|   | Am Euxton  |
|---|--|
| RECORDING REQUESTED BY AGRIPINA EVRTON                | IN OFFICIAL RECORDS OF DOUGLAS CO. REVADA  |
| AND WHEN RECORDED MAIL TO:  18212 LASSEN St.          | 2004 MAY 19 AM 9: 52   |
| NOTH-108E, (1.91325                                   | WERMER CHRISTEN RECORDER   |
|   | Space Above This Line for Recorder's Use Only  |
| A.P.N.: 1319-30-644-061 Order No.:                    | Escrow No.:  |
| AFFIDAVIT - DEATH                                     | OF JOINT TENANT/SPOUSE   |
| STATE OF CALIFORNIA, } ss.                            |  |
| COLINTY Augus & or regar age, being mar uni           | y sworn, deposes and says:   |
| same person as NAYWE A. EURTON named as one           | DENSIONENTS toldique + Agripius Euttovas<br>8/ , on 007, 12, 1992 , in book 1092 ,<br>of Pouglas County, Collifornia, covering the |
|   |  |
| That the value of all real and personal property own  | ed by said decedent at date of death, including the full value of  |
| the property above described, did not then exceed the | sum of \$ 36,000,00  |
| $ \nu$ $A$  | N A  |
|   |  |
| Document Date: February 5, 2002                       |  |
| SUBSCRIBED AND SWORN TO before me this                | 14 day of May , 20 04.   |
| Signature W. Jechelian                                |  |
|   | (This area for official notarial seal)   |
|   | N. JEGHELIAN<br>Commission # 1409074   |
|   | Notary Public - California & Los Angeles County My Comm. Expires Apr 4, 2007   |

0613528

0801862818

lay 14, 04 10:37a Lynda Eurton

## IRAT WITH AFFIANT STATEMENT California State of See Attached Document (Notary to cross out lines 1-8 below) ☐ See Statement Below (Lines 1–7 to be completed only by document signer[s], *not* Notary) Signature of Document Signer No. 2 (if any) Signature of Document Signer No. 1 Subscribed and sworn to (or affirmed) before N. JEGHELIAN Commission # 1409074 Notary Public - California Los Angeles County My Comm. Expires Apr 4, 2007 (2)Name of Signer(s) Place Notary Seal Above OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent Top of thumb here Top of thumb here fraudulent removal and reattachment of this form to another document. **Further Description of Any Attached Document** Title or Type of Document:

