

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-6080 RPTT: 0.00



A.P.N. # A ptn of 1319-30-722-018  
ESCROW NO. TS09005813/AH  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:  
  
**Phyllis J. Nand**  
260 Oakcrest Ave.  
So. San Francisco, CA 94080

(Space Above For Recorder's Use Only)

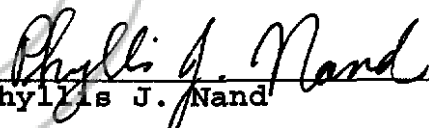
**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
} ss.  
COUNTY OF Douglas }

Phyllis J. Nand, of legal age, being first duly sworn, deposes  
and says: That Keshwa Nand, the decedent mentioned in the attached  
certified copy of Certificate of Death, is the same person as Keshwa Nand  
named as one of the parties in that certain Grant Deed dated July 02, 1983  
executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership  
to KESHWA NAND and PHYLLIS J. NAND, husband and wife, and \*  
as joint tenants, recorded as Instrument No. 85286, on August 08, 1983  
in Book 0883, Page 606, of Official Records of Douglas  
County, Nevada, covering the following described property situated in Douglas  
County, State of Nevada:  
The Ridge Tahoe, Naegle Building, Swing Season, Week  
#32-117-19-01, Stateline, NV 89449. See Exhibit 'A'  
attached hereto and by this reference made a part hereof.

\* FRANCIS N. NAND, a single man  
and JUDY R. NAND, a single  
woman

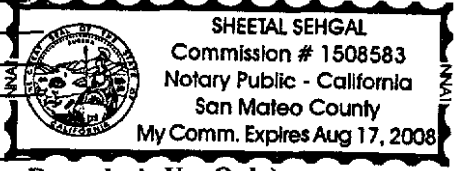
DATE: April 03, 2006

  
Phyllis J. Nand

STATE OF California }  
} ss.  
COUNTY OF San Mateo }

This instrument was acknowledged before me on April 8<sup>th</sup> 2006  
by, Phyllis J. Nand

