

OFFICIAL RECORD

Requested By:

STEWART TITLE OF DOUGLAS

COUNTY

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00

BK-0406 PG- 3623 RPTT: 0.00



A.P.N. # A ptn of 1319-30-519-016  
ESCROW NO. TS09005791/AH  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

Carol M. Pitcher  
6387 Mother Lode Dr. #99  
Placerville, CA 95667

(Space Above For Recorder's Use Only)

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
  } ss.  
COUNTY OF Douglas }

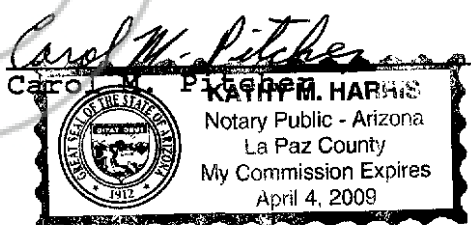
THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

Carol M. Pitcher, of legal age, being first duly sworn, deposes and says: That Kenneth D. Pitcher & Zelda M. Pitcher, the decedents mentioned in the attached certified <sup>copies</sup> of Certificates of Death are the same persons as Kenneth D. Pitcher & Zelda M. Pitcher named as two of the parties in that certain Joint Tenancy Deed dated August 03, 1994 executed by KENNETH D. PITCHER, a married man, LINDA M. BEAL, \* to KENNETH D. PITCHER and CAROL M. PITCHER, husband and wife\*\* as joint tenants, recorded as Instrument No. 349340, on October 26, 1994 in Book 1094, Page 4356, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: The Ridge View, One Bedroom, Summer Season, Week #50-016-05-01, Stateline, NV 89449. See Exhibit 'A' attached here to and by this reference made a part hereof.  
\* a married woman and ZELDA M. PITCHER, a widow  
\*\* and ZELDA M. PITCHER, a widow altogether

