

A.P.N.# A ptn of 1319-30-644-022
ESCROW NO. TS370574881
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

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

2004 JUN 15 AM 10: 52

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

WHEN RECORDED MAIL TO:

Sylvia M. Chiapero
33251 Pacific Way
Fort Bragg, CA 95437

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 }
 } ss.
COUNTY OF Douglas }

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 EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

Sylvia M. Chiapero of legal age, being first duly sworn, deposes and says: That Anthony N. Chiapero the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Anthony N. Chiapero named as one of the parties in that certain Grant Deed dated June 27, 1994 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to ANTHONY N. CHIAPERO and SYLVIA M. CHIAPERO, husband and wife as joint tenants, recorded as Instrument No. 341443, on July 08, 1994 in Book 0794, Page 1023, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:
The Ridge Tahoe, Plaza Building, Swing Season, Even Year Use, Week #37-057-48-81, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

DATE: May 07, 2004

Sylvia M. Chiapero
Sylvia M. Chiapero

STATE OF California }
 }
 } ss.
COUNTY OF Mendocino }

This instrument was acknowledged before me on June 10, 04 by Sylvia M. Chiapero

JENNY COWAN
NOTARY PUBLIC - CALIFORNIA
LAKE COUNTY
COMMISSION NO. 1440254
My commission Expires Sept. 19, 2007

Signature *Jenny Cowan*

Notary Public (One-Inch Margin on all sides of Document for Recorder's Use Only)

0616158

BK0604PG07488

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 1/00)

3-2000-49-001153

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) ANTHONY		2. MIDDLE NICK		3. LAST (FAMILY) CHIAPERO	
4. DATE OF BIRTH MM/DD/CCYY 05/22/1935		5. AGE YRS. 64		7. DATE OF DEATH MM/DD/CCYY 04/10/2000	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 1275		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER COUNTY OF SANTA CLARA	
17. OCCUPATION ELECTRICIAN		18. KIND OF BUSINESS TRANSPORTATION DEPARTMENT		19. YEARS IN OCCUPATION 13	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 33251 PACIFIC WAY					
21. CITY FORT BRAGG		22. COUNTY MENDOCINO		23. ZIP CODE 95437	
24. YRS IN COUNTY 24		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP SYLVIA CHIAPERO, WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 33251 PACIFIC WAY, FORT BRAGG, CA 95437		
28. NAME OF SURVIVING SPOUSE—FIRST SYLVIA		29. MIDDLE M.		30. LAST (MAIDEN NAME) WEST	
31. NAME OF FATHER—FIRST NICK		32. MIDDLE A.		33. LAST CHIAPERO	
34. BIRTH STATE CA		35. NAME OF MOTHER—FIRST MARY		36. MIDDLE -	
37. LAST (MAIDEN) MERCURIO		38. BIRTH STATE CA			
39. DATE MM/DD/CCYY 04/13/2000		40. PLACE OF FINAL DISPOSITION AT SEA/OFF THE MENDOCINO COAST CA.			
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NORTHERN CA		45. LICENSE NO. FD-1334		46. SIGNATURE OF LOCAL REGISTRAR <i>Mary Maddux-Gonzalez MD</i>	
47. DATE MM/DD/CCYY 04/13/2000		48. LOCAL REGISTRAR RS			
101. PLACE OF DEATH KAISER HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY SONOMA		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 401 BICENTENNIAL WAY			
106. CITY SANTA ROSA		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) ASYSTOLE			
108. TIME INTERVAL BETWEEN ONSET AND DEATH MINS		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CEREBROVASCULAR DISEASE	
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 I DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 04/07/2000 MM/DD/CCYY: 04/09/2000					
115. SIGNATURE AND TITLE OF CERTIFIER <i>Steve Werlin MD</i>		116. LICENSE NO. G033492		117. DATE MM/DD/CCYY 04/13/2000	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP STEVE WERLIN MD, 401 BICENTENNIAL WAY SANTA ROSA CA 95404					
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 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, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER 298341		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 0419	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SONOMA

} SS **04/17/2000** DATE ISSUED *Mary Maddux-Gonzalez MD*

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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

BK0604PG07489
0616158

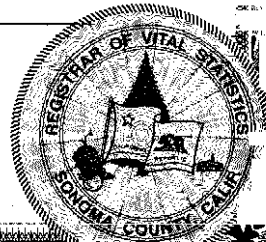


EXHIBIT "A"

(37)

An undivided 1/102nd 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, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting 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. 057 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 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 every other year in the EVEN -numbered years in the SWING "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-022

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESS 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

0616158

BK0604PG07490