Signature Sheetal Sehgal



COUNTY OF SAN MATEO

HEALTH DEPARTMENT

SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH

3200341

001810

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 1. NAME OF DECEDENT - FIRST (Print)  |  | 2. MIDDLE  |  | 3. LAST (Print)  |  | 4. LOCAL REGISTRATION NUMBER   |  |
| Keshwa   |  | Nand   |  |  |  |  |  |
| 5. DATE OF BIRTH (month/day)   |  |  |  | 6. AGE Yrs.  |  | 7. SEX   |  |
| 10/23/1934   |  |  |  | 68   |  | M  |  |
| 8. BIRTH STATE/FOREIGN COUNTRY   |  | 9. SOCIAL SECURITY NUMBER  |  | 10. EVER IN U.S. ARMED SERVICES?   |  | 11. MARITAL STATUS (at Time of Death)  |  |
| Fiji Island  |  | [REDACTED] 3185  |  | [X] YES [ ] NO   |  | Married  |  |
| 12. EDUCATION - Highest Grade Completed (see instructions on back)                                       |  | 13. WAS DECEDENT DEAF/BLIND/PROFOUNDLY DEAF/BLIND (if yes, see instructions on back)?                    |  | 14. DECEDENT'S RACE - Up to 8 races may be listed (see instructions on back)                             |  | 15. HOUR (California)  |  |
| HS Graduate  |  | [ ] YES [X] NO   |  | Pacific Islander - Hindu   |  | 1430   |  |
| 16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED                                 |  |  |  | 17. HEAD OF BUSINESS OR INDUSTRY (e.g., grocery store, land construction, employment agency, etc.)       |  | 18. YEARS IN OCCUPATION  |  |
| Master Mechanic  |  |  |  | Auto Repair  |  | 30   |  |
| 19. DECEDENT'S RESIDENCE (Street and number or building)   |  |  |  |  |  |  |  |
| 260 Oakcrest Avenue  |  |  |  |  |  |  |  |
| 20. CITY   |  | 21. COUNTY/DIVISION  |  | 22. ZIP CODE   |  | 23. YEARS IN COUNTRY   |  |
| South San Francisco  |  | San Mateo  |  | 94080  |  | 45   |  |
| 24. STATE/FOREIGN COUNTRY  |  | 25. INFORMATION CONCERNING ADDRESS (Street number or rural route number, city or town, state, ZIP)       |  |  |  |  |  |
| CA   |  | 69 Ambrose Circle, South San Francisco, CA 94080   |  |  |  |  |  |
| 26. NAME OF MARRIED SPOUSE - FIRST   |  | 27. MIDDLE   |  | 28. LAST   |  | 29. BIRTH STATE  |  |
| Phyllis  |  | Josephina  |  | Frasar   |  | Fiji Islands   |  |
| 30. NAME OF FATHER - FIRST   |  | 31. MIDDLE   |  | 32. LAST   |  | 33. BIRTH STATE  |  |
| Ram  |  |  |  | Jibwan   |  | Fiji Islands   |  |
| 34. NAME OF MOTHER - FIRST   |  | 35. MIDDLE   |  | 36. LAST   |  | 37. BIRTH STATE  |  |
| Indar  |  |  |  | Devi   |  | Fiji Islands   |  |
| 38. MARRIAGE DATE  |  | 39. PLACE OF FINAL DISPOSITION   |  |  |  |  |  |
| 05/17/2003   |  | R/S: of Wife - Phyllis J. Nand, 260 Oakcrest Ave., South San Francisco, CA 94080                         |  |  |  |  |  |
| 40. TYPE OF DISPOSITION  |  | 41. NAME OF FUNERAL HOME/CEMETERY  |  | 42. LICENSE NUMBER   |  | 43. DATE   |  |
| CR/RSS   |  | Garden Chapel Funeral Directors  |  | FD 805   |  | EMB 5480   |  |
| 44. NAME OF FUNERAL HOME/CEMETERY  |  | 45. LICENSE NUMBER   |  | 46. SIGNATURE OF REGISTRAR   |  | 47. DATE   |  |
| Garden Chapel Funeral Directors  |  | FD 805   |  | [Signature]  |  | 05/16/2003   |  |
| 48. PLACE OF DEATH   |  | 49. COUNTY   |  | 50. CITY   |  | 51. ZIP CODE   |  |
| Kaiser Hospital  |  | San Mateo  |  | San Francisco  |  | 94116  |  |
| 52. CAUSE OF DEATH   |  | 53. MANNER OF DEATH  |  | 54. ICD-10 CODE  |  | 55. ICD-9 CODE   |  |
| Pending Investigation  |  | Natural  |  | E85  |  | I03-A  |  |
| 56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT REFLECTED IN THE UNDERLYING CAUSE GIVEN IN 52 |  | 57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT REFLECTED IN THE UNDERLYING CAUSE GIVEN IN 52 |  | 58. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT REFLECTED IN THE UNDERLYING CAUSE GIVEN IN 52 |  | 59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT REFLECTED IN THE UNDERLYING CAUSE GIVEN IN 52 |  |
| 60. SIGNATURE OF PHYSICIAN   |  | 61. DATE   |  | 62. TYPE NAME, TITLE OF DOCTOR/DEPUTY CORONER  |  | 63. DATE   |  |
| [Signature]  |  | 05/15/2003   |  | THOMAS P. MARRISCOLO, Ch Dep Coroner   |  |  |  |
| 64. SIGNATURE OF DOCTOR/DEPUTY CORONER   |  | 65. DATE   |  | 66. TYPE NAME, TITLE OF DOCTOR/DEPUTY CORONER  |  | 67. DATE   |  |
| [Signature]  |  | 05/15/2003   |  | THOMAS P. MARRISCOLO, Ch Dep Coroner   |  |  |  |
| 68. SIGNATURE OF DOCTOR/DEPUTY CORONER   |  | 69. DATE   |  | 70. TYPE NAME, TITLE OF DOCTOR/DEPUTY CORONER  |  | 71. DATE   |  |
| [Signature]  |  | 05/15/2003   |  | THOMAS P. MARRISCOLO, Ch Dep Coroner   |  |  |  |
| 72. SIGNATURE OF DOCTOR/DEPUTY CORONER   |  | 73. DATE   |  | 74. TYPE NAME, TITLE OF DOCTOR/DEPUTY CORONER  |  | 75. DATE   |  |
| [Signature]  |  | 05/15/2003   |  | THOMAS P. MARRISCOLO, Ch Dep Coroner   |  |  |  |
| 76. SIGNATURE OF DOCTOR/DEPUTY CORONER   |  | 77. DATE   |  | 78. TYPE NAME, TITLE OF DOCTOR/DEPUTY CORONER  |  | 79. DATE   |  |
| [Signature]  |  | 05/15/2003   |  | THOMAS P. MARRISCOLO, Ch Dep Coroner   |  |  |  |
| 80. SIGNATURE OF DOCTOR/DEPUTY CORONER   |  | 81. DATE   |  | 82. TYPE NAME, TITLE OF DOCTOR/DEPUTY CORONER  |  | 83. DATE   |  |
| [Signature]  |  | 05/15/2003   |  | THOMAS P. MARRISCOLO, Ch Dep Coroner   |  |  |  |