DATE: February 27, 2006

STATE OF Arizona }  
  } ss.  
COUNTY OF La Paz }



This instrument was acknowledged before me on March 3, 2006, by Carol M. Pitcher

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

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
PLACERVILLE, CALIFORNIA

**CERTIFICATE OF DEATH** 3200209000294

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| STATE FILE NUMBER  |  | STATE OF CALIFORNIA<br>USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS<br>VS-11 (REV. 1/00)  |  | LOCAL REGISTRATION NUMBER   |  |
| 1. NAME OF DECEDENT—FIRST (GIVEN)<br><b>KENNETH</b>  |  | 2. MIDDLE<br><b>DALE</b>  |  | 3. LAST (FAMILY)<br><b>PITCHER</b>  |  |
| 4. DATE OF BIRTH M/M/DD/CCYY<br><b>06/23/1941</b>  |  | 5. AGE YRS.<br><b>60</b>  |  | 6. SEX<br><b>M</b>  |  |
| 7. DATE OF DEATH M/M/DD/CCYY<br><b>05/01/2002</b>  |  | 8. HOUR<br><b>0115</b>  |  | 9. STATE OF BIRTH<br><b>IA</b>  |  |
| 10. SOCIAL SECURITY NO.<br><b>1921</b>   |  | 11. MILITARY SERVICE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK  |  | 12. MARITAL STATUS<br><b>MARRIED</b>  |  |
| 13. EDUCATION—YEARS COMPLETED<br><b>16</b>   |  | 14. RACE<br><b>CAUCASIAN</b>  |  | 15. USUAL EMPLOYER<br><b>E.D. CO. OFFICE OF ED.</b>   |  |
| 16. OCCUPATION<br><b>TEACHER</b>   |  | 17. KIND OF BUSINESS<br><b>EDUCATION</b>  |  | 18. YEARS IN OCCUPATION<br><b>17</b>  |  |
| 20. RESIDENCE—(STREET AND NUMBER OR LOCATION)<br><b>5500 CROSSBILL LANE</b>  |  |   |  |   |  |
| 21. CITY<br><b>EL DORADO</b>   |  | 22. COUNTY<br><b>EL DORADO</b>  |  | 23. ZIP CODE<br><b>95623</b>  |  |
| 24. YEAR IN COUNTY<br><b>23</b>  |  | 25. STATE OR FOREIGN COUNTRY<br><b>CA</b>   |  | 26. NAME, RELATIONSHIP<br><b>MICHELLE PITCHER - DAUGHTER</b>  |  |
| 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)<br><b>2712 LACRESCENTA DR., CAMERON PARK, CA 95682</b>   |  |   |  |   |  |
| 28. NAME OF SURVIVING SPOUSE—FIRST<br><b>CAROL</b>   |  | 29. MIDDLE<br><b>MARIE</b>  |  | 30. LAST (MAIDEN NAME)<br><b>MAYO</b>   |  |
| 31. NAME OF FATHER—FIRST<br><b>WILLIAM</b>   |  | 32. MIDDLE<br><b>DALE</b>   |  | 33. LAST<br><b>PITCHER</b>  |  |
| 34. BIRTH STATE<br><b>IA</b>   |  | 35. NAME OF MOTHER—FIRST<br><b>ZELDA</b>  |  | 36. MIDDLE<br><b>MAE</b>  |  |
| 37. LAST (MAIDEN)<br><b>COLVER</b>   |  | 38. BIRTH STATE<br><b>SD</b>  |  | 39. DATE M/M/DD/CCYY<br><b>05/03/2002</b>   |  |
| 40. PLACE OF FINAL DISPOSITION<br><b>REPOS: MICHELLE PITCHER - DAUGHTER<br/>2712 LACRESCENTA DRIVE, CAMERON PARK, CA 95682</b>   |  |   |  |   |  |
| 41. TYPE OF DISPOSITION<br><b>CR/RES</b>   |  | 42. SIGNATURE OF EMBALMER<br><b>NOT EMBALMED</b>  |  | 43. LICENSE NO.<br><b>-</b>   |  |
| 44. NAME OF FUNERAL DIRECTOR<br><b>CHAPEL OF THE PINES</b>   |  | 45. LICENSE NO.<br><b>ED1129</b>  |  | 46. SIGNATURE OF LOCAL REGISTRAR<br><i>William E. Schatz</i>  |  |
