

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED TO:

NAME  Eric R. Blomberg  
STREET ADDRESS 1405 Gold Rush Ct.  
CITY, STATE & ZIP CODE Bakersfield CA 93309

TITLE ORDER NO. \_\_\_\_\_ ESCROW NO. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF California  
COUNTY OF Kern

Eric R. Blomberg, of legal age, being first duly sworn, deposes and says:  
That Marianna Lee Blomberg, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marianna L. Blomberg an unmarried woman named as one of the parties in that certain Grant Deed dated September 19, 1995, executed by Marianna L. Blomberg to Marianna L. Blomberg an unmarried woman and Eric R. Blomberg a single man as joint tenants, recorded as Instrument No. 372010, on October 5, 1995, in Book 1095, Page 0827, of the Official Records in the Office of the County Recorder of Douglas County, State of NV, concerning the following described real property situated in the City of Stateline, County of Douglas, State of NV:

See attached legal description.

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

Dated Feb. 6, 1996.

[Signature]  
(SIGNATURE OF JOINT TENANT)

Eric R. Blomberg  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

(SIGNATURE OF JOINT TENANT)

(TYPE OR PRINT FULL NAME OF JOINT TENANT)



(SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 6 day of FEBRUARY 1996.

[Signature]  
(SIGNATURE OF NOTARY)

MAIL TAX STATEMENT TO: Same

WOLCOTT'S FORM 300 - Rev. 8-94  
AFFIDAVIT - DEATH OF JOINT TENANT  
(price class 3A)  
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LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County Douglas, State of Nevada, described as follows:

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 1/8th interest as tenants in common, in and to the Common Area of Lot 2 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, 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. B2 as shown and defined on said condominium map recorded as Document No. 93408, 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. 93408, 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 "C,C & 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 C,C & R's.

PARCEL 4:

A non-exclusive easement for encroachment together with the right of ingress and egress for maintenance purposes as created by that certain easement agreement recorded as Document No. 93659, Official Records of Douglas County, State of Nevada.

A Portion of APN 42-230-06

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**CERTIFICATION OF VITAL RECORD**

**CERTIFICATE OF DEATH**

3 1995 15 0032

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/83)

