

PTN APN 1319-30-721-017

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

Recording Requested By
FALK, CORNELL & ASSOCIATES LLP
350 Cambridge Avenue, Suite 100
Palo Alto, CA 94306

2004 MAY -4 AM 10: 53

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID kg DEPUTY

When recorded mail to:

RUTH ANN ROSALIA
226 Paramount Drive
Millbrae, CA 94030

TS09004982 - #31-096-14-01

AFFIDAVIT- DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
COUNTY OF SAN MATEO)

SS

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

RUTH ANN ROSALIA, of legal age, being first duly sworn, deposes and says:

That ^{Rosalia} ~~ARMANDO ROSALIA~~, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ARMANDO ROSALIA named as one of the parties in that certain Grant, Bargain, Sale Deed dated 25th June 1986 executed by WILLIAM J. VANNOY, Executive Vice President, from HARICH TAHOE DEVELOPMENTS, a Nevada Partnership, Grantor, AND ARMANDO ROSALIA and RUTH ANN ROSALIA, husband and wife as joint tenants with right of survivorship, recorded as Document No. 136744, in Book 686, at Page 2412 on June 25, 1986, in the Official Records of Douglas County Nevada:

PLEASE SEE EXHIBIT A HERETO FOR PROPERTY DESCRIPTION

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above-described real property, did not exceed the sum of XXXXXXXXXXXXXXXXXXXXXXXXX.

Dated:

Ruth Ann Rosalia
RUTH ANN ROSALIA

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 21st DAY OF December, 2001.

Maureen P. Reardon
Notary



0612175

BK0504 PG00799

CERTIFICATE OF DEATH

3-90-41-000571

STATE OF CALIFORNIA
VS 11 (REV. 7/83)

STATE FILE NUMBER: _____ LOCAL REGISTRATION NUMBER: _____

1. NAME OF DECEDENT - FIRST (GIVEN): Armando
2. MIDDLE: _____
3. LAST (FAMILY): Rosalia

4. DATE OF BIRTH MM/DD/CCYY: 12/29/1926
5. AGE YRS: 69
6. SEX: Male
7. DATE OF DEATH MM/DD/CCYY: 02/06/1996
8. HOUR: 2321

9. STATE OF BIRTH: New York
10. SOCIAL SECURITY NO.: 5848
11. MILITARY SERVICE: _____
12. MARITAL STATUS: Married
13. EDUCATION - YEARS COMPLETED: 11

14. RACE: White
15. HISPANIC - SPECIFY: YES NO
16. USUAL EMPLOYER: David K. Lindemuth Co., Inc.

17. OCCUPATION: Warehouse
18. KIND OF BUSINESS: Custom Brokerage
19. YEARS IN OCCUPATION: 15

20. RESIDENCE - STREET AND NUMBER OR LOCATION: 226 Paramount Drive
21. CITY: Millbrae
22. COUNTY: San Mateo
23. ZIP CODE: 94030
24. YRS IN COUNTY: 20
25. STATE OR FOREIGN COUNTRY: California

26. NAME RELATIONSHIP: Ruth Ann Rosalia - Wife
27. MAKING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 226 Paramount Drive, Millbrae, California 94030

28. NAME OF SURVIVING SPOUSE - FIRST: Ruth
29. MIDDLE: Ann
30. LAST (MAIDEN NAME): Corder
31. NAME OF FATHER - FIRST: Dominick
32. MIDDLE: _____
33. LAST: Rosalia
34. BIRTH STATE: Italy
35. NAME OF MOTHER - FIRST: Felimino
36. MIDDLE: _____
37. LAST (MAIDEN): Filino
38. BIRTH STATE: Italy

39. DATE MM/DD/CCYY: 02/06/1996
40. PLACE OF FINAL DISPOSITION: Cypress Lawn Cemetery, Colma, California

41. TYPE OF DISPOSITION: Burial
42. SIGNATURE OF EMPALMER: Alan P. Haley
43. LICENSE NO.: 8048
44. NAME OF FUNERAL DIRECTOR: Chapel of the Highlands
45. LICENSE NO.: FD 915
46. SIGNATURE OF LOCAL REGISTRAR: [Signature]
47. DATE MM/DD/CCYY: 02/06/1996

