10 PTN APN 12-241-31 RECORDING REQUESTED BY Escrow No. Order No. AND WHEN RECORDED MAIL TO PEGGY BENEDUM Name 475 THIN EDGE RD. Address City, State, & Zip SANTA CRUZ, CA 95065 SPACE ABOVE THIS LINE FOR RECORDER'S USE AFFIDAVIT - DEATH OF JOINT TENANT A.P.N. STATE OF CALIFORNIA, COUNTY OF DOUGLAS , of legal age, being first duly sworn, and deposes and says: JOAN BERRY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOAN BERRY named as one certain GRANT, BARGAIN, SALE DEED, dated SEPT. 15, 1987 executed by named as one of the parties in that HARICH TAHOE DEVÉLOPMENTS, a NEVADA general partnership. to JACK W. BERRY and JOAN BERRY as joint tenants, recorded as Instrument No. 163125 , on SEP. 25, 1987 Book <u>487</u>, Page 4230 , of Official Records of Douglas County, California, covering NEVADÁ the following described property: See Exhibit "A" attached hereto and made a part hereof..... Dated: SUBSCRIBED AND SWORN TO before me, the undersigned, A JACK W. BE Notary Public in and for said State, this 2154 day of DEBRA S. YORK Notary Public - State of Nevada ppointment Recorded in County of Douglas My Appointment Expires Aug. 21, 2002 Signature Notary Public in and for said State (This area for official notarial seal)

