

N APN 1319-30-644-075

AFFIDAVIT - DEATH OF A JOINT TENANT

STATE OF MINNESOTA)
) ss.
COUNTY OF CHIPPEWA)

Carol Hinderks, of legal age, being duly sworn, deposes and says:

That Donald Harlan Hinderks, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Donald H. Hinderks, named as one of the parties in that certain deed dated February 5, 1990, which granted a one-half interest in the following described property to Donald H. Hinderks and Carol B. Hinderks, husband and wife, as joint tenants, recorded as Document No. 221594 on March 9, 1990 of official records of Douglas County, Nevada, covering the following described real property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT A ATTACHED HERETO

Dated: Feb 21, 2003

Carol Hinderks
Carol Hinderks

On Feb 21, 2003, personally appeared before me, a Notary Public, Carol Hinderks, proved to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the within instrument.

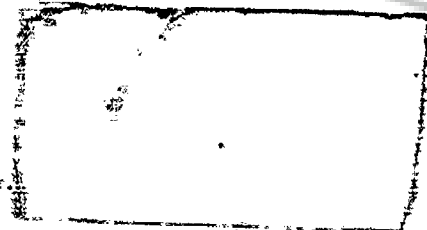
JANICE M. NELSON
NOTARY PUBLIC - MINNESOTA
My Commission Expires 1-31-2005

Janice Nelson
-Notary Public

This instrument was drafted by
Janice M. Nelson of the firm of
Nelson Oyen Torvik P.L.L.P.
Attorneys at Law
221 North 1st Street
Montevideo, MN 56265

rrre\hinderks03.affidavit

✓ **CAROL HINDERKS**
7050 30th Ave
Maynard MN 56260



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0303PC00418

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

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

- (A) An undivided 1/106ths interest as tenants-in-common, in and to Lot 37 of Tahoe Village Unit No. 3 as shown on the Ninth Amended Map Recorded July 14, 1988 as Document No. 182057, 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, Nevada.
- (B) Unit No. 166 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 and such recreational areas as may become a part of said timeshare project, 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 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (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, - 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 FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 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 No. 96758 of Official Records of Douglas County, during ONE use weeks within the Prime SEASON, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

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

Portion of Parcel No. 42-286-08

#1319-30-644-075

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'90 MAR -9 P2:22

SUZANNE BEAUDREAU
RECORDER

221594

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BOOK 390 PAGE 1061

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EX0303PG00419

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

Local File Number

State File Number

| | | | | |
|---|--|--|---|--|
| 1a Name of Deceased - First Donald | | Middle Harlan | Last Hinderks | Suffix |
| 1b Alias | | 2 Social Security No. 0935 | 3 Sex Male | 4 Date of Death September 23, 1996 |
| 5 Date of Birth December 26, 1932 | 6a Age (in years) 63 | Under 1 Yr. 6b months 6c days | Under 1 Day 6d hours 6e minutes | 7 Place of Birth (city and state/foreign country) Maynard, Minnesota |
| 8a Father's Name (first, middle) Harm | | 8b Father's Last Name Hinderks | | 9 Mother's Name (first, middle, maiden surname) Mary Reinholt |
| 10 Race White | 11a Hispanic Origin <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes → | 11b If Yes, Specify Cuban, Mexican, etc. | | 12 Decedent's Education 12a Primary/Secondary (0-12) 12 12b College (1-4, 5+) |
| 13a Marital Status <input checked="" type="checkbox"/> Mar. <input type="checkbox"/> Div. <input type="checkbox"/> Wid. <input type="checkbox"/> Never Mar. | 13b Name of Spouse (if wife, specify maiden name) Carol Bauman | | 14 Decedent's Usual Occupation Farmer | |
| 15 Kind of Business or Industry Agriculture | 16 U.S. Veteran <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 17a State of Residence Minnesota | | 17b County of Residence Chippewa |
| 17c City or Township of Residence Leenthrop Township | 17d Address of Decedent (number, street, zip) 7050 30th Avenue S.E. 56260 | | | |
| 17e Residence in City or Township <input type="checkbox"/> City Limits <input checked="" type="checkbox"/> Township Limits | 18a City or Township of Death Montevideo | | 18b County of Death Chippewa | |
| 19a Place of Death (specify one) <input checked="" type="checkbox"/> Hosp. <input type="checkbox"/> N.H. <input type="checkbox"/> Res. <input type="checkbox"/> Other → | | 19b If Hospital (specify one) <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER <input type="checkbox"/> DOA <input type="checkbox"/> Other | | |
| 19c Name of Facility Where Death Occurred (if not institution, specify street address) Chippewa County-Montevideo Hospital | | | | |
| 20a Name of Informant Carol Hinderks | | 20b Informant is _____ of the deceased (spouse, child, parent, sibling, etc.) Spouse | | |
| 21 Method of Disposition (check all that apply) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other → | | | 22 Date of Disposition September 25, 1996 | |
| 23 Name of Cemetery Terrace Lawn Memory Gardens | | 24 If Cremation, Specify Name of Crematory | | |
| 25 If Cremation, Specify Name of M.E. / Coroner Authorizing Cremation | | | | |
| 26a Name of Funeral Establishment Wing-Bain Funeral Home | 26b License No. 719 | 27a Signature of Funeral Service Licensee <i>[Signature]</i> | 27b License No. 3241 | 28 Date Signed 9/24/96 |
| 29a Name of Person Certifying Cause of Death (please type) CE Pagenmiller MD | | 29b Title (check one) <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> Coroner / M.E. <input type="checkbox"/> D.O. | | 29c License No. of Certifier # 20425 |
| 29d Address of Certifier (street & number) 7080 N 11th Street | | 29e City Montevideo | 29f State MN | 29g Zip Code 56265 |
| 30 Signature of M.D. / M.E. / Coroner / D.O. <i>[Signature]</i> | | 31 Date Signed 9/25/96 | 32 Signature of Registrar <i>[Signature]</i> | |
| 33 Date Filed 9-30-96 | | Interval between onset and death. | | |
| 34 PART I IMMEDIATE cause of death (final disease or condition resulting in death) | | | | |
| Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory shock or heart failure. List only one cause per line. | | | | |
| a. Acute Myocardial Infarction | | | | |
| b. | | | | |
| c. | | | | |
| 35 I attended the deceased from _____ to _____ and last saw him/her on _____ I viewed the body after death <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 36 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | |
| Carcinoma of the Kidney | | | | |
| 38 Time of Death 8:56 AM | | | | |
| 37 Was Female Pregnant: At Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown In Last 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | |
| 39 MANNER OF DEATH <input checked="" type="checkbox"/> Natural | | 40 M.E./Coroner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 41 Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 42 Were autopsy results available when filling in cause of death <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 43 Diagnosis Deferred <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 44a Place of Injury (street & number, city / township, state) | | | | |
| 44b Describe How Injury Occurred | | | | |
| 44c Type of Place Where Injury Occurred | | 44d Date of Injury | 44e Time of Injury | 44f Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature of Sub-Registrar / Date
Sgt. H. Bm. September 25, 1996

STATE OF MINNESOTA

COUNTY OF CHIPPEWA

I hereby certify that the above is a true and correct copy of the original certificate as filed in the Office of the County Recorder.

WITNESS my hand and seal this 30th day of September 1996.

Gail Erickson, County Recorder

SEAL

By *[Signature]* Deputy

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COPY

REQUESTED BY
Carol Hindupis
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 MAR -3 PM 3: 02

WERNER CHRISTEN
RECORDER

\$ *17.00* PAID *62* DEPUTY

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