AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:  SONDRA MINTEER  Douglas County - NV Werner Christen - Recorder Page: 1 Of 3 Fee: 16 BK-0507 PG-4112 RPTT:  TITLE ORDER NO	PN 1319-30-644-104 pt,	N	
DOUBLES ON MALE TAX STATEMENT TO:  WETTER SOND AND A MINTERER  DOUBLES COUNTY - NV  RETTER CRISTIAN - RECORDS  Page: 1 OF 3 Pee: 16  INK-0507 PG 4112 RPTT:  DOUBLES COUNTY - NV  RETTER CRISTIAN - RECORDS  RECORD TO GET THE UNITED AND A PEE: 16  INK-0507 PG 4112 RPTT:  DOUBLES TAX - PEE: 16  INK-0507 PG 4112 RPTT:  DOCUMENT THE UNITED RECORDS TO THE U	RECORDING REQUESTED BY	DOC	'2007 09:39 AM Deputy: PK OFFICIAL RECORD Requested By:
Assessor's parcel No. [3](9-30-444-104  Executed on Mark Topic To	OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:		SUNDRA S MINIEER
Assessor's parcel No.   319-30 - 444 - 104    Assessor's parcel No.   319-30 - 444 - 104    Executed on Mark   1990   199	Sonara Minteer	We	rner Christen - Recorder
Assessor's parcel No. 1319-30-444-104  Assessor's parcel No. 1319-30-444-104  Executed on Mark 1 before me, Down 1 be the personals), or the entity upon behalf of which the personals, or the entity upon behalf of which the personals, or the entity upon behalf of which the personals, or the entity upon behalf of which the personals, or the entity upon behalf of which the personals, or the entity upon behalf of which the personals are appropriate the instrument the personals, or the entity upon behalf of which the personals are appropriate and necessary to your particular property in the CECT STATE OF DEBRAS YORK  MAIL TAX STATEMENTS TO: DEBRAS YORK  MAIL TAX STATEMENTS TO: DEBRAS YORK  Badrove purposes with form, 1811 as Blanks, and makes whetever changes are appropriate and necessary to your particular property in the CECT STATEMENT (DIRECTION CONSERVATOR) internations. The property and use the present you was given from the principal or the instrument the personals are appropriate and necessary to your particular property in the CECT STATEMENT (DIRECTION CONSERVATOR) internations. The property was the form, 1811 as Blanks, and makes whetever changes are appropriate and necessary to your particular than the personals are appropriate and necessary to your particular internations. The property of the purpose and use, and the property of the property of the purpose and use. Suppose and use, and the property of the property of the purpose and use. Suppose and use, and the property of the property of the purpose and use. Suppose	ADDRESS / ///35 WWW 951-16		- 1 1 1 = :::·
Assessor's parcel No. [3] 9 30 - 444 - 104  Assessor's parcel No. [3] 9 30 - 444 - 104  Executed on	-		
QUITCLAIM DEED    DOCUMENTARY TRANSFER TAX		SPACE ABOVE THIS LINE FOR B	ECORDER'S USE
QUITCLAIM DEED    Computed on full visules less lans and computed on full visules less lans and encumbrances remaining at time of sale.   Signature of Declarant or Agent Determining Tax   Firm Name			
the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRAS.  Assessor's parcel No. SIGN-3D-444-104  Assessor's parcel No. SIGN-3D-444-104  Executed on May Southered County of Dolugias, State of May State of	QUITCLAIM DEED	computed on full value of prop	erty conveyed, or ns and
the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do hereby remise, release a forever quitclaim to SONDRA MANAGEMENT (Period Which is hereby acknowledged, do her		Signature of Declarant or Agent Determining	ng Tax Firm Name
Assessor's parcel No. 1319-30-444-104  Assessor's parcel No. 1319-30-444-104  Executed on May Defore me, Deform State of Substantial States and the person(s), or the entity upon behalf of which the person(s), or the entity upon behalf of which the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument the person(s) acted act	James A. Minter	AMERICA SPANTORIS)	eased Sondras Min
Assessor's parcel No. [3](9-30-444-104  Executed on May County of Douglas, State of May State of	the undersigned grantor(s), for a valuable consideration	on, receipt of which is hereby acknowled	dged, do hereby remise, release and
Assessor's parcel No. [319-30-444-104]  Executed on May 1, 2007, at Mundow Meyada  COUNTY OF Daylos  On Shill of before me, Debya 1, 2007, at Montan Public State of Novada  personally appeared One on the basis of satisfactory evidence) to be the person(s) whose name(s) is jake subscribed to the within instrument and acknowledged to me that he/she/fithey executed the same in his/her/their authorized capacity(fies), and that by his/her/their signature(s) on the instrument the person(s) whose name(s) is person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.  DEBRA S. VORK  Notary Public State of Nevada  Appointment Recorded in Bougles County  No. 98-40(26 - Expires bully 14, 2010  GENERAL  ATTORNEY IN FACT  ITHUES  Transaction. Consult a lawyer if you doubt the form's firtness for your purpose and use. Wolcotts makes no repressantation or warranty, express or implicate with respect to the merchangenisting or fitness or of the form for an infended use or purpose.  SIGNER IS REPRESENTING:			Davidas