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# **COUNTY OF LOS ANGELES**

## **DEPARTMENT OF HEALTH SERVICES**

CERTIFICATE OF DEATH

|  | TE FILE NUMBER   | USE BLAC   | STATE OF CA<br>K INK ONLYMO ERASURE<br>VS-11-(RE  | S, WHITEDUTS OR AL                      | TERATIONS LOCAL                       | . REGISTRATION N        | UMBER                                 |  |  |
|--|--|--|---|---|---------------------------------------|-------------------------|---------------------------------------|--|--|
|  | 1. NAME OF DECEDENT F)   | RS1 (GIVEN)  | 2. MIDDLE   |   | 3. LAST (FAMILY)                      | * - *                   | + +                                   |  |  |
|  | WAYNE  |  |   | ANDREW                                  |                                       |                         | \ \                                   |  |  |
|  | 4. DATE OF BIRTH MM  | ·  | MONTHS DAVE"  | HOURS SHIPPER                           |                                       | н мм/э́в/ссүү<br>L/1000 | h                                     |  |  |
| DECEDENT<br>PERSONAL<br>DATA   | 08/23/1934<br>9. STATE OF BIRTH  | 10. SOCIAL SECURITY I  |   |   | M 05/04                               |                         | 1700                                  |  |  |
|  | CA   |  | 3/* · · · · · · · · · · · · · · · · ·   |   | Married                               | 14                      |                                       |  |  |
|  | 14. RACE   | . La Hispani   |   | ZE NO L ONK                             | 16. USUAL EMPLOYER                    | 1                       | _                                     |  |  |
|  | White YES X No Micro Plastics Inc.   |  |   |   |                                       |                         |                                       |  |  |
|  | 17. OCCUPATION   | 575 Li 14  | 19. KIND OF BUSINESS  |   |                                       | 19. YEARS IN OC         | CUPATION                              |  |  |
|  | Owner  | T AND NUMBER OF LOCA   |   | ion Molding                             |                                       | 36                      |                                       |  |  |
| USUAL<br>RESIDENÇE   | 18212 Lassen Street  |  |   |   |                                       |                         |                                       |  |  |
|  | 21. CITY   |  | , социту  | 23. 217 COD                             | E 24, YRS IN C                        | OUNTY 25. BYATE OF      | FOREIGN COUNTRY                       |  |  |
|  | Northridge   | - Fe   | Los Angeles   | 9132                                    |                                       | Calif                   |                                       |  |  |
| INFORMANT  | Rose Eurto   | " · . VIII   | a in terror of <u>al</u> aboration of the state o | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | St., Northridge                       |                         |                                       |  |  |
|  | 28, NAME OF SURVIVING  |  | 28. MIODLE  |   | LAST IMAIDEN NAME                     | , Calli. 31.            | رير                                   |  |  |
|  | Agripina   |  | Rose  |   | - Muniz                               | Section 1               |                                       |  |  |
| SPOUSE<br>AND  | 31. NAME OF FATHER-P   | PRST   | 32. MIDDLE  | 33                                      | LAST Yang ji                          | . 1                     | 34. BIRTH STATE                       |  |  |
| PARENT<br>INFORMATION  | Peter  | ridey  | Andrew  | 197                                     | Eurton LAST (MAIDEN)                  | 72                      | Alabama                               |  |  |
|  | Etta   | The state of   | Madale  | 1                                       | Palmer                                |                         | MN                                    |  |  |
|  | 39. DATE MM/DD/CC  | YY 40. PLACE OF FINA   | L DISPOSITION   |   |                                       | 16                      | 7                                     |  |  |
| DISPOSITION(5)   | 05/11/1998   |  |   |   | lorthridge, Cal                       |                         |                                       |  |  |
| FUNERAL<br>DIRECTOR  | CR/Res.  | N(\$)  | 42. SIGNATURE   | NOT EMBALN                              | 1FD                                   | 43. Licki               | NBE NO.                               |  |  |
| AND  | 44. NAME OF PUNERAL  | DIRECTOR   | 45. LICENSE NO.   | 46. SIGNATURE OF L                      | · · · · · · · · · · · · · · · · · · · | M 2 67. DATE            | MM/DD/CCYY                            |  |  |
| REGISTRAR  | LORENZEN MOF   | RTUARY - Resed   | a FD906   | Much                                    | -1 suran                              | $\gamma^{N} = 05/1$     | 1/1998                                |  |  |
|  | 101. PLACE OF DEATH  |  | 102. IF HOSPITAL. B   | -                                       | ACILITY OTHER THAN HOSPITALE          |                         | =1                                    |  |  |
| PLACE  | Residence  | STREET AND HUMBER O  |   | LI DOA LI                               | DOP. CARE DINER                       | Los Ang                 | eies                                  |  |  |
| DEATH  | 18212 Lasse  |  |   |   |                                       | Northri                 | dae                                   |  |  |