## MINNESOTA DEPARTMENT OF HEALTH Section of Vital Statistics

## CERTIFICATE OF DEATH

Local File Number  1a Name of Deceased - First	Middle	4.5			
			D. a. server s		
Marion The Alias	Joan 12. Social Security No.		Berry 13 Sex	14 Date of Death	
Joan Berry	6832	l Under 1 Yr.	Female Under 1 Day	April 14, 1996	
5 Date of Birth	6a Age (in years)		pays 60 hours 66 minute		
May 28, 1927	68			Oklahoma City,	
8a Father's Name (first, middle)	86 Father's Last Name		9 Mother's Name (	(tirst, middle, maiden surname)	
Edward Leo	Kuwitzky		Elsie May	Hall	
10 Race	11a Hispanic Origin	11b If Yes, Spe	ecity Cuban, Mexican, ec	t 12 Dec	edent's Education
White	X No Yes -	_1		12a Primary/Secondary (0-12)	12b College (1-4, 5+) 4
13a Maritial Status	13b Name of Spouse (		aiden name)	14 Decedent's Usual Occup	nation
					Jauon
X MarDivWidNever M		-		Homemaker	
15 Kind of Business or Industry	16 U.S. Veteran	17a State of F	esidence	17b County of Residence	
Home	X No Yes	MN		Hennepin	
17c City or Township of Residence	17d Address of Decede	ent (number, stre	et, zip)		
Minnetonka	12900 hidewa	y Trail	55305-		1
17e Residence in City or Township	18a City or Township o	_		18b County of Death	<del></del>
		- P		Hennepin	1 1
X City Limits Township Limits		ILK		-	
9a Place of Death (specify one)	Specify	/ /		19b If Hospital (specify one	N. 7
	er → 🥒			X Inpatient ER	DOAOther
19c Place of Facility Where Death Occurred	(if not institution, specify stree	et address)			
Methodist Hospital		/ /	·		
20a Name of Informant		20b Inf	ormant is of the	e deceased (spouse, child, pa	rent, sibling, etc.)
Jack W. Berry		76.	band	/	
21 Method of Disposition (check all that appl	(v)	176	Specify	I 22 Date	of Disposition
		<b>N</b>	// Y		
X BurialCremationDonatio	onEntombment	Other —		4-18	
23 Name of Cemetery		The same of the sa	City		State
			- N	$\langle v_{ij} \rangle V = v_{ij} = v_{ij} = v_{ij}$	Julio
Lakewood Cemetery			Minneapolis		īN
24 If Cremation, Specify Name of Crematory	/	25 If C		Mot M.E. / Coroner Authorizing C	<b>IN</b>
		25 If C			īN
	/			of M.E. / Coroner Authorizing C	IN remation
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment	26b Lice	ense No. 27a-Sij	remation, Specify Name of	of M.E. / Coroner Authorizing Coroner Authoriz	IN remation  No. 28 Date Signed
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.	266 Lice   18 - HO	ense No. 27a-Sij	remation, Specify Name of Funeral Services	of M.E. / Coroner Authorizing Coroner Authoriz	IN cremation  No.   28 Date Signed   4-15-96
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape  29a Name of Person Certifying Cause of Dea	26b Lice ls - HO 660 ath (please type)	ense No. 27a-Sij	remation, Specify Name of Funeral Service (Service)  The (check one)	ce Licensee 27b License  CHMUL 2700 29c License No.	IN Fremation  No.   28 Date Signed   4-15-9  of Certifier
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,	26b Lice ls - HO 660 ath (please type)	ense No. 27a-Sij 29b Tii	mature of Funeral Services  from the Control of Services  from the	te Licensee 27b License  29c License No.  29c License No.	No. 28 Date Signed  From Certifier  6-89
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape  29a Name of Person Certifying Cause of Dea	26b Lice ls - HO 660 ath (please type)	ense No. 27a-Sij	mature of Funeral Services  from the Control of Services  from the	ce Licensee 27b License  CHMUL 2700 29c License No.	IN Fremation  No. 28 Date Signed  F-15-9  of Certifier
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)	26b Lice   1s - HO	27a-Sij 29b Til 29e Cij	mature of Funeral Services  from the Control of Services  from the	te Licensee 27b License  29c License No.  29c License No.	No. 28 Date Signed  From Certifier  6-89
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,	26b Lice   1s - HO	ense No. 27a-Sij 29b Til X Ni Mi	remation, Specify Name of Funeral Service (Service)  le (check one)  M.D Coroner / M.E.	ce Licensee 27b License  HMWL 2700  29c License No.  D.O. # 20-1  29f State	IN Fremation  No.   28 Date Signed
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet 30 Signature of M.D. / M.E. / Coroner / D.O.	266 Lice  ls - HO   660  ath (please type)  M. D.  Boulevard	29b Till  X M 29e Cil  Mi ed 31 Sigl	remation, Specify Name of Funeral Service (SFAM) (Fig. 1) le (check one)  M.D Coroner / M.E.  Ty  The apolis	ce Licensee 27b License  HMWL 2700  29c License No.  D.O. # 20-1  29f State	No. 28 Date Signed  Y-(5-9)  of Certifier  6-89  29g Zip Code  55416  33 Date Filed
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet 30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.	26b Lice  ls - HO 660  ath (please type)  M. D.  Boulevard  31 Date Sign	29b Till  X Mi ed 34 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. / M.E. / Coroner / D.O.  Charles L. Micollet  Benter the diseases, in shock or heart failure	26b Lice ls - HO 660 ath (please type) M. D.  Boulevard 31 Date Sign 20 (96)	29b Till  X Mi ed 34 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.  ART I Enter the diseases, in shock or heart failure.	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 6)   10   10   10   10   10   10   10   10	ense No. 27a-Sij 29b Tit X Mi 29e Ci Mi ed 31 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  299 Zip Code  55-416  33 Date Filed  APR 2 6  Interval between onset and death
