| AFFIDAVIT - DEATH OF JOINT TENANT   |
|---|
| STATE OF NEVADA }   |
| COUNTY OF Douglas } ss.   |
| Charles F. Helderman , of legal age, being first duly sworn, deposes and says:  That Ruth M. Helderman , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ruth M. Helderman |
| named as one of the parties in those certain Grant Deeds dated August 23, 1983  |
| executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership   |
| to CHARLES F. HELDERMAN and RUTH M. HELDERMAN, husband and wife   |
| as joint tenants, recorded as Instrument Nos 86108 & 86105, on August 25, 1983  |
| in Book 883, Pages 2206 & 2201, of Official Records of Douglas  County, Nevada, covering the following described property situated in the Douglas   |
| County, State of Nevada:  |
| Two Ridge Tahoe Weeks, Naegle Building, Swing Season, Week #32-119-21-01 and Week #32-119-22-01, Stateline, NV 89449  |
| See Exhibits 'A-1' (Week #32-119-21-01) and 'A-2' (Week #32-119-22-01) attached hereto and by this reference made a part hereof.  |
|   |
|   |
| DATE: October 22, 1998 CharlettClduman  |
| Charles F. Helderman  |
| STATE OF With Caldina   |
| COUNTY OF Mellenbul } ss.   |
| This instrument was acknowledged before me on A 30H98 Charles F. Helderman (This area above for official notarial seal)   |
| the manie 12 Helderman.   |

RECORDING REQUESTED BY:

STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

Charles F. Helderman 811 Queens Rd., Apt. 1 Charlotte, NC 28207-1639

Notary Public Comm. Expires May 15, 2002

0453279 BK 1 198 PG 0 7 8 6

# CERTIFICATE OF DEATH

|                                |   |               | USE  | BLACK  | INK ONL          | STATE OF        | CALIFORNIA<br>BURKS, WHI | A<br>TROUTS C                                 | 30 AI TE     | MATIONS      |                | <i>,</i> .   | 007          | 100               |  |
|--------------------------------|---|---------------|--|--|------------------|-----------------|--------------------------|---|--------------|--------------|----------------|--|--------------|-------------------|--|
|                                | STATE FILE NUMBER   |               |  |  |                  | V8-11           | (REV. 7/93               | ))  |              | MATIONS      |                | LOCAL REGI   | STRATION NU  | MBER              |  |
|                                | 1. NAME OF DECEDENT   | -FIRST (GIVEN | 1  |  | 2. Mi            | DDLE            |                          |   |              | 3, LAS       | T (FAMILY)     |  |              |                   |  |
|                                | Ruth  |               |  |  | M                | yrtle           |                          |   |              | - 1          | Heldermar      | 1  |              |                   |  |
|                                | 4. DATE OF BIRTH MM   | /DD/CCYY      | 5. AGE   | YAS.   | I IF UN          | DER 1 YE        | AR IF UNDER              | 24 HOU  | RS 6.        | SEX 7        | 7. DATE OF DEA | H MM/D   | D/CCYY       | 8. HOUR           |  |
|                                | 04/15/1916  |               | 79   |  | MONT             | HS   DAY        | 8 HOURS                  | MINUTE  | * F          |              | 11/07/1        |  |              | 1749              |  |
|                                | D. STATE OF BIRTH   | 10. 80CIA     | L SECURITY N   | 10   | · <del>i</del> - | 11 1000         | ADV SERVICE              |   |              | 1 12 112     |                |  |              |                   |  |
| DECEDENT                       | 1   | 10,7000       |  | TY NO. 11. MILITARY SERVICE 19 TO 19 NONE 12. MARITAL STATUS 13. EDUCATION —YEARS COMPLETED 14  SPANIC—SPECIFY 10 19 NONE 16. USUAL EMPLOYER Self 14. SECURITY SAIL CLARA STATUS 15. USUAL EMPLOYER Self 16. USUAL EMPLOYER Self 17. YEARS IN OCCUPATION 50  STON HOME 50  18. KIND OF BUSINESS OWN HOME 50  18. KIND OF BUSINESS OWN HOME 50  19. YEARS IN OCCUPATION 50  CA 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER. CITY OR TOWN, STATE, ZIP) 1534 Fordham Way, Mountain View, CA. 94040  22. COUNTY 23. ZIP CODE 94040 24. YRS IN COUNTY 25. STATE OR FOREIGN COUNTRY 30  1534 FORTHAM Way, MOUNTAIN VIEW, CA. 94040  23. MIDDLE 30. LAST (MAIDEN NAME) Helderman NAC  34. BIRTH STATE KING NC  35. MIDDLE 33. LAST (MAIDEN NAME) 36. BIRTH STATE NC  26. SIGNATURE OF EMBALMER NC  47. DATE MAY/OD/CCTYY 9 9  102. IF HOSPITAL, SPECIFY ONE: 103. FACILITY OTHER THAN HOSPITAL: 104. COUNTY Alameda 105. CITY FROMONT  108. CAUSE PER LINE FOR A. B. C. AND D)  TIME INTERVAL 109. DATH REPORTED TO CORONER DETYMEN ONEST! 109. DATH REPORTED TO CORONER DETYMENT ONEST! 109. DATH REPORTED TO CORONER DETYMENT ONEST! 109. DATH REPORTED TO CORONER DETYMENT ON |                  |                 |                          |   |              |              |                |  |              |                   |  |
| PERSONAL<br>DATA               |   | NC 4515       |  |  |                  |                 |                          | <u>- []                                  </u> | None Married |              |                |  | 14           |                   |  |
|                                | 14. RACE  | 15. HISPANIC- |  |  | -SPECIFY         |                 |                          |   |              |              | USUAL EMPLOYER |  |              |                   |  |
|                                | White   | YES           |  |  |                  | ∣x∣,            | No.                      | Self  |              |              |                |  |              |                   |  |
|                                | 17. OCCUPATION  | 11            | B. KIND  | OF BUSINE  | 55               | _ <del></del> _ |                          |   |              | 19. YE       | ARS IN OCCU    | JPATION  |              |                   |  |
|                                | Homemaker   |               |  | Own Home   |                  |                 |                          |   |              |              |                | 50   |              |                   |  |
|                                | 20. RESIDENCE—STREET AND NUMBER OR LOCATION   |               |  |  |                  |                 |                          |   |              |              |                |  |              |                   |  |
|                                | 1534 Fordham Way  |               |  |  |                  |                 |                          |   |              |              |                |  |              |                   |  |
| USUAL<br>RESIDENCE             | 21. CITY  |               | <del></del>  | 22 COL   | M.T.             |                 | <del>.</del>             | 100.00  |              |              |                | $-\Delta$  |              |                   |  |
|                                | Mountain View   |               | 1.   |  |                  |                 |                          | 1   |              |              | 1              | PTHUO  |              |                   |  |
|                                | 26. NAME, RELATIONSHIP  |               |  | Sai  | ila Cia          | 114             |                          |   |              |              | 1              |  | \            |                   |  |
| INFORMANT                      | ·   |               |  |  |                  |                 |                          |   |              |              |                |  |              | TOWN, STATE, ZIP) |  |