101. PLACE OF DEATH: Residence
102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA CONV. HOSP. RES. OTHER
103. FACILITY OTHER THAN HOSPITAL: _____
104. COUNTY: San Mateo
105. CITY: Millbrae

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)
IMMEDIATE CAUSE (A) Occlusive Coronary Atherosclerosis
DUE TO (B) Generalized Atherosclerosis
DUE TO (C) _____
DUE TO (D) _____

108. TIME INTERVAL BETWEEN ONSET AND DEATH: _____
109. DEATH REPORTED TO CORONER: YES NO
110. REFERRAL NUMBER: 96-0233-A
111.opsy PERFORMED: YES NO
112. AUTOPSY PERFORMED: YES NO
113. USED IN DETERMINING CAUSE: YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Hypertensive Cardiovascular Disease

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.
115. SIGNATURE AND TITLE OF CERTIFIER: [Signature]
116. LICENSE NO.: _____
117. DATE MM/DD/CCYY: _____
118. TYPE ATTENDING PHYSICIAN'S NAME, MAKING ADDRESS & ZIP: _____

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
120. INJURY AT WORK: YES NO
121. INJURY DATE MM/DD/CCYY: _____
122. HOUR: _____
123. PLACE OF INJURY: _____
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): _____

125. MANNER OF DEATH: NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE): _____

127. SIGNATURE OF CORONER OR DEPUTY CORONER: [Signature]
128. DATE MM/DD/CCYY: 02/06/1996
129. PRINTED NAME, TITLE OF CORONER OR DEPUTY CORONER: Stephen E Horton, Deputy Coroner

SAN MATEO COUNTY HEALTH SERVICES AGENCY

225 West 37th Avenue San Mateo, California 94403

This is to certify that, if bearing the raised department seal, this is a true copy of the document filed in this office.

SCOTT MORROW, MD Health Officer and Registrar

April 17, 1996

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AMENDED 1 OF 2

STATE/LOCAL REGISTRAR USE ONLY		STATE REG. NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1		7		3	
TYPE OR PRINT IN BLACK INK ONLY					
PART I INFORMATION TO LOCATE RECORD		1 NAME—FIRST (GIVEN) Armando		2 MIDDLE -	
5 DATE OF EVENT—MM/DD/CCYY 02/02/1996		6 CITY OF OCCURRENCE Millbrae		3 LAST (FAMILY) Rosalia	
				4 SEX Male	
PART II INFORMATION AS IT APPEARS ON RECORD		107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Occlusive Coronary Atherosclerosis (B) Generalized Atherosclerosis (C) (D) DUE TO		TIME INTERVAL BETWEEN ONSET AND DEATH Years	
				108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96-0233-A	
				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Hypertensive Cardiovascular Disease					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE					
119. MANNER OF DEATH <input checked="" 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 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)					
PART III INFORMATION AS IT SHOULD APPEAR		107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Acute hemopericardium with cor tamponade (B) Necrotic myocardial infarct with rupture (C) Occlusive coronary atherosclerosis (D) Generalized Atherosclerosis DUE TO		TIME INTERVAL BETWEEN ONSET AND DEATH Mins	
				108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96-0233A	
				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Hypertensive cardiovascular disease, diabetes mellitus type II					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE					
119. MANNER OF DEATH <input checked="" 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 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)					
I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER		SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>Stephen E. Hortin</i>		DATE SIGNED MM/DD/CCYY 02/22/1996	
STATE/LOCAL REGISTRAR USE ONLY		ADDRESS—STREET AND NUMBER 617 Veterans Blvd #105		CITY, STATE, ZIP CODE Redwood City, CA 94063	
		OFFICE OF THE STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR OFFICE OF VITAL STATISTICS		DATE RECEIVED FOR REGISTRATION MM/DD/CCYY 03/04/1996	
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR					

SAN MATEO COUNTY HEALTH SERVICES AGENCY

225 West 37th Avenue
San Mateo, California 94403

This is to certify that, if bearing the raised department seal, this is a true copy of the document filed in this office.

SEAL

April 17, 1996

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Scott Morrow MD
SCOTT MORROW, MD
Health Officer and Registrar

EXHIBIT "A"

(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 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 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 096 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721- 017

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STEWART TITLE OF DOUGLAS COUNTY

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