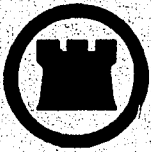


APN: 40-210-01 (P+N)



# CHICAGO TITLE INSURANCE COMPANY

P.O. BOX 97767, CHICAGO, IL 60678-7767

APN# 40-210-01

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }  
COUNTY OF } ss.

Order No.: 1401 JERRY TR

Arlene Marie Petersohn  
being duly sworn states that she resides at 4709 Shady Oaks Lane  
in the City of Crystal Lake, Illinois.

That she was acquainted with Leonard Walker Petersohn deceased who, at the time of death,  
was one of the owners of the land in Douglas County, Nevada, described as:

See Exhibit A attached

**THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMODATION ONLY. NO LIABILITY EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.**  
**FIRST CENTENNIAL TITLE COMPANY**

That the deceased died October 28, 2001, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of McHenry County, Illinois about March 28, 2002.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$5,940,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

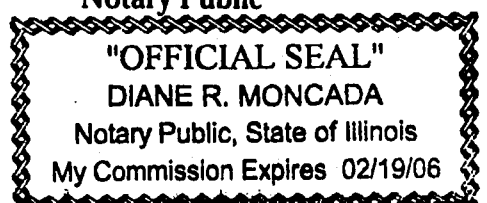
Subscribed and sworn to before me by the said

Arlene Marie Petersohn

this 18th day of April, A.D. 2002

Arlene Marie Petersohn  
(Affiant's Signature)  
Arlene Marie Petersohn

Diane R. Moncada  
Notary Public



DJTAF

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: **OCTOBER 30, 2001**

SIGNED: *Margrit Valeria*

at Cook County Department of Public Health Official Title, Chief Deputy Registrar

**SEAL**

REGISTRATION DISTRICT NO. **16.0**

**MEDICAL CERTIFICATE OF DEATH**

STATE OF ILLINOIS  
STATE FILE NUMBER

|  |  |   |  |  |  |   |  |  |   |   |
|--|--|---|--|--|--|---|--|--|---|---|
| 1. COUNTY OF DEATH<br><b>Cook</b>  |  | FIRST<br><b>Leonard</b>   |  | MIDDLE<br><b>Walter</b>  |  | LAST<br><b>Petersohn</b>  |  | SEX<br><b>Male</b>   | DATE OF DEATH (MONTH, DAY, YEAR)<br><b>October 28, 2001</b> |   |
| 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER<br><b>Hoffman Estates</b>  |  | 5a. AGE-LAST BIRTHDAY (YRS)<br><b>70</b>  |  | 5b. UNDER 1 YEAR<br>MOS. DAYS HOURS MIN.   |  | 5c. UNDER 1 DAY<br>HOURS MIN.   |  | 5d. DATE OF BIRTH (MONTH, DAY, YEAR)<br><b>June 9, 1931</b>  |   | IF HOSP. OR INST. INDICATE D.O.A. OPER. RM, INPATIENT (SPECIFY)<br><b>Emer. Rm.</b> |
| 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)<br><b>Zeiglin, Illinois</b>                                   |  | 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>Married</b>   |  | 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)<br><b>Arlene Regan</b>       |  | 8c. NAME OF BUSINESS OR INDUSTRY<br><b>Propane Gas Co.</b>  |  | 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)<br><b>Elementary/Secondary (0-12)</b>                                 |   | 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)<br><b>No</b>                    |
| 10. SOCIAL SECURITY NUMBER<br><b>7737</b>  |  | 11a. USUAL OCCUPATION<br><b>Co - Owner</b>  |  | 11b. KIND OF BUSINESS OR INDUSTRY<br><b>Propane Gas Co.</b>                      |  | 11c. INSIDE CITY (YES/NO)<br><b>Yes</b>   |  | 13c. COUNTY<br><b>McHenry</b>  |   | 13d. COLLAGE (1-4 or 5-1)   |
| 13a. RESIDENCE (STREET AND NUMBER)<br><b>4709 Shady Oaks Lane</b>  |  | 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.<br><b>Crystal Lake</b>   |  | 13c. INSIDE CITY (YES/NO)<br><b>Yes</b>  |  | 13d. COUNTY<br><b>McHenry</b>   |  | 13e. COLLAGE (1-4 or 5-1)  |   |   |
| 13a. STATE<br><b>Illinois</b>  |  | 13f. ZIP CODE<br><b>60012</b>   |  | 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY)<br><b>White</b>         |  | 14b. X NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY:<br><b>NO</b>             |  | 14c. MOTHER-NAME FIRST MIDDLE LAST<br><b>Clara Bohné</b>   |   |   |
| 15. FATHER-NAME FIRST MIDDLE LAST<br><b>Walter Petersohn</b>   |  | 16. MOTHER-NAME FIRST MIDDLE LAST<br><b>Clara Bohné</b>   |  | 17a. ARLENE PETERSOHN  |  | 17b. RELATIONSHIP<br><b>Wife</b>  |  | 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)<br><b>4709 Shady Oaks Ln. Crystal Lake, Ill.</b> |   |   |
| 18. PART I. Immediate Cause (Final disease or condition resulting in death)<br><b>Cardiac Pulmonary Collapse</b> |  | (a) DUE TO, OR AS A CONSEQUENCE OF<br><b>10 m.m.</b>  |  | (b) DUE TO, OR AS A CONSEQUENCE OF   |  | (c) DUE TO, OR AS A CONSEQUENCE OF  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |   |   |
| 19. DATE OF OPERATION, IF ANY  |  | 20a. MAJOR FINDINGS OF OPERATION  |  | 20b. AUTOPSY (YES/NO)<br><b>NO</b>   |  | 19a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)<br><b>NO</b> |  | 19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  |   |   |
| 21. (I) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON<br><b>8-14-01</b>                              |  | 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.            |  | 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)<br><b>Yes</b>            |  | 21c. HOUR OF DEATH<br><b>11:30 a.m.</b>   |  | 21d. DATE SIGNED (MONTH, DAY, YEAR)<br><b>10-30-01</b>   |   |   |
| 22a. SIGNATURE<br><i>Jeffrey S. Flagg</i>  |  | 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)<br><b>Dr. John Wall M.D. 600 S. Randall Rd. Algonquin, IL. 60102</b> |  | 22c. ILLINOIS LICENSE NUMBER<br><b>036-37806</b>                                 |  | 22d. DATE (MONTH, DAY, YEAR)<br><b>11-1-01</b>  |  | NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.                           |   |   |
| 23. BURNAL CREMATION, REMOVAL (SPECIFY)<br><b>Burial</b>   |  | 23a. CEMETERY OR CREMATORY-NAME<br><b>Windridge Cemetery</b>  |  | 23b. LOCATION<br><b>Cary, Illinois</b>   |  | 23c. CITY OR TOWN<br><b>Illinois</b>  |  | 23d. STATE<br><b>Illinois</b>  |   |   |
| 24a. FUNERAL HOME<br><b>Querhammer &amp; Flagg Funeral Home</b>  |  | 24b. STREET AND NUMBER OR R.F.D.<br><b>500 W. Terra Cotta Ave.</b>  |  | 24c. CITY OR TOWN<br><b>Crystal Lake, IL.</b>                                    |  | 24d. STATE<br><b>Illinois</b>   |  | 24e. ZIP<br><b>60014</b>   |   |   |
| 25a. FUNERAL DIRECTOR'S SIGNATURE<br><i>Jeffrey S. Flagg</i>   |  | 25b. LOCAL REGISTRAR'S SIGNATURE<br><i>Karen L. Scott, M.D.</i>   |  | 25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)<br><b>October 30, 2001</b> |  | 25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br><b>034-011971</b>                              |  | 25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  |   |   |

