

17.

Pln 1319-30-644-071

Assessor's Parcel Number: 42-286-04

Recording Requested By:

Name: Lana K. Perreira
Address: 2901 St. Cloud Dr.
City/State/Zip: San Bruno, CA 94066

Mail Tax Statements to:

✓ Name: Lana K. Perreira
Address: 2901 St. Cloud Dr.
City/State/Zip: San Bruno, CA 94066

Please complete Affirmation Statement below:

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: _____ (state specific law)

Grant T. Tomioka
Signature (Print name under signature)
Grant T. Tomioka Esq.

Attorney
Title

Affidavit of Death of Joint Tenant

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: Grant Deed (Document Title), Book: 0893 Page: 2807
Document # 315095 recorded 8-16-93 (Date) in the Douglas County Recorders Office.

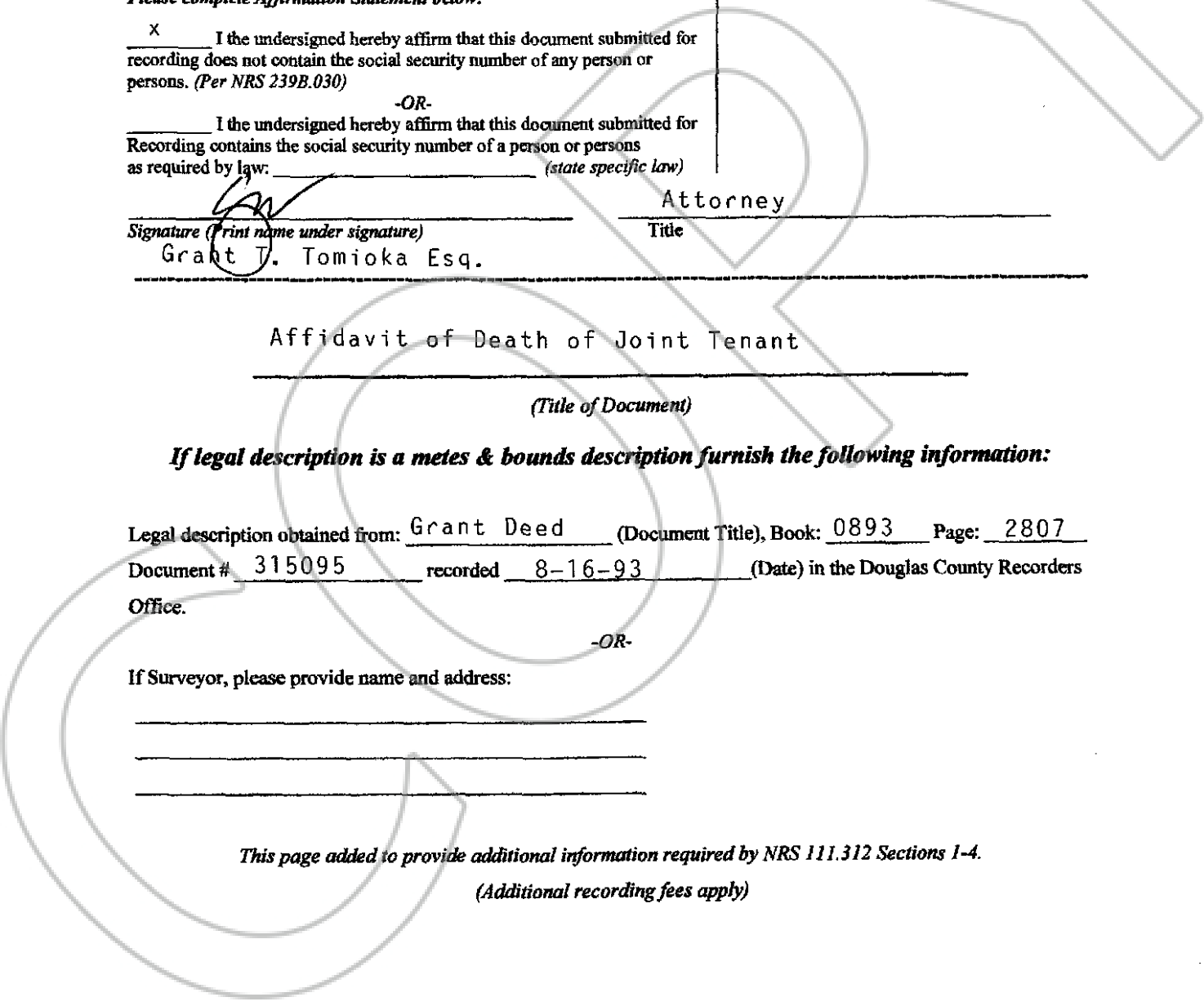
-OR-

If Surveyor, please provide name and address:

*This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fees apply)*

DOC # **0702474**
06/06/2007 03:08 PM Deputy: SD
OFFICIAL RECORD
Requested By:
GRANT T TOMIOKA

