

OFFICIAL RECORD
Requested By:
MARGARET M KALTENBACH

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-1005 PG-3862 RPTT: 0.00



APN: 1319-30-643-043
Recording requested by and mail documents and tax statements to:

Name: MARGARET M. KALTENBACH
Address: P.O. Box 11234
City/State/Zip: SCOTTSDALE, AZ 85271

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
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AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, MARGARET M. KALTENBACH

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That DENNIS M. KALTENBACH

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, DENNIS M. KALTENBACH

named as one of the parties in that certain (type of deed) GRANT BARGAIN SALE DEED
dated on the 12 day of MAY, 1993, and executed by

HARICH TAHOE DEVELOPMENTS A NEVADA GENERAL PARTNERSHIP
known as Grantor(s), to DENNIS M KALTENBACH + MARGARET M KALTENBACH HUSBAND *

known as Grantees, as joint tenants, and recorded as instrument number 307706
on the 21 day of MAY, 1993, in Book 593 of Official

Records of DOUGLAS County, Nevada, covering the following described
property situated in the City of —, County of DOUGLAS

State of Nevada. (Set forth legal description and commonly known address)

* AND WIFE, AND MARTHA R. THOMPSON

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 10 day of OCTOBER, 2005.

Margaret M Kaltenbach
Signature

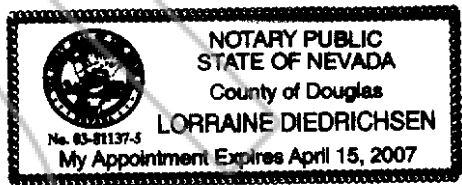
Signature

MARGARET M KALTENBACH
Print or type name here

Print or type name here

STATE OF Nevada)
COUNTY OF Douglas)
On this 10th day of October, 2005, personally appeared
before me, a Notary Public, Margaret M Kaltenbach
 personally known to me OR proved to me on the basis of satisfactory evidence to be the
person(s) described in and who executed the foregoing instrument in the capacity set forth therein,
who acknowledged to me that they executed the same freely and voluntarily and for the uses and
purposes therein mentioned. Witness my hand and official seal.

Lorraine Diederichsen
Notary Public
My commission expires April 15, 2007
Consult an attorney if you doubt this forms fitness for your purpose.



NOTARY PUBLIC
STATE OF NEVADA
County of Douglas
LORRAINE DIEDRICHSEN
No. 83-91137-5
My Appointment Expires April 15, 2007

EXHIBIT "A"

(28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 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 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 036 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 Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 28 only, for one week each year in accordance with said Declarations.

A Portion of APN: 1319-30-643-043



CERTIFICATION OF VITAL RECORD

VERIFICATION BOX (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT, COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO.
D-102 2005 - 026990

ORIGINAL STATE COPY

NAME OF DECEASED A. FIRST DENNIS B. MIDDLE M. C. LAST KALTENBACH			SEX 2. MALE	DATE OF DEATH MONTH AUGUST DAY 3 YEAR 2005		
RACE (e.g., white, black, American Indian, (specify tribe) etc.) SPECIFY White		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. No		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes
PLACE OF DEATH 6A. COUNTY Maricopa		6B. TOWN OR CITY Phoenix		6C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) Banner Good Samaritan Medical Center		6D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT
DATE OF BIRTH MONTH October DAY 10 YEAR 1951		AGE (YEARS LAST BIRTHDAY) 7A. 53	IF UNDER 1 YEAR MOS. DAYS 7B.	IF UNDER 1 DAY HRS. MIN. 7C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Margaret M. Di Giacomo
STATE AND CITY OF BIRTH (If not in USA, name country) 11. Spokane, WA		CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NO. 13. [REDACTED] 7234		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. Clerk
USUAL RESIDENCE 15A. STATE Arizona 15B. COUNTY Maricopa		15C. TOWN OR CITY Tempe		15D. ZIP CODE 85281		16. 17 Years
STREET ADDRESS OF R.F.D. 1912 N. Oleander St.		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. Yes	ON RESERVATIONS (SPECIFY Yes or No) 15G. No	PREVIOUS STATE OF RESIDENCE 18. Colorado		17. ELEMENTARY SECONDARY COLLEGE (1-4 or 5-) 18A. 12 18B.
FATHER'S NAME A. FIRST Andy B. MIDDLE Kaltenbach C. LAST		MOTHER'S MAIDEN NAME A. FIRST Gloria B. MIDDLE Holcomb C. LAST		INFORMANT'S SIGNATURE By: K.A. Keil 21. Margaret Kaltenbach RELATIONSHIP TO DECEASED 22. Wife ADDRESS STREET NO. P.O. Box 11234 CITY AND STATE Scottsdale, AZ ZIP CODE 85271		
BURIAL CREMATION, REMOVAL, OTHER (Specify) 23. Crementation		DATE 25. 8-5-05		MEMBER OF CREMATORY (NAME AND ADDRESS) 26. Paradise Memorial Crematory, Scottsdale, Arizona		BALMERS SIGNATURE 27A. Not Embalmed CERT. NO. 27B.
FUNERAL HOME 29. 7601 E. Indian School Rd., Scottsdale, AZ 85251		NAME Messinger Indian School Mortuary		STREET ADDRESS 7601 E. Indian School Rd., Scottsdale, AZ 85251		CITY AND STATE Scottsdale, AZ
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY 30. SIGNATURE AND TITLE [Signature]		DATE SIGNED (Mo., Day, Year) 31. August 4, 2005		HOUR OF DEATH 32. 10:43 A.M.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE AND TITLE [Signature] DATE SIGNED (Mo., Day, Year) 35. August 4, 2005 PRONOUNCED DEAD (Mo., Day, Year) 37. DN
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER, TRICIA ADAMS REGISTERAR, AUTHORIZED 2B 33. Joseph Alvarnas, MD, Phoenix, AZ 85006		REG. FILE NO. 43. 15972		REGISTRAR'S SIGNATURE 44. Virginia Castellanov Debut		AUTHORIZED FOR CREMATION (Specify Yes or No) 40. Yes
DATE REGISTERED 41. AUG 09 2005		REG. DISTRICT 45. 0706		DATE RECD IN STATE OFFICE 46.		36. HOUR OF DEATH 38. AT
SPECIALLY LISTED CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST PART I 47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Pneumonia - Aspiration		47B. DUE TO OR AS A CONSEQUENCE OF: Multiple Myeloma		47C. DUE TO OR AS A CONSEQUENCE OF:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week 1 year
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				AUTOPSY (Specify Yes or No) 49. No		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. Yes
MANNER OF DEATH (NATURAL CAUSE) <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO AUG DAY 09 YR 2005 HOUR 10:43		INJURY AT WORK? (Specify Yes or No) 54. No		DESCRIBE HOW INJURY OCCURRED 55.
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56.		WHERE LOCATED? 57.		STREET ADDRESS CITY OR TOWN STATE		
SUPPLEMENTARY ENTRIES						

Aug 17, 2005

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