STATE OF Nevada  COUNTY OF DOWNS  On SILLOT before me, Debras Lotter opening of the personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/shel/they executed the same in his/her/their authorized capacity(iss), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.  DEBRAS YORK  Notary Public - State of Nevada Appointment Recorded in Douglas County No. 94-04025 - Expires July 14, 2010  MAIL TAX  STATEMENTS TO:  Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular representation or warranty, express or implied, with respect to the merchanicality or firms set or purpose.  WOLCOTTS FORM 790  Page WOLCOTTS FORMS, INC.  RIGHT THUMBPRINT (Optional)  RIGHT THUMBPRINT (Optional)  Personally  RIGHT THUMBPRINT (Optional)	the following described real property in the City of	TAHOE County of _	$DOLGIGS$ , State of $\overline{VV}$ :
STATE OF Nevada  COUNTY OF Dougles  On SHIPO before me, Debra Support of the personally appeared on the basis of satisfactory evidence) to be the personally known to me (or proved to me on the basis of satisfactory evidence) to be the personally known to me (or proved to me on the basis of satisfactory evidence) to be the personally known to me (or proved to me on the basis of satisfactory evidence) to be the personally whose namels) is/are subscribed to the within instrument and acknowledged to me that he/shef/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.  DEBRA S. YOFIK  Notary Public - State of Nevada  Appointment Recorded in Douglas County  No. 94-0402.5 - Expires July 14, 2010  PARTINER(S)   ITITES    PARTINER(S)   ITITES    PARTINER(S)   ITITES    PARTINER(S)   ITITES    OFFICEN(S)   ITITES    PARTINER(S)   ITITES    OFFICEN(S)   ITITES    OFFICENCY   ITITES    OFFICE	Exhibit"A	" Attached	
personally appeared	STATE OF Nevada  COUNTY OF Douglas		Nevada CITY AND STATE) Simuntter
known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.  DEBRA S. YORK Notary Public - State of Nevada Appointment Recorded in Douglas County No: 94-0402-5 · Expires July 14, 2010  MAIL TAX STATEMENTS TO:  Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no intended use or purpose.  WOLCOTTS FORM 790  © 1994 WOLCOTTS FORMS, INC.  CAPACITY CLAIMED BY SIGNER(S) INDIVIDUAL(S) CORPORATE OFFICER(S) TITLESI TRUSTEE(S) GUARDIAN/CONSERVATOR OTHER:  SIGNER IS REPRESENTING:	(NAME/TITLE).6.	JANE, DOE, NOTARY PUBLIC*)	RIGHT THUMBPRINT (Optional)
DEBRA S. YORK  Notary Public - State of Nevada Appointment Recorded in Douglas County No: 94-0402-5 - Expires July 14, 2010  MAIL TAX  STATEMENTS TO:  Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an WOLCOTTS FORM 790  © 1994 WOLCOTTS FORMS, INC.  DEBRA S. YORK  Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County Notary Public - State of Nevada Appointment Recorded in Douglas County	known to me (or proved to me on the basis of satisfactory exis/are subscribed to the within instrument and acknowledged in his/her/their authorized capacity(ies), and that by his/he person(s), or the entity upon behalf of which the person(s)	vidence) to be the person(s) whose name(s) to me that he/she/they executed the same er/their signature(s) on the instrument the	TOP OF THUMB HERE
Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.  WOLCOTTS FORM 790 ©1994 WOLCOTTS FORMS, INC.	Delova Uprk (SIGNATURE OF (ODARY) (SEAL)  MAIL TAX  17733 WOOD CAES	DEBRA S. YORK  Notary Public - State of Nevada Appointment Recorded in Douglas County No: 94-0402-5 - Expires July 14, 2010	☐ INDIVIDUAL(S) ☐ CORPORATE ☐ OFFICER(S) ☐ (TITLES) ☐ PARTNER(S) ☐ LIMITED ☐ GENERAL
WOLCOTTS FORM 790 ©1994 WOLCOTTS FORMS, INC.	Before you use this form, fill in all blanks, and make whatever change transaction. Consult a lawyer if you doubt the form's fitness for representation or warranty, express or implied, with respect to the	s are appropriate and necessary to your particular or your purpose and use. Wolcotts makes no be merchantability or fitness of this form for an	☐ TRUSTEE(S) ☐ GUARDIAN/CONSERVATOR
7 67775 39790 1	WOLCOTTS FORM 799 ©1994 WOLCOTTS FORMS, INC.	7 67775 39790 1	SIGNER IS REPRESENTING:

## EXHIBIT "A" (37)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 20% (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 193 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 Pebruary 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Pive 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 sold Declarations; with the exclusive right to use said interest in Lot 37 only, for one week every other year in Even -numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-288-03

REQUESTED BY

THIRD WITH U DOUGLAS COUNTY

IN DEFINE

'92 APR 30 AIO :36

11:32 3/11

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BK- 0507 PG- 4113 0700941 Page: 2 Of 3 05/11/2007

277480

## CERTIFICATION OF VITAL RECORD

## COUNTY of SANTA CLARA

## PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

	STATE FILE NUMBER		- USE BLACK INK ONLY / NO				32007430		
	1. NAME OF DECEDENT — FIRST (Given)		. 2. MIDDLE	S-15(REV 1/04)		ST (Family)	LOCAL REGISTRAT	ION NUMBER	
DATA	JAMES  AKA ALSO KNOWN AS — Include IUII AKA (F	FIRST, MIDDLE, LAST)	\ALBERT	4. DATE	MINTEER    4. DATE OF BIRYH mandddocyy   5. AGE Yrs.			FUNCER 24 HOURIS 6, SEX	
ONAL	JAMES ALBERT MINT  9. BIRTH STATE/FOREIGN COUNTRY				6/1938	68	Months Days	Hours Minutes M	
PERSONAL	OHIO	10 SOCIAL SECURITY NUI		NO UNK	-MARRIEI		7. DATE OF DEATH HINN 02/07/2007	1815	
DECEDENTS	(See MC/Raneer on Deck)	VAS DECEDENT HISPANICAL ES	ATINO(AYSPANISH? (II yes, see t		IE DECEDENTS R	ACE Up to 3 races	may be listed (see workshee)	an back)	
DEC	17 USUAL OCCUPATION - Type of work for	most of life. DO NOT USE RE		F BUSINESS OR IN	DUSTRY (e.g., groo		iction, employment agency, e	i i	
_	WELDER 20. DECEDENT'S RESIDENCE (Street and ru	inter or location)	NUC	LEAR TES	TING FAC	ALITY		36	
USUAL	17733 WOODCREST E		NTY/PROVINCE	23. ZIP	cone	24. YEARS IN COU	NTY 25. STATE/FOREIG	IN COUNTRY	
- S	PIONEER	АМА	DOR ,	9560	36 · · ·	9 ^ .	CA		
MEOR	26. INFORMANT'S NAME, RELATIONSHIP, SONDRA MINTEER, W	/IFE		7, PEORMANTS M 17733 WO	ODCREST	DRIVE, PI	ONEER, CA 9	n, state, ZIP) 5666	
TENT	28 NAME OF SURVIVING SPOUSE — FIRST SONDRA	,,,,	29. MIDDLE SUE	1.7	KROEI	75.	N.		
NA TIO	31 HAME OF FATHER - FIRST (F		32. MIDDLE	3	33 LAST		<del>                                     </del>	34 BIRTH STATE	
SPOUSE AND PARENT ##FORMATION	JAMES 35 NAME OF MOTHER — FIRST		38. MIDDLE	1170	37. LAST [Maid			OH 38 BIRTH STATE	
$\overline{}$	FAY 39. DISPOSITION DATE rem/dd/ccyy 40.	PLACE OF FINAL RISPOSITI	N DECEAVED	ENGINGER	PÈTER	SON	<u> </u>	PA	
FUNERAL DIRECTORY LOCAL REGISTRAR	02/14/2007 2	45 ROBINHOC	D FAME LANE, I	EDINBURG	, PA 1611	6 🤼		1	
AL DIRI	41. TYPE OF DISPOSITION(S)  CR/TR/RES	, <u>, , , , , , , , , , , , , , , , , , </u>	42 SKINATURE C	BALMED	200	V	/	43. LICENSE NUMBER	
FUNER	44. NAME OF FUNERAL ESTABLISHMENT BAY AREA CREMATIC	NI & ELIMEDAL	770	BER 46. SKSNATI	RE OF LOCAL REG	STRAR	EIB, MD <b>50</b>	47. DATE mmldd/ccyy 02/13/2007	