|                                |   |               |  |  |                  |                 |                          |   |              |              |                |  |              |                   |  |
|                                | 28. NAME OF BURVIVING   | SPOUSE-FIRS   | r  |  |                  | E               |                          |   | 30.          | LAST (MAIDI  | EN NAME)       | 1  | 1            | ******            |  |
| SPOUSE                         | Charles   |               |  |  | •                |                 |                          |   | į.           | Helde        | rman           | \  | \            |                   |  |
| AND                            | 31. NAME OF FATHER-   | TRAT          |  | 32   | 2. MIDDLI        | E               |                          |   | 33.          | LAST         | <del></del>    | _  | -            | 34. BIRTH STATE   |  |
| PARENT<br>INFORMATION          | Buford  |               |  | -  |                  |                 |                          | -1  |              | King         |                | \  | \            | NC NC             |  |
|                                | 35. NAME OF MOTHER-   | FIRST         |  | 36   | . MIDDLE         | <del> 'i</del>  | 1 013                    | <del>}-</del> \                               | 37.          | LAST (MAIDE  | EN)            | -  | _            | 38 BIRTH STATE    |  |
|                                | Mary  |               |  | ۱F   | rancis           | : 1             | 1 0.                     |   | <            |              |                |  | \ \          |                   |  |
|                                | 39. DATE MM/DD/C  | YY 40. PL     | ACE OF FINA  | L DISPO  | SITION           |                 |                          |   |              |              |                | _  | <u> </u>     |                   |  |
| DISPOSITION(S)                 | 11/14/1995  |               |  |  |                  | rlington . \    | /A                       |   |              |              |                |  |              |                   |  |
|                                | 41. TYPE OF DISPOSITION   |               | <u> </u>   |  | -                |                 |                          |   |              |              |                |  |              |                   |  |
| FUNERAL<br>DIRECTOR            | Tr/Bu   | 10)           |  |  | - [              |                 |                          | <i></i>                                       |              |              |                |  | 43. LICENS   |                   |  |
| AND                            |   |               |  |  |                  | 7111            | -ngu                     |   |              |              |                |  |              |                   |  |
| LOCAL                          | 44. NAME OF FUNERAL D   |               |  |  | 10. 46. SIG      | ATURE C         | of Loca                  | AL REGISTRA                                   | <b>"</b> //  | A . /        | 47. DATE N     | M/DD/CCYY  |              |                   |  |
| REGISTRAR                      | Spangler Mortus   | aries LA      |  |  | F-9              | 27              | <b>~  ▶ </b>             | sais  | ar           | e ac         | en K           | AUU  | ' ' ' '      | 1//199            |  |
|                                | 101, PLACE OF DEATH   |               |  | 1  | 102. IF I        | IOSPITAL,       | SPECIFY ON               | E: 1  | 03. FAC      | LILITY OTHER | THAN HOSPITAL  | 104. co  | UNTY         |                   |  |
| PLACE                          | Wash  | ington Hos    | pital  |  | [X] .p           | . N.            | R/OR T                   | DOA   1                                       | ☐ <b>:</b> : | DNV.         |                | Ala  | meda         |                   |  |
| OF<br>DEATH                    | 105. STREET ADDRESS-  | STREET AND N  | MBER OR LO   | CATION   |                  | _               |                          | 20  | <u> </u>     | 7            | LES: LES OTHE  |  | Υ            |                   |  |
|                                | 2000 Mowry A  | ve.           | THE PROPERTY ONE CAUSE PER LINE FOR A, B, C, AND D)    A |  |                  |                 |                          |   |              |              |                |  |              |                   |  |
|                                |   |               | NLY ONE CA   | USE PE   | R LINE F         | OR A, B.        | C, AND D)                | _   |              |              | TIME INTE      | IVAL 108.  |              | RTED TO CORONER   |  |
|                                |   |               |  |  |                  |                 |                          |   | \/           |              | DETWEEN C      | NSET P   |              | r 1               |  |
|                                |   |               |  | _  |                  |                 |                          | \   | _            |              |                |  |              |                   |  |
|                                | CAUSE (A) Ca  | rdiac Arres   |  |  |                  |                 |                          |   |              |              | 6 Days         | TAL: 104. COUNTY Alameda 108. CITY Fremont NTERVAL EN ONSET DEATH 109. BIOPSY PERFORMED  |              |                   |  |
|                                |   |               |  |  | ****             |                 |                          |   |              |              |                | 109.   | BIOPSY PERF  | ORMED             |  |
|                                | вив то (в) Му   | ocardial Ir   | nfarction  |  |                  |                 |                          |   |              |              | 6 Days         | : 1 г  | <b>7</b>     | [27]              |  |
| CAUSE                          |   | -/-           |  |  |                  |                 | -                        |   | _            | <del></del>  |                | 110.   |              | 110               |  |
| OF                             | DUE TO (C)  | /             |  |  |                  |                 |                          | \   |              |              |                |  |              | _ 1               |  |
| DEATH                          | · · · · · · · · · · · · · · · · · · ·   |               | /  |  |                  |                 | _                        | _   |              | _            |                | <u>_</u>   |              |                   |  |
|                                | DUE TO (D)  |               |  |  |                  |                 |                          | \   |              |              |                | '''  | OSED IN DET  | ERMINING CAUSE    |  |
|                                | 112. OTHER SIGNIFICANT  | 1017710117 00 |  |  |                  |                 | \                        |   |              |              | ~              |  | YES          | No                |  |
|                                |   | JONDITIONS CO | NIKIBUTING T   | O DEAT   | H BUT NO         | OT RELATE       | D TO CAUSE               | GIVEN IN                                      | 107          |              |                |  |              | 1                 |  |
|                                | NONE  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 IF YES, LIST TYPE OF OPERATION AND DATE. |               |  |  |                  |                 |                          |   |              |              |                |  |              |                   |  |
|                                | 113. WAS OPERATION PER  | IFORMED FOR A | ANY CONDITIO   | דו או אכ   | EM 107           | OR 1127         | IF YES, L                | ST TYPE                                       | OF OPE       | RATION AND   | DATE.          |  |              |                   |  |
|                                | No  |               |  |  |                  |                 |                          | 1   | 1            |              |                |  |              |                   |  |
| PHYSI-<br>CIAN'S<br>CERTIFICA- | 114. I CERTIFY THAT TO TO<br>DEATH OCCURRED AT  |               |  | 111  | 5. SIGNA         | TURE AND        | TITLE OF                 | ERTIF HA                                      | uĈ           |              | 116. LICENSE   | NO.  | 117. DATE    | MM/DD/CCYY        |  |
|                                | PLACE STATED FROM   | THE CAUSES S  | TATED.   | $\checkmark$   | ▶ Ogova          |                 |                          |   |              | A050605      |                |  | 11/0         | 9/1995            |  |
|                                | MM/DD/CCYY  | VE 116        | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRES     |  |                  |                 |                          | ADDRESS +                                     | SS + ZIP     |              |                |  |              |                   |  |
| TION                           | 11/01/1995  | 11/07/        | 1995   | -  | Ash J            | ain MD          | 1900 M                   | nwrv Av                                       | /e. Sti      | ite #309     | Fremont C      | A 94538  | l l          | 1                 |  |
| /                              | I CERTIFY THAT IN M   | Y OPINION DEA | TH OCCURRE   | 0 120  |                  |                 |                          | 100   |              |              | 122. HOUR      |  |              |                   |  |
| / /                            | AT THE HOUR, DATE<br>THE CAUSES STATED  |               | ATED FROM  |  |                  |                 |                          |   |              | 50,001.      | 122. 1.00.     | TAB. FLACE   | OF INSORT    |                   |  |
|                                | 119, MANNER OF DEATH  |               |  | 1  | YES              | N LINE          | o                        | .nn== :=                                      |              |              |                |  |              |                   |  |
|                                |   |               |  | 124  | . DESCA          | IIDE HOW        | INJURY OCCI              | JHRED (EV                                     | ENTS W       | VHICH RESUL  | (YRULNI NI DƏT |  |              | ŀ                 |  |
| CORONER'S                      | NATURAL PEND  |               | HOMICIDE   |  |                  |                 |                          |   |              |              |                |  |              |                   |  |
| USE 1                          |   |               |  | UE   130   |                  |                 |                          |   |              |              |                |  |              |                   |  |
|                                | L ACCIDENT L INVE   | STIGATION     | DETERMINED   |  |                  |                 |                          |   |              |              |                |  |              |                   |  |
| ONLY                           |   | STIGATION     | DETERMINED   |  | Y AND Z          | IP CODE)        |                          |   |              |              |                |  |              |                   |  |
|                                | 125. LOCATION (STREET A   | STIGATION L   | DETERMINED   |  | Y AND Z          | IP CODE)        | ************             |   |              |              |                | 43. LICENSE NO.  7582  47. DATE MM/DO/CCYY 199  SPITAL: 104. COUNTY OTHER Alameda  108. CITY Fremont  IE INTERVAL WEEN ONSET ND DEATH ND D |              |                   |  |
|                                | L ACCIDENT L INVE   | STIGATION L   | DETERMINED   |  | Y AND Z          |                 | DATE MM/DD               | /CCYY   | 1            | 28. TYPED I  | NAME, TITLE OF | CORONER C  | OR DEPUTY CO | DRONER            |  |

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

0453279

BY Lawre aller M. DEPUTY

, LOCAL REGISTRAR

BK | 198PG 0787

DATE: 11/21/1995

#### 007708 AFFIDAVIT TO AMEND A RECORD STATE FILE NUMBER DEATH FETAL DEATH LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER NO ERASURES, WHITEOUTS, OR ALTERATIONS STATE/LOCAL REGISTRAR USE ONLY 2. 3. INFORMATION TO LOCATE RECORD-TYPE OR PRINT IN BLACK INK ONLY PART I NAME AS IT APPEARS ON RECORD 1. NAME--FIRST (GIVEN) 2. MIDDLE 3. LAST (FAMILY) Helderman Myrtle Buth 7. COUNTY OF OCCURRENCE 6. CITY OF OCCURRENCE 4. SEX 5. DATE OF EVENT-MM/DD/CCYY ADDITIONAL INFORMATION Alameda F 11/07/1995 Fremont 9. MOTHER'S NAME AS STATED ON ORIGINAL TO LOCATE 8. FATHER'S NAME AS STATED ON ORIGINAL RECORD Mary Francis Watts Buford ----- King PART II STATEMENT OF CORRECTIONS---NO ERASURES, WHITEOUTS, OR ALTERATIONS 10. CERTIFICATE 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD 12. INFORMATION AS IT SHOULD APPEAR ITEM NUMBER 04/15/1916 04/05/1916 LIST ONE LINE Incorrect information REASON FOR 13. CORRECTION AFFIDAVITS We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts AND SIGNATURES and that the information given above is true and correct. 14. SIGNATURE OF FIRST PERSON 1 15. TITLE/RELATIONSHIP TO PERSON IN PART I 16. DATE SIGNED-MM/DD/CCYY 11/16/1995 TWO PERSONS **Funeral Director** MUST SIGN 17. AGE 48. ADDRESS (STREET, CITY, STATE, ZIP) THIS FORM

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES OFFICE OF STATE REGISTRAN

19. SIGNATURE OF SECOND PERSON

24. SIGNATURE OF STATE OR LOCAL REGISTRAR

Adult

P

Adult

22. ÁGE

USE

BLACK INK

STATE/LOCAL

REGISTRAR

3 24420 VS 24 (Rev. 1/94)

11/16/1995

1 21. DATE SIGNED-MM/DD/CCYY

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

799 Castro St., Mountain View, CA 94041

799 Castro St., Mountain View, CA 94041

23. ADDRESS (STREET, CITY, STATE, ZIP)

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

20. TITLE/RELATIONSHIP TO PERSON IN PART I

SEAL

0453279

BK 1 1 9 8 PG 0 7 8 8

LOCAL REGISTRAR alle MJ

**Funeral Director** 

DEPUTY

25. DATE ACCEPTED FOR REGISTRATION-MM/DD CCYY

11/17/1995

DATE: 11/21/1995

| STATE FILE NUMBER                 |                      |  | RTH KADEATH                                   | 3-95-01 007708            |                         |                                     |  |  |
|-----------------------------------|----------------------|--|---|---------------------------|-------------------------|-------------------------------------|--|--|
|                                   | 1                    |  | RTH KADEATH L<br>10 ERASURES, WHITEOUTS, OR I | FETAL DEATH<br>LTERATIONS | LOCAL REGISTRATION      | DISTRICT AND CERTIFICATE NUMBE      |  |  |
| TATE/LOCAL<br>GISTRAR USE<br>ONLY | 1.                   |  | 2.  |                           | 3.                      |                                     |  |  |
| PART I                            | INFORMATIO           | N TO LOCATE RE   | CORD-TYPE OR                                  | PRINT IN BLACK            | INK ONLY                |                                     |  |  |
| AME AS IT<br>PPEARS ON<br>RECORD  | 1. NAME—FIRST<br>Rut |  | 2. MIDDLE<br>Myrtle                           |                           | 3. LAST (FAMIL          | v)<br>erman                         |  |  |
| ODITIONAL<br>FORMATION            | l I                  | E OF EVENT—MM/DD/C   | CYY 8. CITY OF OC                             |                           | 7. COUNTY OF OCCURRENCE |                                     |  |  |
| D LOCATE<br>RECORD                |                      | E AS STATED ON ORIGIN  |   | 9. MOTHER'S N             | AME AS STATED           | ON ORIGINAL                         |  |  |
| ART II                            |                      | OF CORRECTIONS   | S—NO ERASURES,                                | <del></del>               |                         |                                     |  |  |
|                                   | 10. CERTIFICATE 11.  | INFORMATION AS IT APP  | PEARS ON ORIGINAL RE                          | ORD 12. INFOR             | MATION AS IT SHO        | OULD APPEAR                         |  |  |
|                                   | 47                   | 11/17/1995   |   |                           | <u> </u>                |                                     |  |  |
|                                   |                      |  |   |                           |                         | <del>-\</del>                       |  |  |
| IST ONE<br>TEM PER                |                      |  |   |                           |                         |                                     |  |  |
| LINE                              |                      | 7.1  | - 2   |                           |                         |                                     |  |  |
| .                                 |                      |  | -13-0F-3-1                                    |                           |                         |                                     |  |  |
| •                                 |                      |  |   |                           |                         |                                     |  |  |
|                                   |                      |  |   |                           |                         |                                     |  |  |
| ŀ                                 |                      |  |   |                           | \                       |                                     |  |  |
|                                   |                      |  |   |                           |                         |                                     |  |  |
| }                                 |                      |  |   |                           |                         |                                     |  |  |
| ŀ                                 |                      |  |   | /                         |                         |                                     |  |  |
| ŀ                                 |                      |  |   | \ /                       | _/                      |                                     |  |  |
| [                                 |                      |  |   |                           |                         |                                     |  |  |
|                                   |                      |  |   |                           |                         |                                     |  |  |
| ŀ                                 |                      |  |   | <del>\</del>              | ·                       |                                     |  |  |
| Ī                                 |                      |  |   | <del></del>               |                         | •                                   |  |  |
|                                   |                      |  |   |                           |                         | ····                                |  |  |
| -                                 |                      | / /  |   |                           |                         |                                     |  |  |
|                                   |                      | +  |   |                           | $\overline{}$           |                                     |  |  |
| ·                                 |                      |  |   |                           |                         | * ***                               |  |  |
|                                   | 13. Misst            | amped by Heal  | th Department                                 | _ \                       |                         |                                     |  |  |
| RRECTION                          |                      |  |   | 1                         |                         |                                     |  |  |
| -                                 |                      |  |   |                           | ***                     |                                     |  |  |
| FIDAVITS<br>AND<br>NATURES        | We, the undersi      | gned, hereby certify properties of the contract of the contrac | under penalty of perj                         | ıry that we have          | personal knowle         | edge of the above fact              |  |  |
|                                   | 14. SIGNATURE OF     |  | 15. TITLE/RELATIONS                           | IP TO PERSON IN F         | PART I 16. DA           | TE SIGNED-MM/DD/CCY                 |  |  |
|                                   | •                    |  | Deputy Re                                     | gistrar                   | į                       | 11/21/1995                          |  |  |
| ST SIGN<br>S FORM                 | 17. AGE              |  | STREET, CITY, STATE, ZIP)                     |                           |                         |                                     |  |  |
|                                   | Adult                | 499 5th  | Street, Oakl                                  | and, CA                   | 94607                   |                                     |  |  |
| USE<br>ACK INK                    | 4/1/                 |  | Deputy Re                                     |                           |                         | T/57/T422<br>T/57/T422<br>T/57/T422 |  |  |
| ONLY                              | Adult                |  | street, city, state, zip)<br>h Street, Oak    | land, CA                  | 94607                   |                                     |  |  |
| IE/LOCAL                          |                      | TATE OR LOCAL REGISTRAR COUNTY HEALTH CA   |   | 25. DATE A                |                         | SISTRATION-MM/DD CCY                |  |  |
|                                   |                      | LICHTRIC TRIPALLM GA   | nc ocntiv <b>io rulii</b> l                   | B 4 1 7 7 1 6             | <b>   </b>              | 3 3 3                               |  |  |
| GISTRAR<br>SE ONLY                | > ALAMEDA            | OOMER HIMINITING   |   | 7/10                      | 111211                  | SE.                                 |  |  |

AFFIDAVIT TO AMEND A RECORD

SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

, LOCAL REGISTRAR

0453279 BK1198PG0789 BY! DEPUTY

DATE: 11/21/1995

#### EXHIBIT 'A-1'

### A Timeshare Estate comprised of:

#### Parcel One:

0000000

00000000000000000

000000000000000

00000000000000000000000000000000

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

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 32 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 101 to 120 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. \_\_\_\_119 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

#### **Parcel Two:**

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173 Page 229 of Official Records and in modification thereof recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

### Parcel Three:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots, 29, 39, 40, and 41 as shown on said Tahoe Village Unit No. 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

#### Parcel Four:

- (a) A non-exclusive easement for roadway and public utility purpses as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30. Township 13 North, Range 19 East, M.D.M., - and -
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612, and amended by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, Official Records, Douglas County, State of Nevada.

#### Parcel Five:

The Exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and Four above during ONE "use week" within the SPRING/FALL "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and nonexclusive rights may be applied to any available unit in the project, during said use week within said season.

NOTE: For use with First Phase Deeds and Deeds of Trust on Lot 32.

A portion of APN: 42-210-11  SPACE BELOW FOR RECORDER'S USE

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## ),00000000000000000000 0000 EXHIBIT 'A-2' A Timeshare Estate comprised of: 0000 Parcel One: An undivided 1/51st interest in and to that certain condominium described as follows:

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 32 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 101 to 120 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. \_\_\_\_\_ as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

#### Parcel Two:

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A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173 Page 229 of Official Records and in modification thereof recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

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The Exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and Four above during ONE "use week" within the SPRING/FALL "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and nonexclusive rights may be applied to any available unit in the project, during said use week within said season.

NOTE: For use with First Phase Deeds and Deeds of Trust on Lot 32. A portion of APN: 42-210-11

SPACE BELOW FOR RECORDER'S USE 1

REQUESTED BY STEWART TITLE of DOUGLAS COUNTY IN OFFICIAL RECORDS OF ADAVIBLOS SAUBITOD

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LINDA SLATER RECORDER 3 12 PAID ( ACDEPUTY