

16-  
RECORDING REQUESTED BY:

DOC # 0686541  
10/17/2006 11:49 AM Deputy: SD  
OFFICIAL RECORD  
Requested By:  
ANITA BUMPASS

When Recorded Mail Document To:

✓ DEBORAH MOORE  
1792 CURTNER AVENUE  
SAN JOSE, CA 95124

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-1006 PG- 5785 RPTT: 0.00



APN: 40-300-12

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF CALIFORNIA,

COUNTY OF DOUGLAS,

**ANITA J. BUMPASS**, of legal age, being first duly sworn, and deposes and says:

That **ROGER W. BUMPASS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **ROGER W. BUMPASS** named as one of the parties in that certain **RIDGEVIEW GRANT, BARGAIN, SALE DEED** dated **January 6, 1994** executed by **RIDGE VIEW JOINT VENTURE, A NEVADA JOINT VENTURE** to **ANITA J. BUMPASS** and **ROGER W. BUMPASS**, as Joint Tenants, recorded as instrument no. **327824**, on **January 19, 1994**, in Book **194**, Page **3223**, of Official Records of **DOUGLAS** County, **NEVADA**, covering the following described property situated in the County of **DOUGLAS**, State of **NEVADA**.

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATED: October 11, 2006

State of California

County of Tulare

Subscribed and sworn to (or affirmed) before me on  
this 12<sup>th</sup> day of October, 2006,  
by Anita J. Bumpass

personally known to me or proved to me on the basis of  
satisfactory evidence to be the person(s) who appeared  
before me.

Signature [Signature] (Seal)

[Signature]  
Anita J. Bumpass

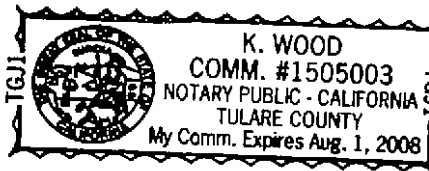


EXHIBIT "A" (50)

A timeshare estate comprised of:

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

(A) An undivided 1/24th 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 Records 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. 012 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 "Swing use season" as said quoted terms are defined in the Declaration of Conditions, Covenants 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 40-300-12.



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

**COUNTY OF KINGS**  
**HEALTH DEPARTMENT**  
**HANFORD, CALIFORNIA**

3200516000101

**CERTIFICATE OF DEATH**

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ROGER		WADE		BUMPASS, SR.	
4. DATE OF BIRTH (month/day/year)					
01/05/1946		5. AGE (Years)			
59		6. SEX (M/F)			
M		7. DATE OF DEATH (month/day/year)			
02/22/2005		8. HOUR (24 Hours)			
2328		9. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back)			
Caucasian		10. DECEASED'S OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)			
Aviation Fire Control Technician		11. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		12. YEARS IN OCCUPATION	
Department of Defense				24	
13. DECEASED'S RESIDENCE (Street and number or location)					
915 S. 19th Ave.					
14. CITY		15. COUNTY (SPRINGVILLE)		16. ZIP CODE	
Lemoore		Kings		93245	
17. YEARS IN COUNTY		18. STATE/POSSIBLE COUNTRY			
37		CA			
19. INFORMANT'S NAME, RELATIONSHIP			20. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
Anita Bumpass - Spouse			915 S. 19th Ave., Lemoore, CA 93245		
21. NAME OF SURVIVING SPOUSE - FIRST		22. MIDDLE		23. LAST ( maiden name)	
Anita		J.		Welton	
24. NAME OF FATHER - FIRST		25. MIDDLE		26. LAST	
Kenneth		Raymond		Bumpass	
27. NAME OF MOTHER - FIRST		28. MIDDLE		29. LAST ( maiden)	
Irene				Robinson	
30. DISPOSITION DATE (month/day/year)		31. PLACE OF FINAL DISPOSITION			
02/24/2005		Grangeville Cemetery, Armons, CA			
32. TYPE OF DISPOSITION		33. SIGNATURE OF EMBALMER		34. LICENSE NUMBER	
CR/BU		Not Embalmed			
35. NAME OF FUNERAL ESTABLISHMENT		36. LICENSE NUMBER		37. SIGNATURE OF LOCAL REGISTRAR	
Phipps-Dale Funeral Chapel		FD-521		<i>M. L. L. [Signature]</i>	
38. DATE (month/day/year)		39. PLACE OF DEATH			
02/24/2005		Hanford Community Medical Center			
40. COUNTY		41. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		42. CITY	
Kings		450 Greenfield Ave.		Hanford	
43. CAUSE OF DEATH (Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal causes such as cardiac arrest, respiratory arrest, or circulatory failure without showing the starting point. DO NOT ABBREVIATE.)					
IMMEDIATE CAUSE (a) (Final disease or condition resulting in death)					
→ Cardio Pulmonary Arrest					
(b) Ruptured Aortic Aneurysm					
(c) Bacterial Sepsis					
(d) Renal Failure					
44. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 43					
Coronary Artery Disease					
45. WAS OPERATION PERFORMED FOR ANY CONDITION BETWEEN 181 OR 187 OF YES, list type of operation and date					
No					
46. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.)		47. SIGNATURE AND TITLE OF CERTIFIER		48. LICENSE NUMBER	
David G. Glossbrenner, M.D.		G50054		02/23/2005	
49. I CERTIFY THAT IN MY OFFICE (DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.)		50. TYPE AND DATE OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
02/22/2005		David G. Glossbrenner, M.D., 1122 N. Harris, #101, Hanford, CA 93230			
51. MANNER OF DEATH (Natural, Accident, Homicide, Suicide, Pending Investigation, Could not be ascertained)		52. INJURED AT WORK?		53. INJURY DATE (month/day/year)	
Natural		No			
54. PLACE OF INJURY (e.g., home, occupational site, medical area, etc.)					
55. DESCRIBE HOW INJURY OCCURRED (Explain what happened in injury)					
56. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
57. SIGNATURE OF CORONER / DEPUTY CORONER		58. DATE (month/day/year)		59. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR      A      B      C      D      E      FAX AUTH #      CENSUS TRACT

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA  
 COUNTY OF KINGS

DATE ISSUED: **FEB 24 2005**



This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Kings, Department of Health.

*M. L. L. [Signature]*  
 Health Officer  
 HANFORD, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 PG- 5787  
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