	101. PLACE OF DEATH		1101741	102. if	HOSPITAL, SPECE	TY ONE 1163	FOTHER THAN HOSPITAL	SPECIFY ONE	
PLACE OF DEATH		L 105, FACILITY ADDRESS OR	LOCATION WHERE FOUND (S	reet and number or to	ER/OF		Hospite Norsing Home/LT	C Decadant's Other	
-	# 2 #12	300 PASTEUR	DRIVE.  see, Injunes, or complications — I	hal directly coursed de	alls DO NOT enter I	mana events auch	STANF(	· · · · · · · · · · · · · · · · · · ·	
	IMMEDIAYE CÁURE (N. LYMPHO	eardiac errest, respiratory erres MA	il, or ventræker fibrillation without	showing the ellology.	DO NOT ABBREVM	ITE.	(dt) MONS	YES X NO	
	(Final disease or condition resulting in death) (B)	- b - 3		- '\	<del></del>	<u> </u>	, MONS	108 BIOPSY PERFORMED?	
HIA	Sequentially, list conditions, if any, leading to cause on Line A. Enter		(	- \	· \		/ (CD)	YES X NO	
САЦВЕ ОР ВЕАТН	UNDERLYING CAUSE (Gisease or					* N. C	1	YES X NO	
CAUSE	resulting in death) LAST	1.0 2.00	- >				- (cm) ·	YES NO	
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT REBULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RENAL FAILURE, LIVER FAILURE								
	113. WAS OPERATION PERFORMED FOR AN	NX CONDITION IN THEM 107	OR 1127 (If yes, list type of operat	ion and dale.)	/	3	1034	IF FEMALE, PREGNANT IN LAST YEAR?	
PHYSICIANS	114. I CERTIFY THAT TO THE BEST OF MY KNOWLES AT THE HOUR, DATE, AND PLACE STATED FROM TH	DOE DEATH OCCURRED 115.	SIGNATURE AND TITLE OF CER	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	/-	F.C	116 LICENSE NUM	1 1	
			RICHARD K BOW		DRESS, ZIP CODE		A94484 LTON FELSHE	02/08/2007 PMD	
품떯	02/04/2007 02/07/ 118. FOSATIRY THAT IN MY OPINION DEATH OCCUR		9 CAMPUS DR,					mm/dd/coyy 122 HOUR (24 Hows)	
	MANNER OF DEATH Natural As	oldeni Homicide	Suickle Pending Investigation	Gould not be determined			INK I I I I I I I I I I I I I I I I I I	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E ONLY	123, PLACE OF INJURY (s.g., home, construction site, wooded area, etc.)								
R'S US	124, DESCRIBE HOW INJURY OCCURRED (8	vents which resulted in injury)							
CORONER'S USE ONLY	125. LOCATION OF INJURY (Street and number	er, or location, and city, and ZI	P)	•					
٥	128. SIGNATURE OF CORONER / DEPUTY O	ORONER	127, DA	TE mm/dd/ccyy	128. TYPE NAM	E. TITLE OF CORON	ER / DEPUTY CORONER	` -	
	F A B	Tc ID	E ign		Mr. and Line Live 112	IN HIPL WHETHY O SER IN	FAX AUTH.#	A / CENSUS TRACT	
REGIST	16 1	1 1	FIED COPY		<b>9</b> 270 <b>PR-E</b> 7€3€			01/1/ Care	
		J				_ 1	HERMAN TOUT BEARS WERE <b>81</b>	73 N. 1 N. 2	

STATE OF CALIFORNIA COUNTY OF SANTA CLARA

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DATE ISSUED 2 2 2007

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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.

\*H02098311\*

MARTIN D. FENSTERSHEIB HEALTH OFFICER AND LOCAL REGISTRAR OF RIDTHS AND DEATHS

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

CLARA CO



Page: 3 Of 3 OF/11/2007