|  | 107. DEATH WAS CAUSE   | D BY: ENTER ONLY ONE   | CAUSE PER LIME FOR A.   | B, C, AND D;                            | TIME INTER                            | WAL TOB. DEATH REP      | GREED TO COHONER                      |  |  |
|  | IMMEDIATE  | /  |   | 학하를 다                                   | ANO DEAT                              | YES                     | X No                                  |  |  |
|  | CAUSE (A)  | nvasive Squamo   | ous Cell Carci  | noma Scalp                              | 2 Yr:                                 |                         | - NUMBER                              |  |  |
|  |  | 10 To 10 E   | COURSE THE SOLE   |   |                                       | 109, glopsy #           | ERFORMED                              |  |  |
|  | DUE TO (B)   |  |   |   | \$ 1.00 E                             | A YES                   | No PERFORMED                          |  |  |
| CAUSE<br>OF  | OUE TO (C)   | The second   | 2.36 No. 1265   |   |                                       | Yes                     | X                                     |  |  |
| DEATH  | \ \ <del>\</del>   |  |   |   | 7.5                                   |                         | ETERMINING CAUSE                      |  |  |
| and the same of th | DUE TO (D)   |  |   |   |                                       | YES                     | No                                    |  |  |
|  |  | T CONDITIONS CONTRIBU  | TING TO BEATH BUT NOT   | RELATED TO CAUBE                        | GIVEN IN 107                          | Ň                       |                                       |  |  |
| And the Control of th | Arthritis  | ERFORMED FOR ANY CON   | DITION IN ITEM 107 OR 1   | 12) IF YES, LIST TYPE                   | OF OPERATION AND DATE                 |                         |                                       |  |  |
|  | No   | - N  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | ₹1                                      |                                       |                         |                                       |  |  |
| PHY51-   | 114. I CERTIFY THAT TO T   | RED AT THE HOUR, DATE  | 118. SHUNATURE AND  | PER OF CERTIFIER                        | 116. LICENSE                          |                         | E M M / B D / C C Y Y                 |  |  |
| CIAN'S<br>CERTIFICA-   | AND PLACE STATED OF CEDENT ATTENDED SINCE M M / D D / G G Y Y                                  | PROM THE CAUBES STATED. DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y | 110. TYPE ATTENDING   |   | G44264                                | 05/0                    | 5/1998                                |  |  |
| TION   |  | 04/29/1998   |   | and the first of the first of the first | O Medical Plaza, We                   | estwood, CA 90          | 1024                                  |  |  |
|  | I CENTIFY THAT IN  | MY OPINION DEATH   |   |   | /DD/CCYY 122. HOUR                    |                         |                                       |  |  |
|  | OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE GAUSES STATED. 119. MANNER OF DEATH       |  |   |   |                                       |                         |                                       |  |  |
| $\chi^0$   | NATURAL DEVICE   | DE HOMICIDE  | 124. DESCRIBE HOW I   | NJURY OCCURRED (E)                      | ENTS WHICH RESULTED IN                | INJURY)                 |                                       |  |  |
| CORONER'S  | PENDI  | ING COULD HOT B  | z   |   |                                       |                         |                                       |  |  |
| ONLY   | L ACCIDENT NVESTIGATION DITERNINED 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) |  |   |   |                                       |                         |                                       |  |  |
|  |  | /:   |   | i i                                     |                                       | ···                     | · · · · · · · · · · · · · · · · · · · |  |  |
| <b>N</b>   | 126. SIGNATURE OF COR  | PONER OR DEPUTY CORO   | NER 127. DATE   | E MM/DB/CCYY                            | 28. TYPED NAME. TITLE OF              | CORONER OR DEPU         | TY CORONER                            |  |  |
|  | A B  | C 0  | [E ]#   | { <b>G</b>   H                          | FAX AUTH. #                           |                         | CENSUS TRACT                          |  |  |
| STATE<br>REGISTRAR   |  |  |   |   | 197/265                               |                         |                                       |  |  |
| <b>S</b>   |  |  |   |   |                                       |                         |                                       |  |  |

680009823

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED

Director of Health Services and Registrar

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



#### DOUGLAS COUNTY

### EXHIBIT "A" (37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepti: therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 153 as shown and defined on said Condominium Plan; together with those easements appurtenint 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-285-11



'92 NOV 13 A9:21

293018

56 PAUL DEPUTY

BOOK1192 PACE 2142

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