

APN 1319-30-527-004

DOC # 0716860  
01/28/2008 10:46 AM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
DENNIS CLARK JR

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0108 PG- 5339 RPTT: 0.00



DECLARATION (OR AFFIDAVIT) OF DEATH OF JOINT TENANT

State of Iowa

County of Pottawattamie

I, Denny Clark, Jr., "being duly sworn" say:

I am 18 years of age or over; Connie J. Clark, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as

Connie J. Clark, named as one of the parties in the deed dated

N/A, executed by Harlesk Management, Inc. to

Connie J. Clark and the undersigned, as Joint Tenants, recorded on

July 20, 1989, as Instrument # 207068 in Book 789, Page 2215,

of the Official Records of Douglas County, Nevada, covering the property

situated in Stateline, County of Douglas, State of Nevada, described as

follows:

(legal description of property) See Exhibit "A"

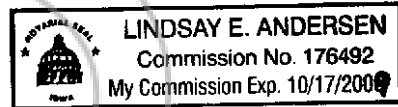
Timeshare No. 04-029-37-81

A.P.N. 1319-30-527-004

Denny Clark  
DENNY CLARK

Subscribed and sworn to before me  
on 01/14/08  
by Denny Clark

Lindsay E. Andersen



(seal of notary public)

When Recorded Mail to:

Denny Clark  
2219 5th Ave.  
Council Bluff, IA 51501

Mail Tax Statements to:

Ridge Sierra  
P.O. Box 859  
Sparks, NV 89432

CERTIFICATE OF VITAL RECORD

# STATE OF IOWA

## County Record

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH 114-

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE

PARENTS

INFORMANT

BURIAL

REGISTRAR

CERTIFIER

CAUSE OF DEATH

BIRTH NUMBER		FIRST MIDDLE LAST			DATE OF DEATH (Mo., Day, Yr.)
1. <b>Connie Jean Clark</b>					<b>2 October 14, 2007</b>
SEX:	AGE - LAST BIRTHDAY (Years, Mo., Days)	UNDER 1 YEAR (Mos, Days)	UNDER 1 DAY (Hrs, Min)	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
3. <b>Female</b>	<b>62</b>			<b>5 Nov. 3, 1944</b>	<b>6a. Pottawattamie</b>
FACILITY NAME (If not institution, give street and number)				CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (Specify yes or no)
6b. <b>2219 5th Avenue</b>				6c. <b>Council Bluffs</b>	6d. <b>Yes</b>
HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify			8. <b>White</b>		9. <b>11</b>
WAS DECEDENT OF HISPANIC ORIGIN? (Specify No. or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.		RACE - White, Black, American Indian, etc. (Specify)		DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (9-12) College (1-4 or 5-)	
BIRTHPLACE (City & State or Foreign Country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. <b>Council Bluffs, IA</b>		11. <b>USA</b>		12a. <b>Married</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS OR INDUSTRY	
13. <b>1223</b>		14a. <b>Machine Operator</b>		14b. <b>Telephone Co.</b>	
RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION OF RESIDENCE	
15a. <b>Iowa</b>		15b. <b>Pott.</b>		15c. <b>Council Bluffs</b>	
FATHER'S NAME		MOTHER'S NAME		MOTHER'S MAIDEN NAME	
17. <b>Arthur Wilson</b>		18. <b>Phyllis Putnam</b>			
INFORMANT'S NAME		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
19a. <b>Dennis Clark</b>		19b. <b>2219 5th Avenue, Council Bluffs, IA 51501</b>			
20a. METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)		LOCATION (City or Town, State)	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. <b>Ridgewood Cemetery</b>		20c. <b>Council Bluffs, IA</b>	
FUNERAL DIRECTOR - SIGNATURE		F.D. LICENSE #			
21a. <i>[Signature]</i>		21b. <b>2258</b>			
FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
21c. <b>Cutler-O'Neill-Meyer-Woodring Funeral Home, 545 Willow Ave, Council Bluffs, IA 51503</b>					
REGISTRAR - SIGNATURE		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
22a. <i>[Signature]</i>		22b. <b>OCT 23 2007</b>			
23. MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	INJURY AT WORK? (Specify yes or no)	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Accident <input type="checkbox"/> Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		23a. <b>10/19/07</b>	23b. <b>M</b>	23c. <b>No</b>	
PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)		LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
23d. <b>Home</b>		23e. <b>Council Bluffs, IA</b>			
To the best of my knowledge, death occurred at the time, date and place given to the cause(s) and manner as stated.					
25a. (Signature and Title) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
25b. <b>M.D.</b>		25c. <b>10/19/07</b>		25d. <b>8:10 P. M.</b>	
NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)					
26. <b>Dr. Ruben Altman, M.D., 25 S. 15th St., Council Bluffs, IA 51501</b>					
NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)					
27. <b>Dr. Ruben Altman, M.D., 25 S. 15th St., Council Bluffs, IA 51501</b>					
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					Approximate Interval Between Onset and Death
Final disease or condition resulting in death					
IMMEDIATE CAUSE					
(a) <b>Metastatic adenocarcinoma primary unknown</b>					
DUE TO (OR AS A CONSEQUENCE OF)					
(b) _____					
DUE TO (OR AS A CONSEQUENCE OF)					
(c) _____					
DUE TO (OR AS A CONSEQUENCE OF)					
(d) _____					
PART II. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I			29. IF FEMALE WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)		WERE AUTOPSY FINDINGS AVAILABLE FOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)
			29a. <b>No</b>		29b. <b>No</b>

CPN-588-0021 Revised - 1/89 (7/3)



BK- 0108  
PG- 5341

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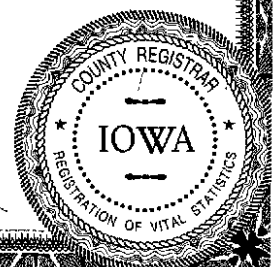
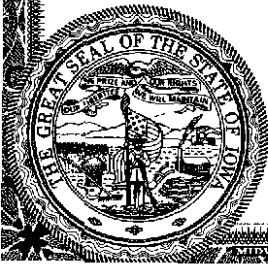
This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa. This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

OCT 23 2007  
DATE ISSUED  
C2560053

BY John F. Scirtino OF POTTAWATTAMIE  
COUNTY REGISTRAR OF VITAL RECORDS COUNTY

FORM #588-0328C (01/2005)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"  
(Sierra 04-alternate) 04-029-37-81

A timeshare estate comprised of:

PARCEL 1: An undivided 1/102nd interest in and to that certain condominium estate described as follows:

(A) An undivided 1/6<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 20 of Tahoe Village Unit No. 1, as shown on the map recorded December 27, 1983, as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada

(B) Unit No. B2 as shown and defined on said condominium map recorded as Document No. 93406, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "ALTERNATE USE WEEK" in EVEN numbered years within the PRIME "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-527-004