

17-  
APN: -1319-30-445-003

ASSESSOR'S IDENTIFICATION NUMBER: Map Book: \_\_\_\_\_ Page: 333985 Parcel: 42-010-40

RECORDING REQUESTED BY

JOHN B. PALLEY, ESQ.

AND WHEN RECORDED MAIL TO:

Name: John B. Palley  
Address: 1555 River Park Dr., #108  
City & State: Sacramento CA 95815

SPACE BELOW FOR USE OF RECORDER ONLY

LAW OFFICE OF  
✓ JOHNSON, FORT, MEISSNER & JOSEPH  
A PROFESSIONAL ASSOCIATION  
1555 RIVER PARK DRIVE, SUITE 108  
SACRAMENTO, CALIFORNIA 95815-4666

MAIL TAX STATEMENT TO:

Name: Paula K. Jeschien-Smookler  
Address: 6929 Boardwalk Dr.  
City & State: Granite Bay CA 95746

AFFIDAVIT - DEATH OF JOINT TENANT

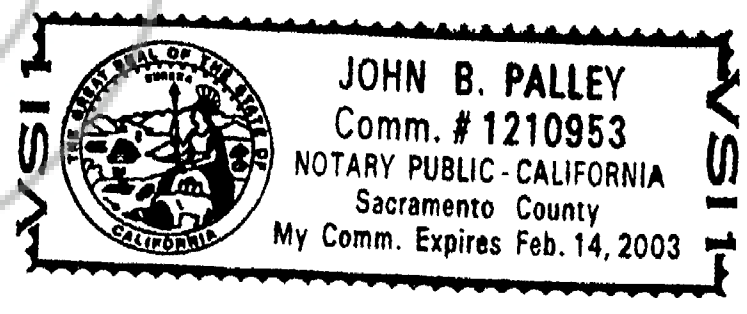
STATE OF CALIFORNIA, )  
County of SACRAMENTO )

) SS.

PAULA K. JESCHIEN-SMOOKLER, being of legal age and duly sworn deposes and states that:  
the decedent, STEPHEN SMOOKLER, mentioned in the attached certified copy of the Certificate of  
Death is the same STEPHEN SMOOKLER named as one of the parties in the GRANT DEED  
dated 11/2/95, executed by HARICH TAHOE DEVELOPMENTS, a Nevada Gen. Ptshp.  
to STEPHEN SMOOKLER and PAULA KAY JESCHIEN-SMOOKLER  
as joint tenants, recorded as Instrument No. 376255, on 12/5/95 in book 1295 page 0335,  
of Official Records of Douglas County, NV covering the following described real  
property in the \_\_\_\_\_ County of Douglas, State of Nevada  
See Attached Exhibit "A"

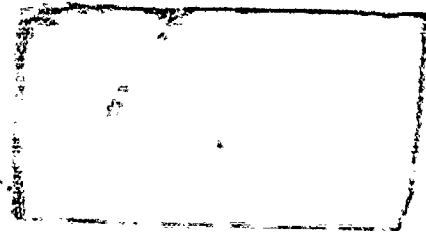
Dated: 1/29/03  
Subscribed and sworn to before me  
this 29<sup>th</sup> day of January 2003  
Signature [Signature]  
John B. Palley  
Name (Typed or Printed)

Paula K. Jeschien-Smookler  
PAULA K. JESCHIEN-SMOOKLER



Title Order No.: \_\_\_\_\_ Escrow, Loan, or Attorney file No.: \_\_\_\_\_

MAIL TAX STATEMENTS AS DIRECTED ABOVE 0567512 ©EB  
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**EXHIBIT A**

**A portion of APN: 42-010-40**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/28ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 265 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, 1995, as Document No. 096758, as amended, and in the Declaration of Annexation of the Ridge Tahoe Phase Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of the Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

**BEGINNING** at the Northwest corner of this easement said point bears S. 43° 19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13<sup>th</sup> Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13<sup>th</sup> Amended Map;

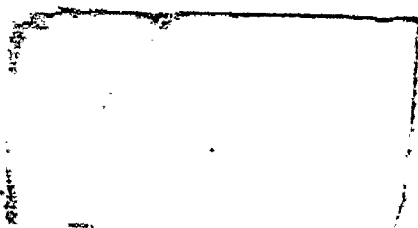
thence S. 14°00'00" W., along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

0567512

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# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER				
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH			
DECEDENT	1. <b>Stephen SMOOKLER</b>		2. <b>August 17, 1999</b>	3a. <b>Douglas</b>			
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX		
	3b. <b>Stateline</b>		3c. <b>South U.S. 50</b>		4. <b>Male</b>		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
5. <b>White</b>	6.	7a. <b>55</b>	7b. :	7c. :	8. <b>July 30, 1944</b>		
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)			
9a. <b>California</b>	9b. <b>U.S.A.</b>	10. <b>25</b>	11. <b>Married</b>	12. <b>Paula Melton</b>			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY				
13. <b>-6243</b>	14a. <b>Physician</b>		14b. <b>Medical Industry</b>				
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)			
15a. <b>California</b>	15b. <b>Placer</b>	15c. <b>Roseville</b>	15d. <b>Boardwalk Drive</b>	15e. <b>Yes</b>			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. <b>Edwin Smookler</b>		17. <b>Ruth Zlateroff</b>					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. <b>Paula Smookler - Wife</b>		18b. <b>6929 Boardwalk Drive, Roseville, California 95746</b>					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State				
19a. <b>Cremation</b>		19b. <b>Walton's Sierra Crematory</b>	19c. <b>Carson City, Nevada</b>				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
20a. <i>[Signature]</i>		20b. <b>9</b>	20c. <b>1281 North Rloop St., Carson City, Nevada 89706</b>				
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. 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 stated. (Signature and Title)				
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22b. <b>8/19/99</b>	22c. <b>1930</b>	
	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21c. HOUR OF DEATH		22d. ON <b>8/17/99</b>		22e. AT <b>1930</b>
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		23b. <b>305</b>		
23a. <b>Jason Cypher-Coroner, P.O. Box 218, Minden, Nevada 89423</b>							
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE				
	24a. (Signature) <i>[Signature]</i>	24b. <b>August 19, 1999</b>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death				
	PART I (a) <b>Gun Shot Wound to Head</b>	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)					
26. <b>Yes</b>	27. <b>Yes</b>						
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
28a. <b>Suicide</b>	28b. <b>8/17/99</b>	28c. <b>1930</b>	28d. <b>Self inflicted gun shot wound to head</b>				
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No.	CITY OR TOWN	STATE		
28e. <b>No</b>	28f. <b>Parking Lot</b>		28g. <b>South U.S. 50, Stateline, Nevada</b>				

STATE REGISTRAR

No. 149873

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **0567512 AUG 19 1999**

**0510068**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
*Meissner + Joseph Inc*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2003 FEB 19 PM 12: 24

WERNER CHRISTEN  
RECORDER

\$ 17<sup>50</sup> PAID kt DEPUTY

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