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.  ART I Enter the diseases, in shock or heart failure.	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 6)   10   10   10   10   10   10   10   10	29b Till  X Mi ed 34 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  F-15-9  of Certifier  6-89  29g Zip Code  55-416  33 Date Filed  APR 2 6  Interval between
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. / M.E. / Coroner / D.O.  ATI Enter the diseases, in shock or heart failure.  ATE cause of death (final ocondition resulting in a.	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 6)   10   10   10   10   10   10   10   10	ense No. 27a-Sij 29b Tit X Mi 29e Ci Mi ed 31 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  299 Zip Code  55-416  33 Date Filed  APR 2 6  Interval between onset and death
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. / M.E. / Coroner / D.O.  ATE cause of death (final ocondition resulting in  a. Condition resulting in  a. Condition resulting in  a. Condition resulting in	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 6)   10   10   10   10   10   10   10   10	ense No. 27a-Sij 29b Tit X Mi 29e Ci Mi ed 31 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval betweer onset and death
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. / M.E. / Coroner / D.O.  ATI  Enter the diseases, in shock or heart failure.  ATE cause of death (final ocondition resulting in  a	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 6)   10   10   10   10   10   10   10   10	ense No. 27a-Sij 29b Tit X Mi 29e Ci Mi ed 31 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55-416  33 Date Filed  APR 2 6  Interval between onset and death
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet 30 Signature of M.D. / M.E. / Coroner / D.O.  RTI  Enter the diseases, in shock or heart failure.  ATE cause of death (final occondition resulting in a	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 6)   10   10   10   10   10   10   10   10	ense No. 27a-Sij 29b Tit X Mi 29e Ci Mi ed 31 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  4-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval betweer onset and death
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet 30 Signature of M.D. / M.E. / Coroner / D.O.  RT I  ATE cause of death (final on condition resulting in ally list conditions, if any, on immediate cause. Enter LYING cause last, (disease that initiated events	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9)   10   10   10   10   10   10   10   10	ense No. 27a-Sij 29b Tit X Mi 29e Ci Mi ed 31 Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  Orone of Registrar	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval betweer onset and death
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7M.E. 7 Coroner 7 D.O.  RT    Enter the diseases, in shock or heart failure.  ATE cause of death (final or condition resulting in a	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign.   20 (9)   10   10   10   10   10   10   10   10	ense No. 27a Signatura Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  In mea polis  The mode of dying, such	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-(5-9)  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval between onset and death
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray, 29d Address of Certifier (street & number)  3800 Park Nicollet 30 Signature of M.D. / M.E. / Coroner / D.O.  RT    Enter the diseases, in shock or heart failure. ATE cause of death (final ocondition resulting in  a. Coroner / D.O.  RT    Enter the diseases, in shock or heart failure.  a. Coroner / D.O.  RT    Enter the diseases, in shock or heart failure.  Shock or heart failure.  Condition resulting in  a. Coroner / D.O.  Coroner / D.O	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign.   20 (9)   10   10   10   10   10   10   10   10	ense No. 27a Signal Sig	Inature of Funeral Service (Chack One)  M.D Coroner / M.E. by  In nea polis  nature of Registrar  Inter the mode of dying, such	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55-416  33 Date Filed  APR 2 6  Interval between onset and death  25 Y 2 0 1
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. / M.E. / Coroner / D.O.  RT I  ATE cause of death (final occondition resulting in indicate cause. Enter LYING cause last, (disease that initiated events in death).  ded the deceased from MO DAY YEAR to MO RT II Other significant inscontributing to death	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign.   20 (9)   10   10   10   10   10   10   10   10	ense No. 27a Signatura Sig	finature of Funeral Service (Check one)  M.DCoroner / M.E.  In mea polis  The mode of dying, such	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval between onset and death  25 20 20 20 20 20 20 20 20 20 20 20 20 20
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. / M.E. / Coroner / D.O.  RT I  Enter the diseases, in shock or heart failure.  Shock or heart failure.  a. Coroner / D.O.  RT I  Enter the diseases, in shock or heart failure.  Shock or heart failure.  a. Coroner / D.O.  RT II Cause of death (disease that initiated events in death).  Ged the deceased from ODAY YEAR to MO  RT II Other significant is contributing to death esulting in the underlying	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 t)  1) Uries, or complications that cause List only one cause per line.	ense No. 27a-Sij	mature of Funeral Service (Check one)  M.DCoroner / M.E.  The a polis  That is nature of Registrar  There the mode of dying, such	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55-16  33 Date Filed  APR 2 6  Interval between onset and death  250  No. 28 Date Signed  Y-15-9  Of Certifier  6-89  29g Zip Code  55-416  33 Date Filed  APR 2 6  Interval between onset and death  250  No. 38 Time of Death  8:30 PM