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0607 PG- 1473 RPT: 0.00



RECORDING REQUESTED BY

ORDER # Lana K. Perreira
LPN 42-286-04

WHEN RECORDED MAIL TO

Name
Street Address
City State Zip
Lana K. Perreira
2901 St. Cloud Dr.
San Bruno, CA 94066

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO

LANA K. PERREIRA

, of legal age, being first duly sworn, deposes and says:

That ALFRED E. PERREIRA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALFRED E. PERREIRA named as one of the parties in that certain Grant Deed dated 8-04-1993, executed by Robert W. Dunbar, Treasurer Chief Financial Officer for Harich Tahoe Developments

to Alfred E. Perreira and Lana K. Perreira
Husband and Wife

as joint tenants,

and recorded on 8-16-1993, in Book/Reel 0893PG2807 at Page/Image _____, Series Number 315095 of Official Records of Douglas County, California, covering the following described property situated in said County, State of California: Nevada Nevada

See Exhibit "A" hereby attached and Incorporated by Reference

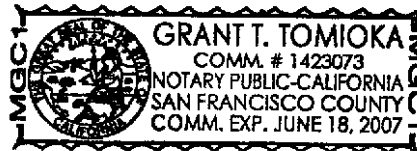
May 30, 2007

Lana K. Perreira
LANA K. PERREIRA

Subscribed and Sworn to before me
this 30th day of May, 2007

Signature [Signature]
Name Grant T. Tomioka Esq.
(typed or printed)

Notary Public Commissioned for said County and State



(This area for official notarial seal)

FTGIS-310 894

Exhibit "A"

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 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 162 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 every other year in odd numbered years in the swing "Season" as defined in and in accordance with said declarations.

A portion of APN: 42-286-04

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

**CITY AND COUNTY OF
SAN FRANCISCO**

CERTIFICATE OF DEATH

3200638006047

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-10REV 1/04		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ALFRED		2. MIDDLE E		3. LAST (Family) PERREIRA	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 03/15/1945		5. AGE Yrs. 61 F UNDER ONE YEAR: Months Days; F UNDER 24 HOURS: Hours Minutes; 6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY HAWAII		10. SOCIAL SECURITY NUMBER 0764		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 12/30/2006		8. HOUR (24 Hours) 0845	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED AIRCRAFT INSPECTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AIRLINES		19. YEARS IN OCCUPATION 34	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2901 ST. CLOUD DR.					
21. CITY SAN BRUNO		22. COUNTY/PROVINCE SAN MATEO		23. ZIP CODE 94066	
24. YEARS IN COUNTY 27		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP LANA PERREIRA, SPOUSE			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 2901 ST. CLOUD DR., SAN BRUNO, CA 94066		
28. NAME OF SURVIVING SPOUSE - FIRST LANA		29. MIDDLE K.		30. LAST (Maiden Name) SATOMI	
31. NAME OF FATHER - FIRST ALFRED		32. MIDDLE A.		33. LAST PERREIRA	
34. BIRTH STATE HAWAII		35. NAME OF MOTHER - FIRST THERESA		36. MIDDLE AH SINGH	
37. LAST (Maiden) HAWAII		38. BIRTH STATE HAWAII			
39. DISPOSITION DATE mm/dd/yyyy 01/18/2007		40. PLACE OF FINAL DISPOSITION RES RANDY PERREIRA 825 WAIANUENUE AVE., HILO, HI 96720			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT COLMA CREMATION AND FUNERAL SER		45. LICENSE NUMBER FD1522		46. SIGNATURE OF LOCAL REGISTRAR MITCHELL KATZ, MD	
47. DATE mm/dd/yyyy 01/18/2007		48. LICENSE NUMBER			
101. PLACE OF DEATH CALIFORNIA PACIFIC MEDICAL CENTER SAN FRANCISCO		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/UP <input type="checkbox"/> EDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2333 BUCHANAN		106. CITY SAN FRANCISCO	
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOGENIC SHOCK Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (D) (B) ACUTE MYOCARDIAL INFARCTION (C) CORONARY ARTERY DISEASE		Time Interval Between Onset and Death (A) MIN (B) 11 MOS (C) 8 YRS (D)		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER NC 2006-2714	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 MULTIPLE CEREBRAL VASCULAR ACCIDENTS, FUNGEMIA, BACTEREMIA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) LEFT VENTRICULAR ASSIST DEVICE INSERTION 01/27/2006					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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 CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: ERNEST ALAN HAEUSSLEIN M.D.			
115. SIGNATURE AND TITLE OF CERTIFIER ERNEST ALAN HAEUSSLEIN M.D.		116. LICENSE NUMBER G54926		117. DATE mm/dd/yyyy 01/18/2007	
118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE ERNEST ALAN HAEUSSLEIN M.D. 2340 CLAY ST., STE. 114, SAN FRANCISCO, CA 94115		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		"012006000394785"			

BK- 0607
PG- 1476
Page: 4 of 4
06/06/2007
0702474

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

002461996

Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar

DATE ISSUED **JAN 26 2007**
This copy is not valid unless prepared by an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE