

RECORDING REQUESTED BY
Chicago Title
AND WHEN RECORDED MAIL TO:
Marjorie M. Silva
10680 18 3/4 Avenue
Lemoore, CA 93245-9560

✓ David Luke
Chicago Title
316 W Mission Ave
Suite 108
Escondido CA
92025-1729

PTD
NOV APR 1319-30-043-001

Space Above This Line for Recorder's Use Only

A.P.N.: 42-254-01

Order No.: 23087211-456

Escrow No.: TS6049

AFFIDAVIT - DEATH OF JOINT TENANT/SPOUSE

STATE OF CALIFORNIA,

}
} ss.
}

COUNTY OF Douglas

Marjorie M. Silva, of legal age, being first duly sworn, deposes and says:

That **Walter Thomas Silva**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Walter T. Silva** named as one of the parties in that certain **Grant, Bargain Deed** dated **June 24, 1992** executed by **Robert W. Dunbar** to **Walter T. Silva and Marjorie M. Silva**, husband and wife as **joint tenants** as joint tenants, recorded as Instrument No. **282290**, on **June 30, 1992**, in book **692**, page(s) **5631**, of Official Records of **Douglas** County, California, covering the following described property situated in the City of **Stateline**, County of **Douglas**, State of California:

An undivided interest in and to **Unit/Terr Prime Float Odd Year** in the project identified as **The Ridge Tahoe**, as created and defined more fully in instrument recorded in Official Records of **Douglas** County, State of **Nevada**.

AS FURTHER DESCRIBED IN EXHIBIT "A"

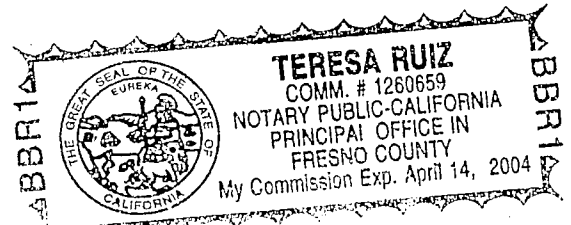
→ Marjorie M. Silva
Marjorie M. Silva

Document Date November 13, 2002

SUBSCRIBED AND SWORN TO before me this 2ND day of December 192002

Signature Teresa Ruiz

(This area for official notarial seal)



0560390

BK1202PG04643

EXHIBIT "A"

Page 1
Order No. 23087211

DESCRIPTION

AN UNDIVIDED 1/102ND INTEREST AS TENANTS IN COMMON IN AND TO THAT CERTAIN REAL PROPERTY AND IMPROVEMENTS AS FOLLOWS: (A) AN UNDIVIDED 1/50TH INTEREST IN AND TO LOT 28 AS SHOWN ON TAHOE VILLAGE UNIT NO. 3-13TH AMENDED MAP, RECORDED DECEMBER 31, 1991, AS DOCUMENT NO. 268097, RE-RECORDED AS DOCUMENT NO. 269053, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, EXCEPTING THEREFROM UNITS 1 THROUGH 50 (INCLUSIVE) AS SHOWN ON MAP AND (B) UNIT NO. 1 AS SHOWN AND DEFINED ON SAID MAP; TOGETHER WITH THOSE EASEMENTS APPURTENANT THERETO AND SUCH EASEMENTS DESCRIBED IN THE FOURTH AMENDED AND RESTATED DECLARATION OF TIME SHARE COVENANTS, CONDITIONS AND RESTRICTIONS FOR THE RIDGE TAHOE RECORDED FEBRUARY 14, 1984, AS DOCUMENT NO. 96758, AS AMENDED, AND IN THE DECLARATION OF ANNEXATION OF THE RIDGE TAHOE PHASE SIX RECORDED DECEMBER 18, 1990, AS DOCUMENT NO. 241238, AS AMENDED, BY AMENDED DECLARATION OF ANNEXATION OF THE OF THE RIDGE TAHOE PHASE SIX RECORDED FEBRUARY 24, 1992, AS DOCUMENT NO. 271727, AND AS DESCRIBED IN THE RECITATION OF EASEMENTS AFFECTING THE RIDGE TAHOE RECORDED FEBRUARY 24, 1992, AS DOCUMENT NO. 271619, AND SUBJECT TO SAID DECLARATIONS; WITH THE EXCLUSIVE RIGHT TO USE SAID INTEREST, IN LOT 28 ONLY, FOR ONE WEEK EVERY OTHER YEAR IN ODD-NUMBERED YEAR IN ACCORDANCE WITH SAID DECLARATIONS.