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. / M.E. / Coroner / D.O.  ART    Enter the diseases, in shock or heart failure.  ATE cause of death (final or condition resulting in a.  itially list conditions, if any, to immediate cause. Enter LYING cause last, (disease that initiated events in death).  ded the deceased from NO DAY YEAR to MO RT II Other significant in scontributing to death esulting in the underlying ven in Part I.  37 Was Female Pregna	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 t)   20 (9 t)   31 Date Sign   31 Date Sign   40 Date Sign   4	ense No. 27a-Sij  29b Tii  X No  29e Ci  Mi  31 Sigi  and death. Do not en	mature of Funeral Service (Check one)  M.D Coroner / M.E.  The a polis  That I viewed the beat I	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval between onset and death  25 20 0000  No. 38 Time of Death  8:30 pm
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. / M.E. / Coroner / D.O.  ART I Enter the diseases, in shock or heart failure.  ATE cause of death (final or condition resulting in a. Coroner / D.O.  Lially list conditions, if any, to immediate cause. Enter LYING cause last, (disease that initiated events in death).  ded the deceased from Mo DAY YEAR to MO NRT II Other significant ins contributing to death esulting in the underlying iven in Part I.  37 Was Female Pregnation (140)	26b Lice  ls - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 f)   31 Date Sign   31 Date Sign   40 Date Sign	ense No. 27a Signature Mi 29e Ci Mi additional Mi and Mi a	Inature of Funeral Service (Check One)  M.DCoroner / M.E.  The a polis  That we made of dying, such  Unknown In Last  42 Were autopsy results	ce Licensee 27b License  29c License No. 29c License No. 29c State MN  as cardiac or respiratory  20dy after death Yes 12 Months? 28c Available	No. 28 Date Signed  Y-Y-9 of Certifier  6-89 29g Zip Code 55416 33 Date Filed  APR 26 Interval between onset and death  Yell  No 38 Time of Deatr  8:30 PM
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.  ART I  Enter the diseases, in shock or heart failure.  ATE cause of death (final or condition resulting in a.  LyING cause last, (disease that initiated events in death).  ded the deceased from Mo DAY YEAR to MO  ART II Other significant in scontributing to death desulting in the underlying iven in Part I.  37 Was Female Pregnation	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 t)   20 (9 t)   31 Date Sign   31 Date Sign   40 Date Sign   4	ense No. 27a Signature Minus Minus Monor on Line Monor on	mature of Funeral Service (Check one)  M.D Coroner / M.E.  The a polis  That I viewed the beat I	ce Licensee 27b License  29c License No. 29c License No. 29c State MN  as cardiac or respiratory  20dy after death Yes 12 Months? 28c Available	No. 28 Date Signed  Y-Y-9 of Certifier  6-89 29g Zip Code 55416 33 Date Filed  APR 26 Interval between onset and death  Yell  No 38 Time of Deatr  8:30 PM
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.  ART I Enter the diseases, in shock or heart failure.  Arte cause of death (final or condition resulting in a. Coroner failure.  LyING cause last, (disease that initiated events in death).  ded the deceased from MO DAY YEAR to MO NRT II Other significant in scontributing to death esulting in the underlying in	26b Lice  ls - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (9 f)   31 Date Sign   31 Date Sign   40 Date Sign	ense No. 27a-Sij  29b Til  X No  29e Ci  Mi  33 Sig  ed death. Do not er  im/her on Li  No  psy  No	Inature of Funeral Service (Check one)  M.DCoroner / M.E.  In the mode of dying, such one of the mode of dying, such one of the mode of dying in the boundary of the mode of the boundary	ce Licensee 27b License  29c License No. 29c License No. 29c State MN  as cardiac or respiratory  20dy after death Yes 12 Months? 28c Available	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval betweer onset and death  210  No. 28 Date Signed  Y-15-9  Of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval betweer onset and death  Y 2 000  No. 38 Time of Death  8:30 PM  X No. Unknown 43 Diagnosis Defer
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.  ART I Enter the diseases, in shock or heart failure.  ATE cause of death (final or condition resulting in a. Coroner failure.  It is ally list conditions, if any, to immediate cause. Enter LYING cause last, (disease that initiated events in death).  ded the deceased from Mo DAY YEAR to MO NRT II Other significant in scontributing to death esulting in the underlying in the underly	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 9 6   31 Date Sign   31 Date Sign   32 0 9 6   33 Date Sign   32 0 9 6   34 Date Sign   32 0 9 6   33 Date Sign   34 Date Sign   35 Date Sign   36 Date Sign   37 Date Sign   37 Date Sign   38 Date Sign	ense No. 27a-Sij  29b Til  X No  29e Ci  Mi  33 Sig  ed death. Do not er  im/her on Li  No  psy  No	Inature of Funeral Service (Check one)  M.DCoroner / M.E.  In the mode of dying, such one of the mode of dying, such one of the mode of dying in the boundary of the mode of the boundary	ce Licensee 27b License  29c License No. 29c License No. 29c State MN  as cardiac or respiratory  20dy after death Yes 12 Months? 28c Available	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval betweer onset and death  210  No. 28 Date Signed  Y-15-9  Of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval betweer onset and death  Y 2 000  No. 38 Time of Death  8:30 PM  X No. Unknown 43 Diagnosis Defer