| 47. DATE M/M/DD/CCYY<br><b>05/02/2002</b>  |  | 101. PLACE OF DEATH<br><b>MARSHALL HOSPITAL</b>   |  |   |  |
| 102. IF HOSPITAL, SPECIFY ONE:<br><input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER   |  | 103. FACILITY OTHER THAN HOSPITAL:<br><input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER |  | 104. COUNTY<br><b>EL DORADO</b>   |  |
| 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)<br><b>MARSHALL WAY</b>   |  | 106. CITY<br><b>PLACERVILLE</b>   |  | 107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)<br><b>(A) MULTIORGAN FAILURE</b>            |  |
| 108. IMMEDIATE CAUSE<br><b>(B) SEPSIS</b>  |  | 109. TIME ELAPSED BETWEEN ONSET AND DEATH<br><b>12 HRS</b>  |  | 110. DEATH REPORTED TO CORONER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>REPELAL NUMBER |  |
| 111. DUE TO<br><b>(C) PNEUMONIA</b>  |  | 112. DUE TO<br><b>2 DAYS</b>  |  | 113. BIOPSY PERFORMED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                            |  |
| 114. DUE TO<br><b>4 DAYS</b>   |  | 115. AUTOPSY PERFORMED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 116. USED IN DETERMINING CAUSE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                   |  |
| 117. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE, GIVEN IN 107<br><b>RENAL TRANSPLANT, AORTIC VALVE REPLACEMENT, HTN, ATRIAL FIBRILLATION</b>   |  |   |  |   |  |
| 118. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 117? IF YES, LIST TYPE OF OPERATION AND DATE.<br><b>RENAL TRANSPLANT --/--/1991, AORTIC VALVE REPLACEMENT X2, --/--/1999</b>   |  |   |  |   |  |
| 119. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN<br><i>Bobby W. Burtell</i>  |  | 120. LICENSE NO.<br><b>A49456</b>   |  | 121. DATE M/M/DD/CCYY<br><b>05/02/2002</b>  |  |
| 122. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP<br><b>Bobby Barnhill, M.D.<br/>3581 Plamer Drive, Suite 602, Cameron Park, CA 95682</b>   |  |   |  |   |  |
| 123. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 124. INJURY AT WORK<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | 125. INJURY DATE M/M/DD/CCYY  |  |
| 126. MANNER OF DEATH<br><input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE<br><input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED |  | 127. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)   |  |   |  |
| 128. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)  |  |   |  |   |  |
| 129. SIGNATURE OF CORONER OR DEPUTY CORONER<br><i>William E. Schatz</i>  |  | 130. DATE M/M/DD/CCYY   |  | 131. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER<br><b>William E. Schatz</b>   |  |
| STATE REGISTRAR  |  |   |  |   |  |