LOCAL REGISTRATION NUMBER

COUNTY 0274 PAGE 0010

|   |  |   |  |  |  |                               |  |
|---|--|---|--|--|--|-------------------------------|--|
| STATE FILE NUMBER   |  | 1. NAME OF DECEDENT—FIRST (GIVEN)   |  | 2. MIDDLE  |  | 3. LAST (FAMILY)              |  |
|   |  | MARIANA   |  | LEE  |  | BLOMBERG                      |  |
| 4. DATE OF BIRTH MM/DD/CCYY   |  | 5. AGE YRS.   |  | 6. SEX   |  | 7. DATE OF DEATH MM/DD/CCYY   |  |
| 10/29/1944  |  | 50  |  | F  |  | 10/23/1995                    |  |
| 8. STATE OF BIRTH   |  | 10. SOCIAL SECURITY NO.   |  | 11. MILITARY SERVICE   |  | 12. MARITAL STATUS            |  |
| CA  |  | 0628  |  | NONE   |  | DIVORCED                      |  |
| 14. RACE  |  | 15. HISPANIC—SPECIFY  |  | 16. USUAL EMPLOYER   |  | 13. EDUCATION—YEARS COMPLETED |  |
| CAUC.   |  | NONE  |  | COMMONWEALTH LAND TITLE  |  | 12                            |  |
| 17. OCCUPATION  |  | 18. KIND OF BUSINESS  |  | 19. YEARS IN OCCUPATION  |  |                               |  |
| TITLE OFFICER   |  | TITLE CO.   |  | 25   |  |                               |  |
| 20. RESIDENCE—STREET AND NUMBER OR LOCATION   |  |   |  |  |  |                               |  |
| 1405 GOLD RUSH COURT  |  |   |  |  |  |                               |  |
| 21. CITY  |  | 22. COUNTY  |  | 23. ZIP CODE   |  | 24. YRS IN COUNTY             |  |
| BAKERSFIELD   |  | KERN  |  | 93309  |  | 17                            |  |
| 25. STATE OR FOREIGN COUNTRY  |  | 25. STATE OR FOREIGN COUNTRY  |  |  |  |                               |  |
| CA  |  | CA  |  |  |  |                               |  |
| 26. NAME, RELATIONSHIP  |  |   |  | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)                      |  |                               |  |
| MICHELLE BISSETT-DAUGHTER   |  |   |  | 1722 CHERRY STREET, BAKERSFIELD, CA 93304  |  |                               |  |
| 28. NAME OF SURVIVING SPOUSE—FIRST  |  | 29. MIDDLE  |  | 30. LAST MAIDEN NAME   |  |                               |  |
|   |  |   |  |  |  |                               |  |
| 31. NAME OF FATHER—FIRST  |  | 32. MIDDLE  |  | 33. LAST   |  | 34. BIRTH STATE               |  |
| CARL  |  | M.  |  | MCELROY SR.  |  | IA                            |  |
| 35. NAME OF MOTHER—FIRST  |  | 36. MIDDLE  |  | 37. LAST MAIDEN  |  | 38. BIRTH STATE               |  |
| MARVELLA  |  | E.  |  | DONOVAN  |  | CA                            |  |
| 39. DATE MM/DD/CCYY   |  | 40. PLACE OF FINAL DISPOSITION  |  |  |  |                               |  |
| 10/27/1995  |  | GREENLAWN CEMETERY, BAKERSFIELD, CA   |  |  |  |                               |  |
| 41. TYPE OF DISPOSITION   |  | 42. SIGNATURE OF EMBALMER   |  | 43. LICENSE NO.  |  |                               |  |
| BU  |  | <i>M. Brizuela</i>  |  | 6866   |  |                               |  |
| 44. NAME OF FUNERAL DIRECTOR  |  | 45. LICENSE NO.   |  | 46. SIGNATURE OF LOCAL REGISTRAR   |  | 47. DATE MM/DD/CCYY           |  |
| HOPSON-ANSPACH FAMILY MORT.   |  | FD 542  |  | <i>B. JINADU, M.D.</i>   |  | 10/25/1995                    |  |
| 101. PLACE OF DEATH   |  | 102. IF HOSPITAL SPECIFY ONE  |  | 103. FACILITY OTHER THAN HOSPITAL  |  | 104. COUNTY                   |  |
| RESIDENCE   |  | <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA |  | <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER |  | KERN                          |  |
| 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION   |  | 106. CITY   |  | 106. CITY  |  |                               |  |
| 1405 GOLD RUSH CT.  |  | BAKERSFIELD   |  | BAKERSFIELD  |  |                               |  |
| 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)  |  | TIME INTERVAL BETWEEN ONSET AND DEATH   |  | 108. DEATH REPORTED TO CORONER   |  |                               |  |
| (A) <i>Non-small cell lung cancer</i>   |  | 12 mo   |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |                               |  |
| DUE TO (B)  |  |   |  | 109.opsy PERFORMED   |  |                               |  |
| DUE TO (C)  |  |   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |                               |  |
| DUE TO (D)  |  |   |  | 110. AUTOPSY PERFORMED   |  |                               |  |
|   |  |   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |                               |  |
|   |  |   |  | 111. USED IN DETERMINING CAUSE   |  |                               |  |
|   |  |   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |                               |  |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107                                     |  |   |  |  |  |                               |  |
| <i>Emphysema</i>  |  |   |  |  |  |                               |  |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.                       |  |   |  |  |  |                               |  |
|   |  |   |  |  |  |                               |  |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.         |  | 115. SIGNATURE AND TYPE OF PHYSICIAN  |  | 116. LICENSE NO.   |  | 117. DATE MM/DD/CCYY          |  |
| DECEDENT ATTENDED SINCE MM/DD/CCYY  |  | <i>Shawn C. Shambaugh MD</i>  |  | A052158  |  | 10/23/1995                    |  |
| DECEDENT LAST SEEN ALIVE MM/DD/CCYY   |  | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS & ZIP                             |  |  |  |                               |  |
| 07/26/1995  |  | 09/26/1995 SHAWN C. SHAMBAUGH MD 4100 TRUXTUN #200, BAKERSFIELD, CA 93309               |  |  |  |                               |  |
| 119. MANNER OF DEATH  |  | 120. INJURY AT WORK   |  | 121. INJURY DATE MM/DD/CCYY  |  | 122. HOUR                     |  |
| <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE                               |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                |  |  |  |                               |  |
| <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED |  | 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)                     |  |  |  |                               |  |
|   |  |   |  |  |  |                               |  |
| 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)   |  |   |  |  |  |                               |  |
|   |  |   |  |  |  |                               |  |
| 126. SIGNATURE OF CORONER OR DEPUTY CORONER   |  | 127. DATE MM/DD/CCYY  |  | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER  |  |                               |  |
|   |  |   |  |  |  |                               |  |
| STATE REGISTRAR   |  | A B C D E F G H   |  | FAX AUTH. #  |  | CENSUS TRACT                  |  |
|   |  |   |  |  |  | BK-28                         |  |

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CERTIFIED COPY OF VITAL RECORDS

**SEAL**

STATE OF CALIFORNIA }  
COUNTY OF KERN } SS

DATE ISSUED  
DEC 05 1995

*James W. Maples*  
James W. Maples  
ASSESSOR RECORDER

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER.

**384534**

This copy is not valid unless prepared on engraved form displaying seal and signature of County Recorder.

**AK0496PG0080**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





COPY

REQUESTED BY  
Eric Blomberg  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'96 APR -1 M1:15

384534  
BK0496PG0081

LINDA SLATER  
RECORDER  
\$10.00 PAID Ka DEPUTY