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**EXHIBIT A TO REMAINDER INTEREST WARRANTY DEED  
LEGAL DESCRIPTION  
(KINGSBURY OF TAHOE)**

All that certain Condominium Estate located in the County of Douglas, State of Nevada, more particularly described as follows:

**PARCEL A**

An undivided 3/50th interest in and to the Condominium Estates hereinafter described:

Lot 7, in Unit A, Level 4, Plan B, (Unit 41), together with an undivided 1/20th interest in and to those portions designated as Common Areas, as set forth in the Condominium Map of Kingsbury Towers, being a subdivision of Lot 58, Tahoe Village Unit No. 1, amended map, filed for record September 28, 1979, as Document No. 37124, Official Records of Douglas County, Nevada, and as corrected certificate recorded December 29, 1982, in Book 1282 of Official Records at Page 1556, Douglas County, State of Nevada, as Document No. 74361, and as defined in that certain Declaration of Covenants, Conditions and Restrictions for Lot 58, Tahoe Village Unit No. 1, recorded April 9, 1982, in Book 482 of Official Records, at Page 499, as Document No. 66722, and First Amendment to said Declaration recorded June 18, 1982, in Book 682 of Official Records at Page 1016, as Document No. 68648, and also Supplemental Declaration recorded June 18, 1982, in Book 682 of Official Records at Page 1020, as Document No. 68649, all said instruments being recorded in Official Records of Douglas County, State of Nevada.

EXCEPTING THEREFROM PARCEL A above described and RESERVING UNTO GRANTOR, its successors and assigns (including all other "Owners" as defined in that certain Declaration of Covenants, Conditions and Restrictions for Time Share Ownership (KINGSBURY OF TAHOE RESORT), recorded December 29, 1982, in Book 1282, of Official Records at Page 1565, Douglas County, Nevada, as Document No. 74363, and Amendments thereto, an exclusive right to use and occupy said PARCEL A during all "Use Weeks" (as defined in the Time Sharing Declaration).

**PARCEL B**

The exclusive right to use and occupy the above described Parcel A during the annual Use Weeks No. 1 through 52, inclusive, as said term is defined in that certain Declaration of Covenants, Conditions and Restrictions for Time Share Ownership (KINGSBURY OF TAHOE RESORT) recorded December 29, 1982, in Book 1282 of Official Records at Page 1565, Douglas County, Nevada, as Document No. 74363, and Amendments thereto.

*A portion of APN 40-210-01*

REQUESTED BY  
**FIRST CENTENNIAL TITLE CO.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAY 14 PM 2: 56

LINDA SLATER  
RECORDER

\$16 PAID *KJ* DEPUTY

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BK 0502 PG 04474