

OFFICIAL RECORD

Requested By:

SNOW, CHRISTENSEN &
MARTINEAU

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0608 PG- 1547 RPTT: 0.00



WHEN RECORDED, MAIL TO:

✓ Mary R. Musuris
1986 Wasatch Drive
Salt Lake City, UT 84108

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

Mary R. Musuris ("Affiant"), being first duly sworn, states and represents that:

1. Affiant is the surviving joint tenant with regard to the following described real property located in Douglas County, State of Nevada (the "Property"):

SEE ATTACHED EXHIBIT "A"

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issues and profits thereof;

SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases, if any, rights of way, agreements and the Fourth Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions dated January 30, 1984 and recorded February 14, 1984, as Document No. 96758, Book 284, Page 5202, Official Records of Douglas County, Nevada, as amended from time to time, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein.

A portion of APN: 1319-30-645-003

Affiant is the same person named as one of the joint tenants in that certain Grant, Bargain, Sale Deed dated June 16, 1995, executed by Harich Tahoe Developments, a Nevada general partnership, as grantor, to Mark Musuris and Mary R. Musuris, husband and wife as joint tenants with right of survivorship, as grantees, and recorded on June 26, 1995, as Entry No. 364807, Book 0695, Pages 4184-85, of official records of Douglas County, State of Nevada.

2. Affiant was a joint tenant with regard to the Property with the following person who is now deceased (the "Decedent"): Mark Musuris.

3. A certified copy of the Certificate of Death of the Decedent is attached hereto and incorporated herein by reference.

4. Affiant was personally acquainted with the Decedent. The Decedent named in the attached Certificate of Death is one and the same person as the person listed as a record owner of the Property.

5. As surviving joint tenant, Affiant is now the sole owner of the Property.

Affiant:

Dated: 6/2/08

Mary R. Musuris
Mary R. Musuris
1986 Wasatch Drive
Salt Lake City, UT 84108
(801) 466-2342

On the 2 day of June, 2008, personally appeared before me Mary R. Musuris, the Affiant named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that she executed the same and that the statements contained therein are true.

Heather Paterakis
NOTARY PUBLIC
Residing in Salt Lake County, State of Utah

My Commission Expires:
6/21/09

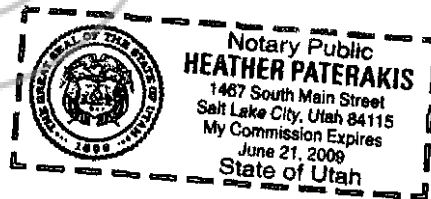


EXHIBIT 'A' (42)

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. 255 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 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: 1319-30-645-003



STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Access and Release Act.

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-3681		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Mark Musuris			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) August 19, 2005	3b. TIME OF DEATH 07:00
4. DATE OF BIRTH (Mo., Day, Yr.) September 2, 1933	5. AGE Last Birthday (Years) 71	6. BIRTHPLACE (City & State or Foreign Country) Chanea, Crete, Greece	7. SOCIAL SECURITY NUMBER 9573		
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 7. Other (Specify)			
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of locality) 1986 Wasatch Drive		8c. COUNTY OF DEATH Salt Lake	8d. CITY, TOWN OR LOCATION OF DEATH Salt Lake City		
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		10. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 5. Married, but separated <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 6. Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Mary Rondas	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired.) Civil Engineer		12b. KIND OF BUSINESS OR INDUSTRY Utah Dept. of Transportation		12c. RESIDENCE - STREET AND NUMBER 1986 Wasatch Drive	
13a. STATE Utah	13b. COUNTY Salt Lake	13c. CITY, TOWN, COMMUNITY, OR RURAL Salt Lake City		13d. ZIP CODE 84108	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
14. FATHER'S NAME (First, Middle, Last) Prokopis Mousourakis			15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Sofia Daskalakis		
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Mary Musuris, Wife, 1986 Wasatch Drive, Salt Lake City, Utah 84108					
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input checked="" type="checkbox"/> 3. Other <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 2. Donation <input type="checkbox"/> 4. Burial <input type="checkbox"/> 6. Reinterment		18a. DATE OF DISPOSITION August 23, 2005		18b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Olivet Cemetery	
18c. LOCATION OF DISPOSITION - City or Town, State Salt Lake City, Utah		19. LICENSEE NUMBER 367159	20. FUNERAL HOME (Name and complete address) Wasatch Lawn Mortuary 3401 S. Highland Drive Salt Lake City, Utah		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>BB Bensons</i>					
22. CERTIFIER (Check only one) <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.					22a. Was Medical Examiner Contacted? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
M.E. Case No. _____					
SIGNATURE & TITLE OF CERTIFIER <i>Jane E MacPherson MD</i> LIC. NO. <i>342206-1205</i> DATE SIGNED <i>Aug 23, 2005</i>					
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) <i>JANE E. MACPHERSON, MD 2750 So. 1300 W., SLC, UT 84119</i>					23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN <i>August 16, 2005</i>
24. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Multisystem atrophy (Parkinson's Variant)					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR) AS A CONSEQUENCE OF:					
Sequitentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Due to (OR) AS A CONSEQUENCE OF:					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
26a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			26b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
28. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Is unknown in relation to the cause of death <input checked="" type="checkbox"/> 5. NON USER					
27. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be Determined <input type="checkbox"/> 6. Pending Investigation		28. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year			
29a. DATE OF INJURY (Mo., Day, Yr.)	29b. TIME OF INJURY (24 Hr. Clock)	29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	29d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		29e. If motor vehicle accident: <input type="checkbox"/> 1. Driver <input type="checkbox"/> 2. Passenger <input type="checkbox"/> 3. Pedestrian <input type="checkbox"/> 4. Other <input type="checkbox"/> 5. Unknown
29f. LOCATION (Street or rural route number, city or town, county and state)			29g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 24)		
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "Yes" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown If yes, Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Hispanic/Latino (Specify)		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Samoan <input type="checkbox"/> 12. Vietnamese <input type="checkbox"/> 13. Guamanian or Chamorro <input type="checkbox"/> 14. Unknown <input type="checkbox"/> 15. Other Pacific Islander (Specify) <input type="checkbox"/> 16. Other (Specify)		32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 0. None <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade; no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's degree (e.g., BA, BS) <input checked="" type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEng, MEd, MEdW, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DVM, DDS, etc.) <input type="checkbox"/> 9. Unknown	
33. REGISTRAR'S SIGNATURE <i>Barry E Nangle</i>					34. DATE FILED (Mo., Day, Yr.) August 23, 2005

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This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

SDH-BVRS 95 (9/96)

Date Issued: **August 26, 2005**
 County: **SALT LAKE**
 Registrar: *Barry E Nangle*
 Director of Vital Records: **Barry E. Nangle**

By *Ellen Freeman*



LL01541398



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.