

A ptn of
A.P.N. # 1319-30-724-010
ESCROW NO. TS09004903 - #34-009-17-01
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

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

2004 FEB -6 AM 11:02

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID Bh DEPUTY

WHEN RECORDED MAIL TO:

Patricia B. Donovan
29-B Heritage Village
Southbury, CT 06488

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CT NEVADA }
COUNTY OF Naugatuck } ss Southbury
Douglas }

PATRICIA B. DONOVAN, of legal age, being first duly sworn,
deposes
and says: That PATRICK J. DONOVAN, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as PATRICK J. DONOVAN

named as one of the parties in that certain Grant Deed dated June 1, 1988 executed by
Harich Tahoe Development, a Nevada general partnership
to Patrick J. Donovan, and Patricia B. Donovan, husband and wife
as joint tenants, recorded as Instrument No. 180055, on June 14, 1988
in Book 688, Page 2041, of Official Records of Douglas
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:

See Exhibit 'A' attached hereto and by this reference made a part hereof.

DATE: 12/11/03

Patricia B. Donovan
Patricia B. Donovan

STATE OF CT }
COUNTY OF N. Haven } ss. 1

This instrument was acknowledged before me on
12/11/03 by Patricia A. Donovan
by, Lynn S. Dwyer, notary public

Signature Lynn S. Dwyer
Notary Public

MY COMMISSION EXPIRES
SEPTEMBER 30, 2005

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REVERSE SIDE] BY AND AMBERS



The Commonwealth of Massachusetts

382

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

DECEDENT - NAME FIRST 1 Patrick	MIDDLE J.	LAST Donovan	SEX Male	DATE OF DEATH (Mo., Day, Yr.) 3 April 2, 1996
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PLACE OF DEATH (City/Town) 4a New Bedford	COUNTY OF DEATH 4b Bristol	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) 4c St. Luke's Hospital
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PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	SOCIAL SECURITY NUMBER 6 [REDACTED] 8992	IF US WAR VETERAN SPECIFY WAR 7 Korean
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WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES 8a Specify:	RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b White	DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (1-12) College (1-4, 5+) 9 4
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AGE - Last Birthday (Yrs.) 10a 65	UNDER 1 YEAR MOS. DAYS b	UNDER 1 DAY HOURS MINS c	DATE OF BIRTH (Mo., Day, Yr.) 10b June 8, 1930	BIRTHPLACE (City and State or Foreign Country) 11 New Bedford, Massachusetts
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MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED 12 Married	LAST SPOUSE (If wife, give maiden name) 13 Patricia B. Braun	USUAL OCCUPATION (Prior - If retired) 14a Underwriter	KIND OF BUSINESS OR INDUSTRY 14b Insurance
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RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 15a 1014 Kenyon Ave., Plainfield, Union, New Jersey	ZIP CODE 15b 07060
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FATHER - FULL NAME 16 Matthew Donovan	STATE OF BIRTH (If not in US, name country) Massachusetts	MOTHER - NAME (GIVEN) (MAIDEN) 18 Ellen Canty	STATE OF BIRTH (If not in US, name country) 19 Ireland
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INFORMANT'S NAME 20 Patricia B. Donovan	MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21 1014 Kenyon Ave., Plainfield, NJ 07060	RELATIONSHIP 22 Wife
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METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE 23 <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC:	FUNERAL SERVICE LICENSEE 24 William H. Saunders	LICENSE # 25 6387
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PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a St. Mary's Cemetery	LOCATION (City/Town, State) 26b New Bedford, Massachusetts
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DATE OF DISPOSITION (Mo., Day, Yr.) 27 April 6, 1996	NAME AND ADDRESS OF FACILITY 28a/b Saunders-Dwyer Home for Funerals 495 Park St. New Bedford, MA 02740
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29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MYOCARDIAL INFARCTION b. PERIPHERAL VASCULAR DISEASE Sequitally list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. c. d.	Approximate Interval Between Onset and Death 29c 29d 29e 29f
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PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I. 30	WAS AUTOPSY PERFORMED? (Yes or No) 31 NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32
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33 WAS CASE REFERRED TO M.E.? (Yes or No) NO	34 MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> PENDING INVESTIGATION	DATE OF INJURY (Mo., Day, Yr.) 35a	TIME OF INJURY 35b	INJURY AT WORK (Yes or No) 35c
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DESCRIBE HOW INJURY OCCURRED 35d	PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify. 35e	LOCATION (No. & St., City/Town, State) 35f
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36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title) 36b DATE SIGNED (Mo., Day, Yr.) 36c HOUR OF DEATH	37a 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) stated. (Signature and Title) 37b DATE SIGNED (Mo., Day, Yr.) 37c HOUR OF DEATH
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NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) 38 JOHN CWEREPTIVELY MD ST LUKE'S HOSPITAL NEW BEDFORD	LICENSE NO. OF CERTIFIER 39 59251
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WAS THERE AN R.N. PRONOUNCEMENT? Yes or No 40a NO	IF YES, DATE PRONOUNCED 40b	IF YES, TIME PRONOUNCED 40c	40d NAME OF PRONOUNCING REGISTERED NURSE NAME
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DATE BURIAL PERMIT ISSUED: APRIL 4 1996 296	SIGNATURE - BD OF HEALTH AGENT Raymond A. Babaja	RECEIVED IN THE CITY/TOWN OF NEW BEDFORD	DATE OF RECORD APR - 4 1996
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CLERK'S SIGNATURE 42	43
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DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

NLY

Date issued JAN 12 2004
A TRUE COPY ATTEST

Gita D. Carrudo
CITY CLERK - NEW BEDFORD, MA

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EXHIBIT "A"

(34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38th interest in and to Lot 34 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 009 as shown and defined on said Condominium Plan; 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. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the PRIME "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-010

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