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.  ART I Enter the diseases, in shock or heart failure.  ATE cause of death (final or condition resulting in a. Shock or heart failure.  Itially list conditions, if any, to immediate cause. Enter LYING cause last, (disease that initiated events in death).  ded the deceased from Shock or heart failure.  C. Shock or heart failure.  ACT II Other significant in the underlying of the underlying in the underlying of the und	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (96)   31 Date Sign   31 Date Sign   31 Date Sign   4 Date Sign	ense No. 27a Signary 29b Title 29b Title 29b Title 29e Crim Minus	Inature of Funeral Service (Check one)  M.DCoroner / M.E.  In the mode of dying, such one of the mode of dying, such one of the mode of dying in the boundary of the mode of the boundary	ce Licensee 27b License  29c License No. 29c License No. 29c State MN  as cardiac or respiratory  20dy after death Yes 12 Months? 28c Available	No. 28 Date Signed  Y-15-9  of Certifier  6-89  29g Zip Code  55-16  33 Date Filed  APR 2 6  Interval between onset and death  250  Vo  38 Time of Death  8:30 PM  X No Unknown  43 Diagnosis Deferi
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.  ART   Enter the diseases, in shock or heart failure.  ART   Cause of death (final or condition resulting in a. Coroner failure.  LYING cause last, (disease that initiated events in death).  Ided the deceased from MO DAY YEAR ART   Other significant resoluting in the underlying iven in Part   37 Was Female Pregnation   37 Was Female Pregnation   40 MUST   Accident   44 MUST   BE   REFERRED   TO More careful or conditions   44 Must   44	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 9 6   31 Date Sign   31 Date Sign   32 0 9 6   33 Date Sign   32 0 9 6   34 Date Sign   32 0 9 6   33 Date Sign   34 Date Sign   35 Date Sign   36 Date Sign   37 Date Sign   37 Date Sign   38 Date Sign	ense No. 27a Signary 29b Title 29b Title 29b Title 29e Crim Minus	Inature of Funeral Service (Check one)  M.DCoroner / M.E.  In the mode of dying, such one of the mode of dying, such one of the mode of dying in the boundary of the mode of the boundary	ce Licensee 27b License  29c License No. 29c License No. 29c State MN  as cardiac or respiratory  20dy after death Yes 12 Months? 28c Available	No. 28 Date Signed  Y-Y-9 of Certifier  6-89 29g Zip Code 55-416 33 Date Filed  APR 2 6 Interval between onset and death  Yellow  No. 28 Date Signed  Yellow  Of Certifier  APR 2 6 Interval between onset and death  Yellow  Yellow
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner / D.O.  ART   Enter the diseases, in shock or heart failure.  ART   Enter the diseases, in shock or heart failure.  Identify the disease in the disease in the diseases, in shock or heart failure.  Condition resulting in  a. Coroner / D.O.  ART   Enter the diseases, in shock or heart failure.  Condition resulting in  a. Coroner / D.O.  ART   Other significant of the deceased from one of the deceased	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (96)   31 Date Sign   31 Date Sign   32 Date Sign   33 Date Sign   34 Date Sign   35 Date Sign   36 Date Sign   37 Date Sign   37 Date Sign   38 Date	ense No. 27a Signal 29b Tital 29e Cill Mi and	Inature of Funeral Service (Check One)  M.DCoroner / M.E. by  In nea polis  The mode of dying, such  The mode of dying, such  Unknown In Last  42 Were autopsy results  when filling in cause of caship, state)	of M.E. 7 Coroner Authorizing Coroner Authoriz	No. 28 Date Signed  Y-Y-9  of Certifier  6-89  29g Zip Code  55416  33 Date Filed  APR 2 6  Interval between onset and death  Yes  No Unknown  43 Diagnosis Defending
24 If Cremation, Specify Name of Crematory  26a Name of Funeral Establishment  Washburn McReavy Chape.  29a Name of Person Certifying Cause of Dea  Charles L. Murray,  29d Address of Certifier (street & number)  3800 Park Nicollet  30 Signature of M.D. 7 M.E. 7 Coroner 7 D.O.  ART   Enter the diseases, in shock or heart failure.  ART   Cause of death (final or condition resulting in a. Coroner failure.  LYING cause last, (disease that initiated events or in death).  Ided the deceased from O DAY YEAR to MO  ART   Other significant resulting in the underlying iven in Part I.  R OF DEATH   Natural  MUST   Accident   Homicide    BE   REFERRED   TO M.E. or Pending Inves.	26b Lice  1s - HO   660  ath (please type)  M. D.  Boulevard   31 Date Sign   20 (96)   31 Date Sign   31 Date Sign   31 Date Sign   4 Date Sign	ense No. 27a Signal 29b Tital 29e Cill Mi and	Inature of Funeral Service (Check one)  M.DCoroner / M.E.  In the mode of dying, such one of the mode of dying, such one of the mode of dying in the boundary of the mode of the boundary	ce Licensee 27b License  29c License No. 29c License No. 29c State MN  as cardiac or respiratory  20dy after death Yes 12 Months? 28c Available	No. 28 Date Signed  Y-Y-9 of Certifier  6-89 29g Zip Code 55-416 33 Date Filed  APR 2 6 Interval between onset and death  Yellow  No. 28 Date Signed  Yellow  Of Certifier  APR 2 6 Interval between onset and death  Yellow  Yellow

