


OFFICIAL RECORD  
 Requested By:  
 STEWART TITLE

A.P.N. #	A ptn of 1319-30-644-096
Escrow No.	1001434-TS/AH
Recording Requested By:	
	
When Recorded Mail To:	
James S. Fletcher	
775 Quartz Mine Rd.	
Angels Camp, CA 95222	

Douglas County - NV  
 Werner Christen - Recorder  
 Page: 1 Of 4 Fee: 17.00  
 BK-1107 PG- 6632 RPTT: 0.00




**AFFIDAVIT – DEATH OF JOINT TENANT**

State of Nevada }  
 } ss.  
 County of Douglas }

JAMES S. FLETCHER, of legal age, being first duly sworn, deposes and says: That SANDRA L. FLETCHER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SANDRA L. FLETCHER named as one of the parties in that certain Grant Deed dated July 20, 2000 executed by ROBIN D. MOODY, a married man to JAMES S. FLETCHER and SANDRA L. FLETCHER, husband and wife as joint tenants, recorded as Document No. 498273, on August 25, 2000 in Book 0800 at Page 4540, of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Plaza Building, Swing Season. Week #37-186-41-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: 11/14/07

  
 \_\_\_\_\_  
 James S. Fletcher

State }  
 } ss.  
 County of }

This instrument was acknowledged before me  
 on \_\_\_\_\_

By: James S. Fletcher

Signature: \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of Calaveras } ss.

On 11/14/2007, before me, Stacy Simpson, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared James S. Fletcher  
Name(s) of Signer(s)

personally known to me

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.

Place Notary Seal Above

Stacy Simpson  
Signature of Notary Public

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: Affidavit - Death of Joint Tenant

Document Date: 11/14/2007 Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_

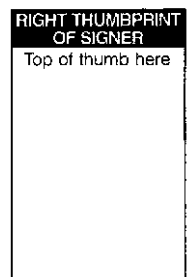
**Capacity(ies) Claimed by Signer(s)**

- Signer's Name: \_\_\_\_\_
- Individual
  - Corporate Officer — Title(s): \_\_\_\_\_
  - Partner —  Limited  General
  - Attorney in Fact
  - Trustee
  - Guardian or Conservator
  - Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

- Signer's Name: \_\_\_\_\_
- Individual
  - Corporate Officer — Title(s): \_\_\_\_\_
  - Partner —  Limited  General
  - Attorney in Fact
  - Trustee
  - Guardian or Conservator
  - Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_



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

**HEALTH SERVICES AGENCY**  
**STANISLAUS COUNTY**  
**PUBLIC HEALTH DIVISION**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		USE BLACK INK ONLY (NO ERASURES, WRITEOUTS OR ALTERATIONS)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
SANDRA		LYNN		FLETCHER			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX		7. DATE OF DEATH mm/dd/yyyy	
06/11/1945		59		F		12/14/2004	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
IL		[REDACTED]		[X] YES [ ] NO [ ] UNK		MARRIED	
13. EDUCATION - Highest (and Degree)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instructions on back)		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		8. HOUR (24 Hours)	
MASTERS		[ ] YES [X] NO		CAUCASIAN		1932	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
VICE PRINCIPAL		EDUCATION		36			
20. DECEDENT'S RESIDENCE (Street and number or location)							
2800 NORA LANE							
21. CITY		22. COUNTY		23. ZIP CODE		24. YEARS BY COUNTRY	
MODESTO		STANISLAUS		95355		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street address or rural route number, city or town, state, ZIP)					
JAMES S. FLETCHER - HUSBAND		2800 NORA LANE, MODESTO, CA 95355					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( maiden Name)			
JAMES		S		FLETCHER			
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST			
ERNEST		[REDACTED]		NEUBAUER			
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST ( maiden Name)			
LAURA		[REDACTED]		KANGAS			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
12/20/2004		LAKEWOOD MEMORIAL PARK, HUGHSON, CA 95326					
41. TYPE OF DISPOSITION		42. SIGNATURE OF FUNERAL HOME		43. LICENSE NUMBER			
BU		<i>C. Randy Albro</i>		6454			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
FRANKLIN S DOWNS FUNERAL HOME		FD426		<i>[Signature]</i>		12/17/2004	
101. PLACE OF DEATH							
MEMORIAL MEDICAL CENTER							
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE BOUND (Street and number or location)				106. CITY	
STANISLAUS		1700 COFFEE RD.				MODESTO	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?				109. TIME (mm/dd/yyyy)	
ACUTE CONGESTIVE HEART FAILURE		[X] YES [ ] NO				MINUTES	
IDIOPATHIC HYPERTROPHIC CARDIOMYOPATHY		110. GLOUSY PERFORMED?				YEARS	
[ ] YES [X] NO		[X] YES [ ] NO				[ ] YES [X] NO	
111. GLOUSY DETERMINED CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY YOU					
[X] YES [ ] NO		NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date)		114. IF FEMALE, PRESENT IN LAST YEAR?		115. SIGNATURE AND TITLE OF REGISTRAR			
NO		[ ] YES [X] NO [ ] UNK		[Signature]			
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER		118. DATE mm/dd/yyyy			
[REDACTED]		[REDACTED]		12/16/2004			
119. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
MANNER OF DEATH [X] Natural [ ] Accidental [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined		[ ] YES [X] NO [ ] UNK		[ ] YES [X] NO [ ] UNK		[ ] YES [X] NO [ ] UNK	
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			
[Signature]		12/16/2004		SGT. DARIN GHARAT, DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH. #		CENSUS TRACT	



BK- 1107  
PG- 6634  
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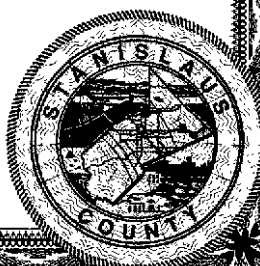
\*000352873\*

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

*[Signature]*  
JOHN WALKER, M.D.  
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED

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



**EXHIBIT "A"**

**(37)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded 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. 186 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 each year in the Swing "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-644-096**

