

OFFICIAL RECORD  
Requested By:  
MARY NEDD

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0607 PG- 5763 RPTT: 0.00



Recording Requested By

And when recorded mail to:

Name Mary NEDD  
Street Address 8 Silver wood  
City State Zip IRVINE, CA  
92604

Space above this line for recorder's use

WOLCOTT'S FORMS, INC. WWW.WOLCOTT'SFORMS.COM SINCE 1893

APN 1319-30-645-003 (9th) **AFFIDAVIT - DEATH OF JOINT TENANT**

I, Mary E NEDD

of legal age, being first duly sworn, depose and say:

That Ronnie H NEDD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ronnie H NEDD, named as one of the parties in that certain Grant Deed dated November 14, 1995 executed by Ronnie H Nedd and Mary E Nedd to Ronnie H Nedd and Mary E Nedd as joint tenants, recorded as Instrument No. 375687, on Nov. 14, 1995 in Book 1195, Page 4314, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property situated in the City of Stateline, County of Douglas, State of Nevada.

That the value of all real and personal property included in the Joint Tenancy agreement at the date of death, including the full value of the above described real property, did not exceed the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars.

Dated \_\_\_\_\_

STATE OF California

COUNTY OF Orange

SUBSCRIBED AND SWORN TO (or affirmed) before me by Mary E Nedd, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.  
Karee L. Retzlaff  
Notary Public (seal)



SIGNATURE OF JOINT TENANT  
Mary E. NEDD  
PRINT FULL NAME OF JOINT TENANT  
Mary E Nedd  
SIGNATURE OF JOINT TENANT

PRINT FULL NAME OF JOINT TENANT

MAIL TAX STATEMENT TO: \_\_\_\_\_

EXHIBIT 'A' (42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 265 as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;  
thence S. 14°00'00" W., along said Northerly line, 14.19 feet;  
thence N. 52°20'29" W., 30.59 feet;  
thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of APN: 42-010-40

REQUISITED BY  
STEWART TITLE OF DOUGLAS COUNTY  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA



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BK- 0607  
PG- 5764

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375686

BK 1195 PG 4313

LINDA SLATER  
RECORDER  
PAID *[initials]* DEPUTY

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

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**  
1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

**CERTIFICATE OF DEATH**

3 2005 30 015978

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
RONNIE		NEDD	
2. MIDDLE		H	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH		5. AGE YRS	
12/15/1945		59	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH	
MARYLAND		12/09/2005	
8. SOCIAL SECURITY NUMBER		9. MARRIAGE STATUS	
[REDACTED]		MARRIED	
10. EVER IN U.S. ARMED FORCES?		11. DECEDENT'S RACE	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		BLACK	
12. DECEDENT'S PLACE - Up to 3 races may be listed (see worksheet on back)		13. DECEDENT'S PLACE	
SOME COLLEGE		[REDACTED]	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S PLACE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		[REDACTED]	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. YEARS IN OCCUPATION	
FACILITIES MANAGER		30	
18. DECEDENT'S RESIDENCE (Street and number or location)		19. YEARS IN COUNTY	
5026 W ROBERTS DR		30	
20. CITY		21. STATE/FOREIGN COUNTRY	
SANTA ANA		CA	
22. COUNTY/PROVINCE		23. ZIP CODE	
ORANGE		92704	
24. INFORMANT'S NAME, RELATIONSHIP		25. YEARS IN COUNTY	
MARY E NEDD, WIFE		30	
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		27. YEARS IN COUNTY	
5026 W ROBERTS DR, SANTA ANA, CA 92704		30	
28. NAME OF SURVIVING SPOUSE - FIRST		29. LAST ( Maiden Name)	
MARY		HAYES	
30. MIDDLE		31. LAST	
E		NEDD	
32. BIRTH STATE		33. BIRTH STATE	
MD		MD	
34. NAME OF FATHER - FIRST		35. LAST	
HENRY		NEDD	
36. BIRTH STATE		37. BIRTH STATE	
MD		MD	
38. NAME OF MOTHER - FIRST		39. LAST ( Maiden)	
ESTHER		FISCHER	
40. BIRTH STATE		41. BIRTH STATE	
MD		MD	
42. DISPOSITION DATE		43. PLACE OF FINAL DISPOSITION	
12/16/2005		RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN BLVD, RIVERSIDE, CA 92508	
44. TYPE OF DISPOSITION		45. LICENSE NUMBER	
BURIAL		7080	
46. NAME OF FUNERAL ESTABLISHMENT		47. DATE	
BROWN COLONIAL MORTUARY		12/14/2005	
48. LICENSE NUMBER		49. SIGNATURE OF LOCAL REGISTRAR	
FD-59		[Signature]	
50. PLACE OF DEATH		51. IF HOSPITAL, SPECIFY ONE	
FOUNTAIN VALLEY REG HOSPITAL & MED CENTER		<input type="checkbox"/> IP <input checked="" type="checkbox"/> GENP <input type="checkbox"/> DCA <input type="checkbox"/> NURSING <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
52. COUNTY		53. CITY	
ORANGE		FOUNTAIN VALLEY	
54. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		55. DEATH REPORTED TO CORONER	
17100 EUCLID AVE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
56. CAUSE OF DEATH		57. DEATH REPORTED TO CORONER	
CARDIOPULMONARY ARREST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
58. IMMEDIATE CAUSE (Final disease or condition relating to death)		59. ICD-10 CODE	
CARDIOMYOPATHY		I20	
60. CAUSE (Immediate or final cause resulting in death) ICD-10		61. ICD-10 CODE	
HYPERLIPIDEMIA		I25	
DIABETES MELLITUS		E11	
62. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 56		63. YEARS	
HYPERTENSION		YEARS	
64. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 62 OR 112? (If yes, list type of operation and date)		65. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
66. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		67. LICENSE NUMBER	
[Signature]		A49721	
68. SIGNATURE AND TITLE OF CERTIFIER		69. DATE	
I CHEN, MD, 9930 TALBERT AVE, FOUNTAIN VALLEY, CA 92708		12/13/2005	
70. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		71. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
I CHEN, MD, 9930 TALBERT AVE, FOUNTAIN VALLEY, CA 92708		I CHEN, MD, 9930 TALBERT AVE, FOUNTAIN VALLEY, CA 92708	
72. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		73. INJURED AT WORK?	
[Signature]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
74. MANNER OF DEATH		75. INJURY DATE	
[REDACTED]		[REDACTED]	
76. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		77. HOUR (24-hour)	
[REDACTED]		[REDACTED]	
78. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		79. SIGNATURE OF CORONER / DEPUTY CORONER	
[REDACTED]		[REDACTED]	
80. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		81. DATE	
[REDACTED]		[REDACTED]	
82. SIGNATURE OF CORONER / DEPUTY CORONER		83. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[REDACTED]		[REDACTED]	
84. STATE REGISTRAR		85. FAX AUTH #	
A B C D E		[REDACTED]	
86. CENSUS TRACT		[REDACTED]	

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PG- 5765  
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CERTIFIED COPY OF VITAL RECORDS

DEC 20 2005



STATE OF CALIFORNIA  
COUNTY OF ORANGE

SS

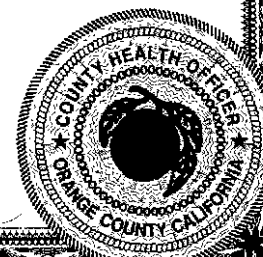
DATE ISSUED

*Handwritten signature: Hilda Mayers, MD*

MARK B. HORTON, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE