

RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**  
 WHEN RECORDED MAIL TO:

ESCROW NO. TS09003694/AH  
 A.P.N.# A portion of 42-261-38

**Letha M. Neher**  
 5481 E. County Rd., 650 No.  
 Twelve Mile, IN 46988

## AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
 } ss.  
 COUNTY OF Douglas }

Letha M. Neher, of legal age, being first duly sworn, deposes and says:  
 That Billy E. Neher, the decedent mentioned in the attached certified copy  
 of Certificate of Death, is the same person as Billy E. Neher  
 named as one of the parties in that certain Grant Deed dated September 03, 1988  
 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership  
 to BILLY E. NEHER and LETHA M. NEHER, husband and wife  
 as joint tenants, recorded as Instrument No. 186348, on September 14, 1988  
 in Book 988, Page 2032, of Official Records of Douglas  
 County, Nevada, covering the following described property situated in the Douglas  
 County, State of Nevada:

The Ridge Tahoe, Tower Building, Studio Unit, Swing Season,  
 Week #34-038-51-01, Stateline, NV 89449

See Exhibit 'A' attached hereto and by this reference made  
 a part hereof.

DATE: November 07, 2000

*Letha M. Neher*  
 \_\_\_\_\_  
 Letha M. Neher

STATE OF IND }  
 } ss.  
 COUNTY OF CASS }

This instrument was acknowledged before me on 11-14-00,  
 by, Letha M. Neher

Signature \_\_\_\_\_

Notary Public

**SEAL**

**0503699**  
**BK 1100PG4088**

If we need to pursue our responsibilities, it is voluntary and there will be no penalty for refusal.

Local No. **003446**

CERTIFICATE OF DEATH

State No. \_\_\_\_\_

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

NOT VALID UNLESS MACHINE NUMBERED AND SIGNED WITH MULTICOLOR RIBBON ON THE REVERSE SIDE

INFORMANT

DISPOSITION

CAUSE OF DEATH

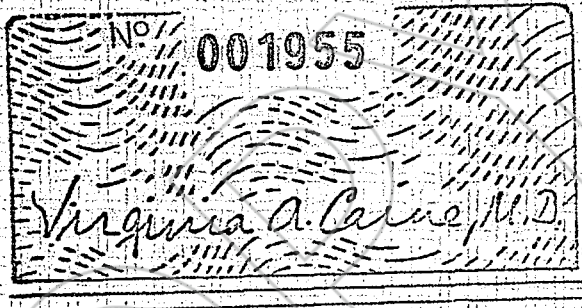
CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) <b>Billy E. Neher</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>1:30PM</b>	3b. DATE OF DEATH (Month Day Year) <b>May 4, 1995</b>
4. SOCIAL SECURITY NUMBER <b>██████████ 1615</b>	5a. AGE - Last Birthday (Years) <b>61</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo Day Yr) <b>Oct 17, 1933</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Logansport, IN 46947</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES <b>N/A</b>	8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a. FACILITY NAME (If not institution, give street and number) <b>Community Hospital East</b>		9b. CITY TOWN OR LOCATION OF DEATH <b>Indianapolis</b>	9c. COUNTY OF DEATH <b>Marion</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Letha M. Gaumer</b>	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Factory Worker (Retired)</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Exide Corporation</b>	
13a. RESIDENCE - STATE <b>Indiana</b>	13b. COUNTY <b>Cass</b>	13c. CITY TOWN OR LOCATION <b>Logansport</b>	13d. STREET AND NUMBER <b>1512 Douglas Street</b>	
13e. ZIP CODE <b>46947</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) <b>WHITE</b>
17. DECEASED'S EDUCATION (Specify only highest grade completed) <b>12</b>		18. FATHER'S NAME (First, Middle, Last) <b>Guy E. Neher Jr.</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Alice M. Middleton</b>		20a. INFORMANT'S NAME (Type/Print) <b>Letha M. Neher</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1512 Douglas Street, Logansport, IN 46947</b>		20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>May 8, 1995 Mt. Hope Cemetery</b>		21c. LOCATION - City or Town State <b>Logansport, IN</b>
22a. EMBALMER'S NAME <b>Christopher A. Smith</b>		22b. EMBALMER'S LICENSE NO. <b>FD01022504</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Christopher A. Smith</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01022504</b>	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>83004243 McCloskey-Hamilton-Gundrum Funeral Home 306 16th Street, Logansport, IN 46947</b>	
26. PART I. Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Metastatic brain cancer</b>				<b>5 weeks</b>
DUE TO (OR AS A CONSEQUENCE OF) <b>METASTATIC BRAIN CANCER</b>				
DUE TO (OR AS A CONSEQUENCE OF)				
DUE TO (OR AS A CONSEQUENCE OF)				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>Alcohol dependence ALCOHOL DEPENDENCE History of prior head/neck cancer HISTORY OF PRIOR HEAD/NECK CANCER</b>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER: On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER: On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Robert A. Flint II</i>		29c. MEDICAL LICENSE NO.
29d. DATE SIGNED (Month Day Year) <b>5/10/95</b>		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) <b>Robert Flint M.D., 1400 North Ritter Street, Suite # 451, Indianapolis, IN 46219</b>		
31. HEALTH OFFICER'S SIGNATURE <i>Virginia A. Cairns, M.D.</i>			32. DATE FILED (Month Day Year) <b>MAY 15 1995</b>	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		<b>0503699</b>		

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THIS IS AN EXACT COPY  
OF THE ORIGINAL ON FILE



JUN - 6 1995

0503699

BK 1100PG4090



A TIMESHARE ESTATE COMBINED OF:

PARCEL ONE:

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

- (A) An undivided 1/38th interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.
- (B) Unit No. 038 as shown and defined on said Condominium Plan.

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 the modifications 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 the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes 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, - and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, 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 for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use week within the "Swung" season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said use week within said "use season".

A Portion of APN 42-261-38

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

2000 NOV 21 PM 3:26

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID DEPUTY

0503699

BK 1100PG4091