

OFFICIAL RECORD

Requested By:

STEWART TITLE OF DOUGLAS
COUNTY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1205 PG- 7306 RPTT: 0.00



A.P.N. # 1319-30-722-014
ESCROW NO. 32-113-30-01 /TS09005729
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

Kathleen Lee
1515 Hallcrest Dr.
San Jose, CA 95118

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss
COUNTY OF Douglas }

KATHLEEN A. LEE, of legal age, being first duly sworn, deposes
and says: That RICHARD H. LEE, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as RICHARD H. LEE

named as one of the parties in that certain Grant Deed dated June 23, 1988 executed by
Harich Tahoe Development, a Nevada general partnership
to Richard H. Lee and Kathleen A. Lee, husband and wife
as joint tenants, recorded as Instrument No. 0182407, on July 19, 1988
in Book 788, Page 2364, of Official Records of Douglas
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:
See Exhibit 'A' attached hereto and by this reference made a part hereof.

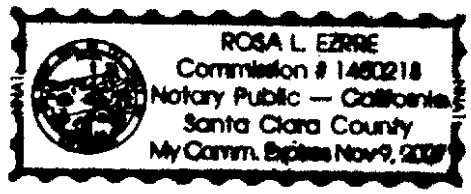
DATE: 06-02-05

Kathleen A. Lee
Kathleen A. Lee

STATE OF California }
 } ss.
COUNTY OF Santa Clara }

This instrument was acknowledged before me on
June 2, 2005
by, Kathleen A. Lee

Signature Rosa L. Ezrre
Notary Public



CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

HEALTH DEPARTMENT
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN) Richard		1B. MIDDLE HENRY	1C. LAST (FAMILY) LEE	2A. DATE OF DEATH—MO. DAY, YR January 8, 1993	2B. HOUR 1224	3. SEX M
4. RACE CAUC		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR AUGUST 24, 1925		7. AGE IN YEARS 67	IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTE	
DECEDENT PERSONAL DATA	8. STATE OF BIRTH CA	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER JAMES LEE		10B. STATE OF BIRTH TX	11A. FULL MAIDEN NAME OF MOTHER MARGARET DAVENPORT		11B. STATE OF BIRTH HI
	12. MILITARY SERVICE 19 42 To 19 46 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 5707		14. MARITAL STATUS MARRIED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) KATHLEEN ROBIN	
16A. USUAL OCCUPATION ACCOUNTANT		16B. USUAL KIND OF BUSINESS OR INDUSTRY MEDICAL		16C. USUAL EMPLOYER VMC		16D. YEARS IN OCCUPATION 30	17. EDUCATION—YEARS COMPLETED 16	
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1515 HALLCREST DRIVE				18B. CITY SAN JOSE		18C. ZIP CODE 95118	
	18D. COUNTY SANTA CLARA		18E. NUMBER OF YEARS IN THIS COUNTY 30	18F. STATE OR FOREIGN COUNTRY CA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT KATHLEEN LEE— WIFE 1515 HALLCREST DRIVE SAN JOSE, CA 95118		
PLACE OF DEATH	19A. PLACE OF DEATH Valley Medical Center		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ER/OP		19C. COUNTY Santa Clara		19D. CITY San Jose	
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 751 S. Bascom Avenue				19E. CITY San Jose		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES 008-11 <input type="checkbox"/> NO	
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						23. WASopsy PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IMMEDIATE CAUSE (A) Right Coronary Artery Occlusion ▶ Minutes						24A. WAS AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (B) Arteriosclerotic Cardiovascular Disease ▶ Years						24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (C)							
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Diabetes Mellitus/Hypertensive						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.		
PHYSICIAN'S CERTIFICATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER	
	27A. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR				27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS			
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER John A. ... Coroner		28B. DATE SIGNED 1/11/93	
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Natural		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS SANTA CLARA MISSION CEM., SANTA CLARA, CA		34C. DATE MO. DAY, YR. 1-13-1993		35A. SIGNATURE OF EMBALMER Patricia Hogan	
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LIMA FAMILY - ERICKSON		36B. LICENSE NO. F-128		37. SIGNATURE OF LOCAL REGISTRAR Stephen A. Coray M.D.		38. REGISTRATION DATE JAN 12 1993	
STATE REGISTRAR		A.		B.		C.		
D.		E.		F.		G.		

BK- 1205
PG- 7307
0663520 Page: 2 Of 3 12/16/2005

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

567165

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED JAN 12 1993
BY

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

(32)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 32 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 101 through 120 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 113 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 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 Lots 31, 32 or 33 only, for one week each year in the SPRING/FALL "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-722-014

