

OFFICIAL RECORD

Requested By:

DUANE L. MINDEMAN

PTN: APN: 1319-30-519-204

Recording requested by and mailing documents an tax
Statements to:



Duane Mindeman

5582 Brookhill Drive

Yorba Linda, CA 92886

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0707 PG- 1836 RPTT: 0.00



AFFIDAVIT-TERMINATION OF JOINT TENANT
Death of a Joint Tenant

I, *Duane Mindeman*

Duane Mindeman

the Affiant, being of legal age and being first dully sworn, deposes and says:

That LINA LUCIA MINDEMAN, the Decedent mentioned in the attached certified Certificate of Death issued by the State Of California, County of Orange, is the same person as, named as one of the parties in that certain 'Grant Deed' for Ridgeview Property Owners Association, a non-profit corporation dated on the 28day of October, 1992 and executed by Curtis H. Schiebel, Vice-President of The Ridgeview Property Owners Association, a Nevada Non-Profit Corporation Known as Grantors to DUANE AND LINA MINDEMAN, Husband and Wife as Joint Tenants and recorded as instrument number 50-024-48-04, Escrow Number 293702 on the 4th day of November 1992, in book 1192 page 3822 of Official Records of DOUGLAS COUNTY, NEVADA, covering the following described property situated in the City of TAHOE VILLAGE, County of DOUGLAS, State of Nevada, as more particularly described see exhibit "A" Legal Description attached here to:

EXHIBIT "A"
LEGAL DESCRIPTION

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 Record 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. 024 as shown and defined on said 7th 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 as set forth on said 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 further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said unit and the non-exclusive right to use the real property referred to in paragraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "winter use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 1, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 11, 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 40-300-24

7-2-07 A PORTION OF APN 1319-30-519-204

THE RIDGE TAHOE.



BK- 0707

PG- 1837

Notarization

STATE OF CALIFORNIA)

COUNTY OF [COUNTY], SS: Orange)

On the 2 day of July, 2007, [GRANTOR(S) NAME(S)] personally appeared before me, the undersigned Notary Public, personally ~~known to me~~ (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged to me that ~~he/she/they~~ executed the same in his/her/their authorized capacity(ies), and by his/her/their signature(s) on the within instrument, the person(s), or the entity(ies) on behalf of which the person(s) acted, executed the within instrument.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, on the day set forth above.

[Signature]
Notary Public
My Commission expires: 2/1/11

(SEAL)

Affiant: Known _____ Unknown X

ID Produced: DL - K0284214

Affiant: Known _____ Unknown _____

ID Produced: _____



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

STATE FILE NUMBER LOCAL REGISTRATION NUMBER
1. NAME OF DECEDENT - FIRST (GIVEN) LINA
2. MIDDLE LUICA
3. LAST (FAMILY) MINDEMAN
4. DATE OF BIRTH: MM/DD/CCYY 09/23/1951
5. AGE YRS. 45
6. SEX FEMALE
7. DATE OF DEATH: MM/DD/CCYY 11/18/1996
8. HOUR 2135
9. STATE OF BIRTH MX
10. SOCIAL SECURITY NO.
11. MILITARY SERVICE
12. MARITAL STATUS MARRIED
13. EDUCATION - YEARS COMPLETED 14
14. RACE WHITE
15. HISPANIC - SPECIFY YES NO
16. USUAL EMPLOYER SELF-EMPLOYED
17. OCCUPATION OWNER
18. KIND OF BUSINESS WHOLESALE-TABLE TOP AND GIFTS
19. YEARS IN OCCUPATION 10
20. RESIDENCE - STREET AND NUMBER OR LOCATION 355 CALLE GRANDE
21. CITY ORANGE
22. COUNTY ORANGE
23. ZIP CODE 92869
24. YRS IN COUNTY 17
25. STATE OR FOREIGN COUNTRY CA
26. NAME, RELATIONSHIP DUANE MINDEMAN, HUSBAND
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 355 CALLE GRANDE, ANAHEIM, CA 92869
28. NAME OF SURVIVING SPOUSE - FIRST DUANE
29. MIDDLE LOUIS
30. LAST (MAIDEN NAME) MINDEMAN
31. NAME OF FATHER - FIRST LELIAZAR
32. MIDDLE MIRANDA
33. LAST (MAIDEN NAME) HERRERA
34. BIRTH STATE MX
35. NAME OF MOTHER - FIRST CIRANIA
36. MIDDLE SAUSTINO
37. LAST (MAIDEN NAME) HERRERA
38. BIRTH STATE MX
39. DATE MM/DD/CCYY 11/23/1996
40. PLACE OF FINAL DISPOSITION SCATTER AT STATELINE, NV DOUGLAS COUNTY 89449
41. TYPE OF DISPOSITION CR/TR/SCATTER
42. SIGNATURE OF EMBALMER NOT ENBALMED
43. LICENSING NO.
44. NAME OF FUNERAL DIRECTOR HILGENFELD MORTUARY
45. LICENSE NO. FD291
46. SIGNATURE OF LOCAL REGISTRAR
47. DATE MM/DD/CCYY 11/23/1996
48. PLACE OF DEATH UCI MEDICAL CENTER
49. STREET ADDRESS - STREET AND NUMBER OR LOCATION 101 THE CITY DRIVE SOUTH
50. CITY ORANGE
51. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)
52. IMMEDIATE CAUSE (A) PENDING INVESTIGATION
53. THIS INTERVAL BETWEEN ONSET AND DEATH: YES NO
54. DEATH REPORTED TO CORONER: YES NO
55. REFERRED NAMED: 96-07364-AB
56. 100. BODY PERFORMED: YES NO
57. 110. AUTOPSY PERFORMED: YES NO
58. 111. USED IN DETERMINING CAUSE: YES NO
59. 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
60. 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.
61. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. OCCIDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY
62. 115. SIGNATURE AND TITLE OF CERTIFIER
63. 116. LICENSE NO.
64. 117. DATE MM/DD/CCYY
65. 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP
66. 119. I CERTIFY THAT IN MY OPINION, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.
67. 120. INJURY AT WORK YES NO
68. 121. INJURY DATE MM/DD/CCYY
69. 122. HOUR
70. 123. PLACE OF INJURY
71. 124. MANNER OF DEATH: NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED
72. 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
73. 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)
74. 126. SIGNATURE OF CORONER OR DEPUTY CORONER
75. 127. DATE MM/DD/CCYY 11/22/1996
76. 128. PRINT NAME, TITLE OF CORONER OR DEPUTY CORONER DEPUTY CORONER JACQUEE J. BERNY FOR SHERIFF-CORONER BRAD GATES
77. STATE REGISTRAR
78. FAX AUTH.
79. CENSUS TRACT