STATE OF MINNESOTA.
COUNTY OF HENNEPIN.
CERTIFIED TO BE A TRUE AND
CORRECT COPY OF THE ORIGINAL ON
FILE AND OF RECORD IN MY OFFICE.

함께 밝혔다고 함다

APR 29 1996

PATRICK H. O'CONNOR DISSETTION OF LICENSING

> 521112 BK 0 8 0 | PG 5 5 6 4

Entrant of the Control of the Control

Agederati Balayasakki

yered gågreden, reviseligt fillfrikk i flat

Part State

SELLE

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

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

- An undivided 1/38th interest as tenants-in-common, in and to Lot (A) 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.
- Unit No. 031 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 Feburary 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

A non-exclusive easement for roadway and public utitlity (A) purposes as granted to Harich Tahoe Developments in deed rerecorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, - and -

An easement for ingress, egress and public utitlty 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 96758 of Official Records of Douglas County, during ONE use week . within the " Prime 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".

FEDUESHED BY

STEWART TITLE OF DOUGLAS COUNTY IN CATACIAL RECORDS OF

SEP 25 P12:37

2001 AUG 21 AM 11: 31

521112

BK0801PG5565

LINDA SLATER RECORDER

REQUESTED BY

IN OFFICIAL RECORDS OF DOUGLAS CO. HEVADA

> SUZATINE RE-NICHEAU \_PA!C DEPUTY

937mge4230 800K