87807

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF EL DORADO } SS

DATE ISSUED

NOV 21 2002

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER-CLERK.

*William E. Schatz*

EL DORADO COUNTY RECORDER-CLERK

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder-Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0406  
PG- 3624  
0672499 Page: 2 of 4 04/11/2006



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SANTA CLARA**  
SAN JOSE, CALIFORNIA

**CERTIFICATE OF DEATH**

3200443003397

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| 1. NAME OF DECEDENT - FIRST (Given)   |  | 2. MIDDLE  |   | 3. LAST (Family)                                |  |
| ZELDA   |  | MAE  |   | PITCHER   |  |
| 4. DATE OF BIRTH (month/day/year)   |  |  |   |   |  |
| 08/03/1910  |  | 5. AGE Yrs   |   | 93  |  |
| 6. BIRTH STATE/FOREIGN COUNTRY  |  |  |   |   |  |
| SD  |  |  |   |   |  |
| 10. SOCIAL SECURITY NUMBER  |  | 11. EVER IN U.S. ARMED FORCES  |   | 12. MARITAL STATUS (at time of death)           |  |
| 9897  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK   |   | WIDOWED   |  |
| 13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED  |  | 14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food consumption, employment agency, etc.)  |   | 15. YEARS IN OCCUPATION                         |  |
| HOMEMAKER   |  | OWN HOME   |   | 73  |  |
| 20. DECEDENT'S RESIDENCE (Street and number or postoffice)  |  |  |   |   |  |
| 2550 WARBURTON AVE  |  |  |   |   |  |
| 21. CITY  |  | 22. COUNTY/PROVINCE  |   | 23. STATE/FOREIGN COUNTRY                       |  |
| SANTA CLARA   |  | SANTA CLARA  |   | CA  |  |
| 26. INFORMANT'S NAME, RELATIONSHIP  |  |  | 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, STATE, ZIP) |   |  |
| DON PITCHER - SON   |  |  | 3338 KUYKENDALL P. SAN JOSE CA 95148  |   |  |
| 28. NAME OF SURVIVING SPOUSE - FIRST  |  | 29. MIDDLE   |   | 30. LAST ( maiden name)                         |  |
| EDWIN   |  | CULVER   |   | UNK   |  |
| 31. NAME OF SPOUSE - FIRST  |  | 32. MIDDLE   |   | 33. LAST ( maiden name)                         |  |
| ELSIE   |  | SIMINGTON  |   | UNK   |  |
| 34. DISPOSITION DATE (month/day/year)   |  | 35. PLACE OF FINAL DISPOSITION   |   |   |  |
| 05/13/2004  |  | MISSION CITY MEMORIAL PARK 420 N WINCHESTER BLVD SANTA CLARA CA  |   |   |  |
| 36. TYPE OF DISPOSITION   |  | 37. SIGNATURE OF CORONER   |   | 38. LICENSE NUMBER                              |  |
| BURIAL  |  | NOT EMBALMED   |   | -   |  |
| 39. NAME OF FUNERAL ESTABLISHMENT   |  | 40. LICENSE NUMBER   |   | 41. DATE (month/day/year)                       |  |
| LIMA FAMILY SANTA CLARA MORTUARY  |  | FD 93  |   | 05/11/2004 EN                                   |  |
| 101. PLACE OF DEATH   |  | 102. IF HOSPITAL, SPECIFY ONE  |   | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE        |  |
| MT PLEASANT NURSING HOME  |  | <input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> ODA <input type="checkbox"/> HospCa <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other |   | -   |  |
| 104. COUNTY   |  | 105. FACILITY ADDRESS OR LOCATION (if there is one) (Street and number or location)  |   | 106. CITY                                       |  |
| SANTA CLARA   |  | 1355 CLAYTON RD  |   | SAN JOSE  |  |
| 107. CAUSE OF DEATH   |  |  |   |   |  |
| IMMEDIATE CAUSE (First disease or condition resulting in death)   |  |  |   |   |  |
| CARDIAC FAILURE   |  |  |   |   |  |
| ARTERIOSCLEROTIC HEART DISEASE  |  |  |   |   |  |
| 108. OTHER DISEASES OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH IN 107   |  |  |   |   |  |
| -   |  |  |   |   |  |
| 109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date)  |  |  |   |   |  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK  |  |  |   |   |  |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED) FROM THE CALIFORNIA  |  | 115. SIGNATURE AND TITLE OF CERTIFIER  |   | 116. LICENSE NUMBER                             |  |
| Decedent (Last, First, Middle)  |  | Brenda Davis   |   | 634156  |  |
| 117. DATE (month/day/year)  |  | 118. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS AND CODE   |   |   |  |
| 05/07/2004  |  | N WOODS MD 2460 SAMARITAN DR SAN JOSE CA 95124   |   |   |  |
| 119. I CERTIFY THAT IF ANY OPERATION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CALIFORNIA   |  |  |   |   |  |
| NUMBER OF DEATHS: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Poisoning <input type="checkbox"/> Suicide <input type="checkbox"/> Fire <input type="checkbox"/> Violence <input type="checkbox"/> Other |  |  |   |   |  |
| 120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)   |  |  |   |   |  |
| 121. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)   |  |  |   |   |  |
| 122. LOCATION OF INJURY (Street and number, or location, city, and ZIP)   |  |  |   |   |  |
| 123. SIGNATURE OF CORONER/DEPUTY CORONER  |  | 124. DATE (month/day/year)   |   | 125. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER |  |
| -   |  | -  |   | -   |  |
| STATE REGISTRY  |  | FAX ALIVE #  |   | CENSUS TRACT                                    |  |
| A B C D E   |  | 30746  |   | -   |  |

BK- 0406  
PG- 3625  
0672499 Page: 3 of 4 04/11/2006

CERTIFIED COPY OF VITAL RECORD

\* R 00801146 \*

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS

I, Brenda Davis, Santa Clara County Clerk-Recorder, do hereby certify that this is a true and exact reproduction of the document officially registered in my office.  
Witness my hand and official seal this 30th day  
of March, 2005

*Brenda Davis*  
BRENDA DAVIS, COUNTY CLERK-RECORDER  
*Deputy*  
Deputy

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

(50)

A timeshare estate comprised of:

Parcel 1: An undivided 1/51st interest in and to that certain condominium described as follows:

- (A) An undivided 1/24<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.
- (B) Unit No. 016 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Summer use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-016

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STEWART TITLE OF DOUGLAS COUNTY



0672499

Page: 4 Of 4

BK- 0406  
PG- 3626  
04/11/2006