BK- 0406  
PG- 6081  
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED DEC 22 2003  
COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

[Signature] SCOTT MORROW, M.D.  
HEALTH OFFICER AND REGISTRAR

\*000315374\*

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.





# COUNTY OF SAN MATEO

HEALTH DEPARTMENT  
SAN MATEO, CALIFORNIA

## PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEDOUTS, OR OTHER ALTERATIONS  
USE BLACK INK ONLY

3200341-001810

|                                |    |    |    |
|--------------------------------|----|----|----|
| STATE/LOCAL REGISTRAR USE ONLY | 1. | 2. | 3. |
|--------------------------------|----|----|----|

| PART I INFORMATION TO LOCATE RECORD |                       |                         |        |
|-------------------------------------|-----------------------|-------------------------|--------|
| 1. NAME AS IT APPEARS ON RECORD     | 2. MIDDLE             | 3. LAST (FAMILY) NAME   | 4. SEX |
| Keshwa                              | -                     | Nand                    | M      |
| 5. DATE OF EVENT - MM/DD/YYYY       | 6. CITY OF OCCURRENCE | 7. COUNTY OF OCCURRENCE |        |
| 05/14/2003                          | San Francisco         | San Mateo               |        |

| PART II STATEMENT OF CORRECTIONS |  |
|----------------------------------|--|
| 8. CORRECTED ITEM                | 9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD                            |
| 107A                             | Pending Investigation  |
| 107B                             | Probable cardiac dysrhythmia   |
| 107C                             | Myocardial infarction  |
| 107D                             | Ischemic cardiomyopathy  |
| 112                              | Unknown  |
| 113                              | Obstructive coronary atherosclerosis, status post stents and bypass grafts |
| 119                              | Years  |
|                                  | Generalized atherosclerosis  |
|                                  | Years  |
|                                  | Paralytic illness, no cause  |
|                                  | Intoxication   |
|                                  | Unknown  |
|                                  | Natural  |

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

|   |  |                 |   |
|---|--|-----------------|---|
| DECLARATION OF CERTIFYING PHYSICIAN OR CORONER                | 11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER | 12. DATE SIGNED | 13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER |
|   | <i>[Signature]</i>                               | 07/23/2003      | ROBERT J. FOUCRAULT, Coroner                            |
| 14. ADDRESS - STREET AND NUMBER                               | 15. CITY   | 16. STATE       | 17. ZIP CODE  |
| 50 Tower Road   | San Mateo  | CA              | 94402   |
| 18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR | 19. DATE ACCEPTED FOR REGISTRATION - MM/DD/YY    |                 |   |
| <i>[Signature]</i>  | 07/25/2003                                       |                 |   |

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

DEC 22 2003

STATE OF CALIFORNIA }  
COUNTY OF SAN MATEO } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

*[Signature]*  
SCOTT MORROW, M.D.  
HEALTH OFFICER AND REGISTRAR



This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.



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PG- 6082  
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0672962

**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 1/20<sup>th</sup> interest in and to Lot 32 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 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. 117 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 Swing "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-722-018**