BK- 0707 PG- 1839 0704602 Page: 4 Of 5 07/06/2007

271499

CERTIFIED COPY OF VITAL RECORDS 06/09/1997

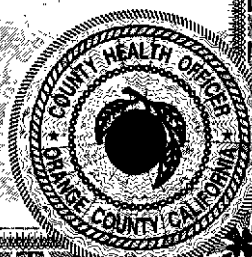
STATE OF CALIFORNIA } SS COUNTY OF ORANGE

DATE ISSUED

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.

HUGH F. STALLWORTH M.D. COUNTY HEALTH OFFICER REGISTRAR OF VITAL STATISTICS

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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

3 05 1996 180875

3-96-30-013860

STATE FILE NUMBER: _____ USE BLACK INK ONLY—NO ERASURES, WHITENOUT, OR ALTERATIONS LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: _____

STATE/LOCAL REGISTRAR USE ONLY

TYPE OR PRINT IN BLACK INK ONLY

PART I INFORMATION TO LOCATE RECORD	1. NAME—FIRST (GIVEN) LINA	2. MIDDLE LUICA	3. LAST (FAMILY) MINDEMAN	4. SEX FEMALE
	5. DATE OF EVENT—MM/DD/CCYY 11/18/1996	6. CITY OF OCCURRENCE ORANGE	7. COUNTY OF OCCURRENCE ORANGE	

PART II

107. DEATH WAS CAUSED BY EITHER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) PENDING INVESTIGATION

108. DEATH REPORTED TO CORONER
 YES NO
REFERRAL NUMBER 96-07364-AB

109. BOPSY PERFORMED
 YES NO

110. AUTOPSY PERFORMED
 YES NO

111. USED IN DETERMINING CAUSE
 YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE

119. MANNER OF DEATH
 NATURAL SUICIDE HOMICIDE
 ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

120. INJURY AT WORK YES NO

121. INJURY DATE—MM / DD / CCYY

122. HOUR

123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

PART III

107. DEATH WAS CAUSED BY EITHER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) HEPATORENAL FAILURE

(B) CHRONIC HEPATITIS, UNSPECIFIED TYPE (CLINICAL)

(C)

108. DEATH REPORTED TO CORONER
 YES NO
REFERRAL NUMBER 96-07364-AB

109. BOPSY PERFORMED
 YES NO

110. AUTOPSY PERFORMED
 YES NO

111. USED IN DETERMINING CAUSE
 YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
DISSEMINATED CANDIDIASIS (PULMONARY AND GASTROINTESTINAL TRACT)

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE
NO

119. MANNER OF DEATH
 NATURAL SUICIDE HOMICIDE
 ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

120. INJURY AT WORK YES NO

121. INJURY DATE—MM / DD / CCYY

122. HOUR

123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

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

8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER
BY: *Joseph P. Sullivan*

9. DATE SIGNED—MM/DD/CCYY
05/13/1997

10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER
DEPUTY CORONER JOSEPH P. SULLIVAN
FOR SHERIFF-CORONER BRAD GATES

11. ADDRESS—STREET AND NUMBER
1071 W. SANTA ANA BLVD.

12. CITY
SANTA ANA

13. STATE
CA

14. ZIP CODE
92703

15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR
OFFICE OF STATE REGISTRAR
OF VITAL STATISTICS

16. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
05/22/1997

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS-34 (6/1/94) PS. 24457

BK- 0707
PG- 1840
0704602 Page: 5 of 5 07/06/2007

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CERTIFIED COPY OF VITAL RECORDS 06/09/1997!

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

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.

Hugh F. Stallworth
HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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