

NOTARY ACKNOWLEDGEMENT

Dated February 1, 2002

Attach to Affidavit - Death of Joint Tenant dated 1/14/2002.

STATE OF CALIFORNIA,)
COUNTY OF San Diego)

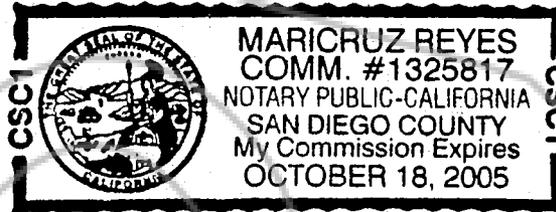
On February 1, 2002, before me,

MARICRUZ REYES, Notary Public
(insert name/title of the officer), personally appeared

Erma Rohrer Mast _____

~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the instrument.

WITNESS my hand and official seal.



Signature Maricruz Reyes

(Notary Seal)

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

0542804

BK0502PG06698

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$2.00



Dorothy L. Brantley
Local Registrar

5154479

No.

SEP 08 1998

Date

3 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEDENT (First, Middle, Last) Harold E. Rohrer		2. SEX Male	3. SOCIAL SECURITY NUMBER 0421	4. DATE OF DEATH (Month, Day, Year) Sept 6, 1998
5. AGE (Last Birthday) 66 Yrs.	6. DATE OF BIRTH (Month, Day, Year) OCT. 4, 1931	7. BIRTHPLACE (City and State or Foreign Country) E. LAMPETER TWP., PA	8. PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL: Inpatient <input type="checkbox"/> ERV Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/>	
9. COUNTY OF DEATH LANCASTER	10. CITY, BORO, TWP OF DEATH UPPER LEACOCK TWP.	11. FACILITY NAME (If not institution, give street and number) 336 SUN VALLEY DRIVE	12. WAS DECEDENT OF HISPANIC ORIGIN? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, specify Cuban, Mexican, Puerto Rican, etc.	13. RACE - American Indian, Black, White, etc. (Specify) WHITE
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life; do not use retired) Vice President of Company	15. KIND OF BUSINESS/INDUSTRY OFFICE SUPPLIES	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary <input type="checkbox"/> College (1-4 or 5+) 12	18. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED
19. SURVIVING SPOUSE (If wife, give maiden name) ERMA SENSENIG	20. DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 336 SUN VALLEY DRIVE LEOLA, PA 17540		21. DECEDENT'S ACTUAL RESIDENCE (See instructions on other side) 17a. State PA 17b. County LANCASTER 17c. Did decedent live in a township? <input checked="" type="checkbox"/> Yes, decedent lived in UPPER LEACOCK 17d. No, decedent lived within actual limits of _____ city/town.	
18. FATHER'S NAME (First, Middle, Last) ISRAEL ROHRER		19. MOTHER'S NAME (First, Middle, Maiden Surname) EDNA EBY		
20a. INFORMANT'S NAME (Type/Print) ERMA ROHRER		20b. INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) SAME AS #16		
21. METHOD OF DISPOSITION Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		22. DATE OF DISPOSITION (Month, Day, Year) SEPT. 10, 1998	23. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place EBY'S CEMETERY	
24. LOCATION - City/Town, State, Zip Code LEOLA, PA 17540		25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		
26. LICENSE NUMBER FD-022636L		27. NAME AND ADDRESS OF FACILITY FURMAN HOME FOR FUNERALS, LEOLA, PA 17540		
28. SIGNATURE OF PHYSICIAN (To the best of my knowledge, death occurred at the time, date and place stated.) <i>[Signature]</i>		29. LICENSE NUMBER 163623L	30. DATE SIGNED (Month, Day, Year) Sept 6, 1998	
31. TIME OF DEATH 9:20 P.M.		32. DATE PRONOUNCED DEAD (Month, Day, Year) Sept 6, 1998	33. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
34. PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Chronic Lymphocytic Leukemia				
35. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Chronic Lymphocytic Leukemia				
36. PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.				
37. SEQUENTIALLY LIST CONDITIONS (If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST)				
38. WAS AN AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	39. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	40. MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/>	41. DATE OF INJURY (Month, Day, Year) 30e.	42. TIME OF INJURY 30b.
43. INJURY AT WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>		44. DESCRIBE HOW INJURY OCCURRED. 30d.		
45. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 30c.		46. LOCATION (Street, City/Town, State) 30f.		
47. CERTIFIER (Check only one) *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. _____				
48. *PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. _____				
49. *MEDICAL EXAMINER/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. _____				
50. REGISTERAR'S SIGNATURE AND NUMBER <i>[Signature]</i> 33.		51. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> 31b.		52. DATE SIGNED (Month, Day, Year) Sept 6, 1998 31d.
53. DATE FILED (Month, Day, Year) Sept 8, 1998 34.		54. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print J. Donald Siegrist MD 29 Eastbrook Road, Rouks, Pa. 17572 32.		

0542804

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A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE

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

- (A) An undivided 1/106th interest as tenants-in-common, in and to Lot 37 as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, State of Nevada.
- (B) Unit No. 049 as shown and defined on said last Condominium Plan.

PARCEL TWO

- (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 M.D.B. & M.; 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 THREE

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, range 19 East, M.D.B. & M. 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 modifications thereof: (1) recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records; (2) recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records; and (3) recorded July 26, 1989, as Document No. 207446, in Book 789, Page 3011.

PARCEL FOUR

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, 30, 35, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - 10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East M.D.B. & M. 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 and as amended from time to time of Official Records of Douglas County, State of Nevada.

PARCEL FIVE

The Exclusive right to use any UNIT of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461 of Official Records of Douglas the 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 SWING season, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive right may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

A Portion of APN 42-282-03

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STEWART TITLE OF DOUGLAS COUNTY

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 MAY 22 AM 9:53

LINDA SLATER
RECORDER

\$17.00 PAID KO DEPUTY

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