

A.P.N.# A ptn of 1319-30-644-008  
ESCROW NO. TS09005749/AH  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY

DOC # **0666298**  
01/24/2006 10:01 AM Deputy: KLJ  
**OFFICIAL RECORD**  
Requested By:  
STEWART TITLE OF DOUGLAS  
COUNTY  
Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0106 PG- 7518 RPTT: 0.00



WHEN RECORDED MAIL TO:  
  
**Linda Sippl**  
650 Latonka Dr.  
Mercer, PA 16137

(Space Above For Recorder's Use Only)

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA            }  
   } ss.  
COUNTY OF Douglas      }

Linda Sippl of legal age, being first duly sworn, deposes and says: That Siegfried Sippl the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Siegfried Sippl named as one of the parties in that certain Grant Deed dated March 22, 1996 executed by ANTONIO V. DIFUNTORUM and CLARITA C. DIFUNTORUM, husband & to SIEGFRIED SIPPL and LINDA SIPPL, husband and wife wife as joint tenants, recorded as Instrument No. 384490, on April 01, 1996 in Book 496 Page 20 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:  
**The Ridge Tahoe, Plaza Building, Prime Season, Week #37-046-36-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.**

DATE: January 10, 2006  
Linda Sippl

STATE OF PENNSYLVANIA }  
   } ss.  
COUNTY OF MERCER             }

This instrument was acknowledged before me on 1/17/06  
by Linda Sippl

**SEAL**

**NOTARIAL SEAL**  
JUDY M. HINKSON, NOTARY PUBLIC  
MERCER BORO, MERCER COUNTY  
MY COMMISSION EXPIRES ON AUG. 28, 2009

Signature Judy M. Hinkson  
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$2.00



Mary Ann Bokor  
Local Registrar (Acting)

P 7557019  
No.

Aug. 6, 2001  
Date



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BK- 0106  
PG- 7519

H105.143 Rev 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
CERTIFICATE OF DEATH

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

ALIAS USED

Sippl, Siegfried

1. NAME OF DECEDENT (First, Middle, Last) <b>Siegfried Adam Sippl</b>		2. SEX <b>Male</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED] - 8647</b>	4. DATE OF DEATH (Month, Day, Year) <b>4 AUGUST 3, 2001</b>
5. AGE (Last Birthday) <b>48 Yrs</b>	6. UNDER 1 YEAR Months: Days	7. UNDER 1 DAY Hours: Minutes	8. DATE OF BIRTH (Month, Day, Year) <b>07/22/1953</b>	9. BIRTHPLACE (City and State or Foreign Country) <b>Sharon, PA</b>
10. COUNTY OF DEATH <b>Allegheny</b>		11. CITY, BORO, TWP OF DEATH <b>Pittsburgh</b>		12. FACILITY NAME (If not institution, give street and number) <b>UNIVERSITY OF PITTSBURGH MEDICAL CENTER</b>
13. DECEDECENT'S USUAL OCCUPATION <b>Investment Broker</b>		14. KIND OF BUSINESS/INDUSTRY <b>Financial</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <b>No</b>
16. DECEDECENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) <b>650 Latonka Drive Mercer, PA 16137</b>		17. STATE <b>PA</b>	18. DECEDECENT'S ACTUAL RESIDENCE (See instructions on other side) <b>PA</b>	19. COUNTY <b>Mercer</b>
18. FATHER'S NAME (First, Middle, Last) <b>Adam Sippl</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Priska Pachatz</b>		20. INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) <b>650 Latonka Drive, Mercer, PA 16137</b>
20. INFORMANT'S NAME (Type/Print) <b>Linda Sippl</b>		21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State		22. DATE OF DISPOSITION (Month, Day, Year) <b>August 6, 2001</b>
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		22. LICENSE NUMBER <b>012657-L</b>	23. NAME AND ADDRESS OF FACILITY <b>J. Bradley McGonigle FH 1090 E. State St., Sharon, PA 16146</b>	
23. SIGNATURE OF PHYSICIAN ONLY (See definitions on other side) <i>[Signature]</i>		24. TIME OF DEATH <b>4:15 PM</b>		25. DATE PRONOUNCED DEAD (Month, Day, Year) <b>AUGUST 3, 2001</b>
25. PART I: Enter the diseases, injuries or complications which 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. <b>SEPSIS DUE TO (OR AS A CONSEQUENCE OF): ISCHEMIC BOWEL</b>		26. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ARDS</b>		27. PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. <b>ACUTE RENAL FAILURE</b>
28. WAS AN AUTOPSY PERFORMED? <b>No</b>		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		30. DATE OF INJURY (Month, Day, Year)
30. TIME OF INJURY		31. INJURY AT WORK? <b>No</b>		32. DESCRIBE HOW INJURY OCCURRED.
31. CERTIFIER (Check only one) *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		32. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> , MD		33. LICENSE NUMBER <b>MD-073280-L</b>
*PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to 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.		33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print <b>KENNETH G. KALASSIAN, MD UNIVERSITY OF PITTSBURGH MEDICAL CENTER 300 LATHROP ST. PITTSBURGH, PA 15213-2552</b>		34. DATE SIGNED (Month, Day, Year) <b>AUGUST 3, 2001</b>
*MEDICAL EXAMINER/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.		34. REGISTRAR'S SIGNATURE AND NUMBER <i>[Signature]</i> <b>43414</b>		35. DATE FILED (Month, Day, Year) <b>Aug. 6, 2001</b>

EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 046 as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-008

