

A Portion of APN: 1319-30-645-003

When Recorded Mail to:
✓ Jeffrey L. Burr & Associates
4455 S. Pecos Road
Las Vegas, Nevada 89121

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0205 PG- 2288 RPTT: 0.00



Mail Tax Statements to:
Peter G. Woods
8160 Grizzly Bear Way
Las Vegas, NV 89123

AFFIDAVIT TERMINATING JOINT TENANCY

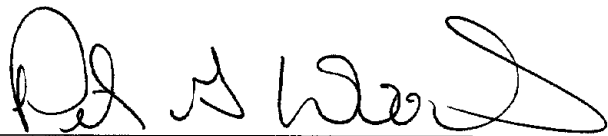
STATE OF NEVADA)
) ss
COUNTY OF CLARK)

PETER G. WOODS, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That affiant is the husband of PIYAJARA WOODS, one of the grantees in that certain deed recorded on August 9, 1996, as Document No. 393942, Book 0896, Page 1698, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada, regarding real property more particularly described as follows:

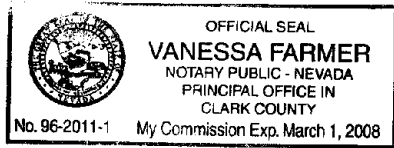
SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN
BY THIS REFERENCE

That PIYAJARA WOODS, one of the grantees in said deed, was the identical person named as PIYAJARA WOODS, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.


PETER G. WOODS

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On this 27th day of January, 2005, personally appeared before me the undersigned, a Notary Public in and for the said Clark County, State of Nevada, PETER G. WOODS, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.



WITNESS my hand and official seal.

Vanessa Farmer
Notary Public

(Large, faint watermark text: COOPER)



EXHIBIT 'A' (42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 279 as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;
thence S. 14°00'00" W., along said Northerly line, 14.19 feet;
thence N. 52°20'29" W., 30.59 feet;
thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of APN: 1319-30-645-003




**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last 1. Piyajara AKA: Poe WOODS		DATE OF DEATH (Month, Day, Year) 2. December 23, 2004	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		COUNTY OF DEATH 3a. Clark	
	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 8150 Grizzly Bear Way		SEX 4. Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. Asian		DATE OF BIRTH (Mo., Day, Yr.) 8. Nov 27, 1943	
	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 61	
PARENTS	STATE OF BIRTH (If not U.S.A., name country) 9a. Thailand		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	
	SOCIAL SECURITY NUMBER 13. 6588		Decedent's Education. Specify highest grade completed. 10. 16+	
DISPOSITION	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Service Representative		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
	RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER 15a. Nevada 15b. Clark 15c. Las Vegas 15d. 8150 Grizzly Bear Way		KIND OF BUSINESS OR INDUSTRY 14b. Financial	
CERTIFIER	FATHER—NAME First Middle Last 16. Mong Koludom		MOTHER—MAIDEN NAME First Middle Last 17. Noppa Koon	
	INFORMANT—NAME (Type or Print) 18a. Peter Woods - Husband		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 8150 Grizzly Bear Way, Las Vegas, Nevada 89123	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME LOCATION City or Town State 19b. Palm Crematory 19c. Las Vegas, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY 20b. 50 20c. 7600 S. Eastern Ave., Las Vegas, Nevada 89123	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 12/28/04		22a. 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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT	
	HOUR OF DEATH 21c. Before 11:25 AM		PRONOUNCED DEAD (Hour) 22e. AT	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Jerry Hunter MD 1701 W. Charleston Las Vegas Nevada 89102		LICENSE NUMBER 23b. 5169	
	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. DEC 29 2004	
CAUSE OF DEATH	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) hepatocellular carcinoma DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
	AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes <i>[Signature]</i>	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 28b. 28c. M 28d.	
	INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28f. 28g.	

STATE REGISTRAR

No. 279717


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 BK- 0205
 PG- 2291

“CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA.” This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT
SEAL

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued:

DEC 30 2004

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 3902
 Las Vegas, Nevada 89127
 702-383-1223
 Tax ID# 88-0151573