

OFFICIAL RECORD

Requested By:

STEWART TITLE OF DOUGLAS

COUNTY

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00

BK-0905 PG- 4010 RPTT: 0.00



A.P.N.# A ptn of 1319-30-645-003
ESCROW NO. TS09005498/AH
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

Verdelle F. Anderson
528 W. Lake Dr.
Lake Norden, SC 57248

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Douglas } 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

Verdelle F. Anderson, of legal age, being first duly sworn, deposes and says: That Dean E. Anderson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dean E. Anderson named as one of the parties in that certain Grant Deed dated April 22, 1996 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to DEAN E. ANDERSON and VERDELLE F. ANDERSON, husband and wife as joint tenants, recorded as Instrument No. 386543, on April 30, 1996 in Book 496, Page 5579, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:
The Ridge Tahoe, Cascade Building, Every Year Use, Week #42-273-16-01, Stateline, NV 89449. See Exhibit 'A' attached here to and by this reference made a part hereof.

DATE: July 05, 2005

Verdelle F. Anderson
Verdelle F. Anderson

STATE OF South Dakota }
COUNTY OF Deuel } ss.

This instrument was acknowledged before me on July 18, 2005
by Verdelle F. Anderson

SEAL

Signature Karen M. Hayford
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)
My Commission Expires: 11-09-2010.

HAS-0278
REV. JULY 1992

TYPED IN
OR
PREPARED
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK
LOCAL FILE NUMBER 20829

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

140 STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Dean Errol Anderson						2. SEX M	3. DATE OF DEATH (Month, Day, Year) December 9, 2003
4. SOCIAL SECURITY NUMBER -9489	5a. AGE-Last Birthday (Years) 64	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year) November 9, 1939	7. BIRTHPLACE (City and State or Foreign Country) Cosmos, MN		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No		9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) Prairie Lakes Hospital				11. CITY, TOWN, OR LOCATION OF DEATH Watertown		12. COUNTY OF DEATH Codington	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced Specify Married		11. SURVIVING SPOUSE (If wife, give maiden name) Verdell Carlson		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Manager		12b. KIND OF BUSINESS/INDUSTRY Telephone Cooperative	
13a. RESIDENCE-STATE South Dakota		13b. COUNTY Hamlin		13c. CITY, TOWN, OR LOCATION Lake Norden		13d. STREET AND NUMBER 528 W. Lake Drive	
14. INSIDE CITY LIMITS? (Yes or No) No		15. ZIP CODE 57248		16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes-if you specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17. RACE-American Indian, Black, White, etc. (Specify) White	
18. FATHER'S NAME (First, Middle, Last) Adolph Anderson				19. MOTHER'S NAME (First, Middle, Maiden Surname) Cora Meyer			
20. INFORMANT'S NAME (Type Print) Verdell Anderson				21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 528 W. Lake Drive, Lake Norden, SD 57248			
22a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Southern Minnesota Cremation Service			22c. LOCATION (City, State) Echo, MN		
23a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William Crawford</i>		23b. LICENSE NUMBER (of establishment) 34		23. NAME AND ADDRESS OF FACILITY Crawford-Eng Funeral Home, 505 Third St. West, Clear Lake, SD 57226			
24. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <i>Myocardial Infarction.</i>							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. DUE TO (OR AS A CONSEQUENCE OF):							
b. DUE TO (OR AS A CONSEQUENCE OF):							
c. DUE TO (OR AS A CONSEQUENCE OF):							
d. DUE TO (OR AS A CONSEQUENCE OF):							
25. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				26. WAS CASE REFERRED TO CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30. DATE OF INJURY (Month, Day, Year)		31. TIME OF INJURY		32. INJURY AT WORK? (Yes or no)	
33. DESCRIBE HOW INJURY OCCURRED		34. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		35. LOCATION (Street Address/Rural Route/County, City, State)			
36. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> CORONER 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 as stated.							
37. SIGNATURE AND TITLE OF CERTIFIER <i>Mark Vossler MD.</i>							
38. PHYSICIAN'S SD LICENSE NUMBER 3443		39. DATE SIGNED (Month, Day, Year) 12-11-03		40. TIME OF DEATH 1630 — M.			
41. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type Print) Mark Vossler MD 401 9th Avenue NW, Watertown, SD 57201							
42. REGISTRAR'S SIGNATURE <i>Kath Pope by Mary Johnson, Deputy</i>						43. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) December 15, 2003	

SEAL

STATE OF SOUTH DAKOTA
County of Codington
I hereby certify that this is a true and correct copy of the original record found in the Register of Deeds Office.
Date Issued: 12-15-2003
Kath Pope by Mary Johnson, Deputy
Register of Deeds/Deputy



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 1/48th 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. 273 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

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