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE			28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		
	I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)			LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			7/21/86		Intern		
7/11/86 VA			7/20/86 VA			BENJAMIN HSU, M.D., 3801 Miranda Ave., Palo Alto, CA.					
INJURY INFORMA- TION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		
CORONER'S USE ONLY	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Burial		July 25, 1986		Oak Hill Memorial Park - San Jose, CA				7582 Samuel P. Mosqueda			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE			42. DATE ACCEPTED BY LOCAL REGISTRAR			
Oak Hill Funeral Home			991		Stephen A. Coray M.D.			JUL 23 1986			
STATE REGISTRAR		A.	B.	C.	D.	E.	F.				

VS-11 (1-85)

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE  
 STEPHEN A. CORAY, M.D.  
 LOCAL REGISTRAR OF VITAL STATISTICS  
 July 25, 1986  
 CERTIFICATION FEE: \$5.00

BY: *Esther Starnett*  
 DEPUTY REGISTRAR OF VITAL STATISTICS  
 SANTA CLARA COUNTY HEALTH DEPARTMENT  
 SAN JOSE, CALIFORNIA

**SEAL**

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COPY

REQUESTED BY  
**TSI TITLE & ESCROW**  

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IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 SEP 20 A9:19

LINDA SLATER  
RECORDER

\$ 10.00 PAID KJ DEPUTY

**370792**

**BK0995PG2911**