A PORTION OF APN: 42-254-01.

0560390

BK1202PG04644

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

9719703 ²

COUNTY OF TULARE

TULARE, CALIFORNIA

CERTIFICATE OF DEATH

3 1 0 9 6 5 4

| | | | | | |
|--|--|--|--|---|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93) | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT—FIRST (GIVEN) Walter | | 2. MIDDLE Thomas | | 3. LAST (FAMILY) Silva | |
| 4. DATE OF BIRTH MM/DD/CCYY 05/10/1942 | | 5. AGE YRS. 54 | | 6. SEX M | |
| 9. STATE OF BIRTH CA | | 10. SOCIAL SECURITY NO. 3209 | | 11. MILITARY SERVICE 19 To 19 NONE | |
| 14. RACE White | | 15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 12. MARITAL STATUS Married | |
| 17. OCCUPATION Truck Driver | | 18. KIND OF BUSINESS Transportation | | 13. EDUCATION —YEARS COMPLETED 8 | |
| 16. USUAL EMPLOYER Self | | | | | |
| 19. YEARS IN OCCUPATION 20 | | | | | |
| 20. RESIDENCE—STREET AND NUMBER OR LOCATION 10680 18 3/4 Ave. | | | | | |
| 21. CITY Lemoore | | 22. COUNTY Kings | | 23. ZIP CODE 93245 | |
| 24. YRS IN COUNTY 7 | | 25. STATE OR FOREIGN COUNTRY CA | | | |
| 26. NAME, RELATIONSHIP Marjorie Silva - Spouse | | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 10680 18 3/4 Ave. Lemoore, CA 93245 | | | |
| 28. NAME OF SURVIVING SPOUSE—FIRST Marjorie | | 29. MIDDLE - | | 30. LAST (MAIDEN NAME) Martin | |
| 31. NAME OF FATHER—FIRST Joseph | | 32. MIDDLE - | | 33. LAST Silva | |
| 34. BIRTH STATE Azores | | 35. NAME OF MOTHER—FIRST Rose | | 36. MIDDLE - | |
| 37. LAST (MAIDEN) Andrade | | 38. BIRTH STATE Hawaii | | | |
| 39. DATE MM/DD/CCYY 11/08/1996 | | 40. PLACE OF FINAL DISPOSITION The Lemoore Cemetery Lemoore, CA 93245 | | | |
| 41. TYPE OF DISPOSITION(S) Burial | | 42. SIGNATURE OF EMBALMER <i>[Signature]</i> | | 43. LICENSE NO. 8242 | |
| 44. NAME OF FUNERAL DIRECTOR Phipps-Dale Funeral Chapel | | 45. LICENSE NO. FD-521 | | 46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i> | |
| 47. DATE MM/DD/CCYY 11/07/1996 | | | | | |
| 101. PLACE OF DEATH Kaweah Delta Dist. Hosp. | | 102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA | | 103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER | |
| 104. COUNTY Tulare | | 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 400 Mineral King | | 106. CITY Visalia | |
| 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) | | TIME INTERVAL BETWEEN ONSET AND DEATH | | 108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER | |
| IMMEDIATE CAUSE (A) Respiratory Failure | | 1 Wk. | | | |
| DUE TO (B) Adenocarcinoma Of The Lung Stage IV | | 2 Mos. | | 109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| DUE TO (C) | | | | 110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DUE TO (D) | | | | 111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Thoracotomy, 09/20/1996 | | | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 09/08/1996 | | 115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | 116. LICENSE NO. A-33845 | |
| DECEDENT LAST SEEN ALIVE MM/DD/CCYY 11/05/1996 | | 117. DATE MM/DD/CCYY 11/06/1996 | | | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP Dr. Dean Hsu MD 440 Greenfield Hanford, CA 93230 | | 119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED | | 120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 121. INJURY DATE MM/DD/CCYY | | 122. HOUR | | 123. PLACE OF INJURY | |
| 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | | | | |
| 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) | | | | | |
| 126. SIGNATURE OF CORONER OR DEPUTY CORONER | | 127. DATE MM/DD/CCYY | | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER | |
| STATE REGISTRAR | | A B C D E F G H | | FAX AUTH. # CENSUS TRACT | |

11141

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.

DATE ISSUED **NOV 14 1996**

[Signature]
Michael L. MacLean, M.D.
Tulare County Health Officer

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

END OF DOCUMENT

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0560390
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COPY

REQUESTED BY
Chicago Title
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 DEC 11 PM 12:13

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID KJ DEPUTY

0560390

BK 1202PG04646