

16 ✓ APN PTV 1319-30-519-008

RECORDING REQUESTED BY
Claire Gail Battle

AND WHEN RECORDED MAIL TO

38258 Acacia Street
Fremont, CA 94536

Escrow No. ALICIA - TD
Order No. ALICIA - BLO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA }
COUNTY OF Alameda } SS

Claire Gail Battle
of legal age, being first duly sworn, deposes and says:

That Clarence J. Battle, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Clarence J. Battle named as one of the parties in that certain Grant Deed, dated August 1, 1986 executed by SAIDA of Nevada, Inc. A Nevada Corporation to Clarence J. Battle and Claire Gail Battle, Husband and Wife as joint tenants, recorded as Instrument No./Series No. 138569, on August 5, 1986 in Book/Reel n/a, at Page/Image n/a, of Official Records of Douglas County, NV, covering the following described property situated in the City of Lawndale County of Douglas, State of Nevada

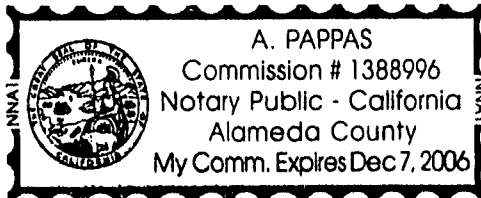
That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 0.00

Dated April 21, 2003

Claire Gail Battle

Claire Gail Battle

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this California day of April 2003



A. Pappas

A PAPPAS
Name (Typed or Printed)
Notary Public in and for said County and State

(THIS AREA FOR OFFICIAL NOTARIAL SEAL)

0575521

BK 0503 PG 01319

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200101001712

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) CLARENCE		2. MIDDLE JOSEPH		3. LAST (FAMILY) BATTLE			
4. DATE OF BIRTH M/M/DD/CCYY 03/24/1927		5. AGE YRS. 73		6. SEX MALE		7. DATE OF DEATH M/M/DD/CCYY 03/07/2001	
8. HOUR 0600		9. STATE OF BIRTH California		10. SOCIAL SECURITY NO. 8117		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 19		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Fremont Unified School Dist.		17. OCCUPATION Teacher/Principal		18. KIND OF BUSINESS Education		19. YEARS IN OCCUPATION 33	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 38258 Acacia Street							
21. CITY Fremont		22. COUNTY Alameda		23. ZIP CODE 94536		24. YRS IN COUNTY 45	
25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Claire Gail Battle - Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 38258 Acacia Street, Fremont, CA 94536		28. NAME OF SURVIVING SPOUSE—FIRST Gail					
29. MIDDLE -		30. LAST (MAIDEN NAME) Byrne		31. NAME OF FATHER—FIRST Martin		32. MIDDLE Patrick	
33. LAST Battle		34. BIRTH STATE Montana		35. NAME OF MOTHER—FIRST Rose		36. MIDDLE Elizabeth	
37. LAST (MAIDEN) Plasker		38. BIRTH STATE CA		39. DATE M/M/DD/CCYY 03/14/2001			
40. PLACE OF FINAL DISPOSITION San Joaquin Valley National Cemetery, 32053 W. McCabe Rd., Gustine, CA				41. TYPE OF DISPOSITION(S) Burial			
42. SIGNATURE OF EMBALMER <i>[Signature]</i>		43. LICENSE NO. 7987		44. NAME OF FUNERAL DIRECTOR Fremont Chapel of the Roses		45. LICENSE NO. FD1007	
46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/DD/CCYY 03/09/2001		101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL			
102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY ALAMEDA			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 27400 HESPERIAN BLVD.		106. CITY HAYWARD		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) PNEUMONIA		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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. ACUTE MYELOGENOUS LEUKEMIA	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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 M/M/DD/CCYY 02/17/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G69906		117. DATE M/M/DD/CCYY 03/09/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP GILBERT CARROLL, MD		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 M/M/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, ZIP):							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>				127. DATE M/M/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	
281396						81883	

BK0503PG01320
0575521

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **02/20/2002**

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

[Signature]
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

[Signature] Acting Health Officer



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**EXHIBIT "A"
LEGAL DESCRIPTION**

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

(a) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828 Official Records of Douglas County; State of Nevada, and as said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(b) Unit No. 008-45 as shown and defined on said 7th Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "WINTER use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

REQUESTED BY
Claire Battle
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 MAY -2 PM 2: 55

WERNER CHRISTEN
RECORDER

\$ *16.00* PAID *BE* DEPUTY

0575521

BK0503PG01321