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REQUESTED BY  
John Stich  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 AUG 26 AM 10:32

WERNER CHRISTEN  
RECORDER

\$18<sup>00</sup> PAID KJ DEPUTY

**RECORDING REQUESTED BY**

**AND WHEN RECORDED MAIL TO:**

John R. Stich  
241 Panning Way  
Placerville, Ca. 95667

Space Above This Line for Recorder's Use Only

A.P.N.: 49-105-32-01 (ptn 1319-30-631-005)

File No.: ()

**AFFIDAVIT - DEATH OF JOINT TENANT  
(BY SURVIVING SPOUSE)  
California Probate Code Section 5602**

State of **California** )  
 )ss  
County of **El Dorado** )

**John R. Stich** ("Declarant") is of legal age, being first and duly sworn, deposes and states under penalty of perjury under the laws of the State of California that:

1. **Billie Jean Stich** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **01/31/02** at **Sacramento, California** (city and state of death).
2. Declarant was legally married to Decedent as of the date of death referenced in the attached Certificate of Death and is the surviving spouse of Decedent in accordance with California Probate Code Section 78.
3. Declarant and Decedent are the same persons as **John R. Stich and Billie J. Stich** who are named as the grantees ("Grantees") in that certain **The Ridge Crest Grant, bargain, Sale Deed** dated **September 10, 1990**, executed by **Jack K. Sievers**, in favor of Grantees vesting title as joint tenants and which document was recorded as Instrument No. **1990-234975** in Book **990**, Page **2831**, of Official Records of Douglas County, State of Nevada, covering the following described real property situated in the County of Douglas, State of California (the "Real Property"):

**Attached hereto as Exhibit A.**

Dated: August 23, 2004

**DECLARANT:**

John R Stich  
John R. Stich

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A.P.N.:

Affidavit - Death of Joint Tenant  
(By Surviving Spouse) - continued

File No.: **normaq (NQ)**

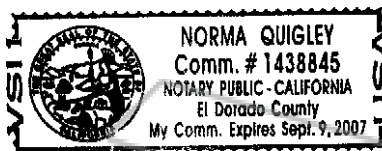
SUBSCRIBED AND SWORN TO before me the undersigned, a Notary Public in and for said County and State, this 24th day of August, 2004.

*This area for official notarial seal*

WITNESS my hand and official seal.

Signature Norma Quigley

My Commission Expires: 9-9-07



**COPY**

0622550

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A.P.N.:

Affidavit - Death of Joint Tenant  
(By Surviving Spouse) - continued

File No.: **normaq (NQ)**

**EXHIBIT A**

**FOR LEGAL DESCRIPTION SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**

**STOP**

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**EXHIBIT "A"**

(49)

A timeshare estate comprised of:

**PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:**

- (A) An undivided 1/26<sup>th</sup> interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.
- (B) Unit No. 105 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

**PARCEL 2: a non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.**

**PARCEL 3: An exclusive right to the use of a condominium 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" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.**

A Portion of APN: 1319-30-631- 005

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) <b>BILLIE</b>			2. MIDDLE <b>JEAN</b>			3. LAST (FAMILY) <b>STICH</b>			
4. DATE OF BIRTH M/M/DD/CCYY <b>04/21/1927</b>		5. AGE YRS. <b>74</b>		6. SEX <b>F</b>		7. DATE OF DEATH M/M/DD/CCYY <b>01/31/2002</b>		8. HOUR <b>0216</b>	
9. STATE OF BIRTH <b>CA</b>		10. SOCIAL SECURITY NO. <b>0207</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>15</b>	
14. RACE <b>CAUCASIAN</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>HELP-U-SELL REAL ESTATE</b>		17. OCCUPATION <b>ADMINISTRATIVE ASSIST.</b>		18. YEARS IN OCCUPATION <b>8</b>	
19. KIND OF BUSINESS <b>REAL ESTATE</b>		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>241 PANNING WAY</b>		21. CITY <b>PLACERVILLE</b>		22. COUNTY <b>EL DORADO</b>		23. ZIP CODE <b>95667</b>	
24. YRS IN COUNTY <b>16</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>		26. NAME, RELATIONSHIP <b>JOHN STICH - HUSBAND</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>241 PANNING WAY, PLACERVILLE, CA 95667</b>						28. NAME OF SURVIVING SPOUSE—FIRST <b>JOHN</b>			
29. MIDDLE <b>ROBERT</b>			30. LAST (MAIDEN NAME) <b>STICH</b>			31. NAME OF FATHER—FIRST <b>THOMAS</b>			
32. MIDDLE <b>TALVIE</b>			33. LAST <b>FLOYD</b>			34. BIRTH STATE <b>OK</b>			
35. NAME OF MOTHER—FIRST <b>MARY</b>			36. MIDDLE <b>EVELYN</b>			37. LAST (MAIDEN) <b>PEEPLES</b>			
38. BIRTH STATE <b>TX</b>			39. DATE M/M/DD/CCYY <b>02/02/2002</b>						
40. PLACE OF FINAL DISPOSITION <b>RES: JOHN STICH - HUSBAND, 241 PANNING WAY, PLACERVILLE, CA 95667</b>						41. TYPE OF DISPOSITION(S) <b>CR/RES</b>			
42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>			43. LICENSE NO.			44. NAME OF FUNERAL DIRECTOR <b>CHAPEL OF THE PINES</b>			
45. LICENSE NO. <b>FD1129</b>			46. SIGNATURE OF LOCAL REGISTRAR <i>Shmuel J. Troschet M.D.</i>			47. DATE M/M/DD/CCYY <b>02/01/2002 SRL</b>			
101. PLACE OF DEATH <b>SUTTER MEMORIAL HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONVE. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>SACRAMENTO</b>			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>5151 F STREET</b>		106. CITY <b>SACRAMENTO</b>							
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) ACUTE MYOCARDIAL INFARCTION</b>						108. TIME INTERVAL BETWEEN ONSET AND DEATH <b>5 HRS</b>			
109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						110. REFERRAL NUMBER			
111. IMMEDIATE CAUSE <b>(B) ATERIOSCLEROTIC HEART DISEASE</b>						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. CAUSE OF DEATH <b>(C) -</b>						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
113. CAUSE OF DEATH <b>(D) -</b>						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>AORTIC VALVE DISEASE</b>									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>ATRIAL VALVE REPLACEMENT, AORTIC CORONARY BYPASS, --/--/1996</b>									
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 <b>08/08/1997</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Mark Holthouse</i>		116. LICENSE NO. <b>67517</b>		117. DATE M/M/DD/CCYY <b>02/01/2002</b>			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>MARK HOLTHOUSE, M.D., 905 SPRING ST., PLACERVILLE, CA 95667</b>		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 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			127. DATE M/M/DD/CCYY			
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			129. STATE REGISTRAR						

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STATE OF CALIFORNIA } SS  
COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **February 8, 2002**

*Shmuel J. Troschet M.D.*  
LOCAL REGISTRAR

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

