

PREPARED BY:  
RECORD & RETURN TO:  
Timeshare Closing Services, Inc  
8545 Commodity Circle  
Orlando, Florida 32819

File No: 99121307025

DOC # 726102  
07/01/2008 09:45AM Deputy: DW  
OFFICIAL RECORD  
Requested By:  
TIMESHARE CLOSING SERVIC  
Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 41.00  
BK-708 PG-49 RPTT: 0.00



### CONTINUOUS MARRIAGE AFFIDAVIT

BEFORE ME, the undersigned authority, this day personally appeared Helen J. Drouillard who after first being duly sworn, deposes and says:

1. That Affiant is the owner of the following described property:

EXHIBIT 'A'  
LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE

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

(A) An undivided 1/38th interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.

(B) Unit No. 004 as shown and defined on said Condominium Plan.

PARCEL TWO

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said country and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modifications thereof recorded in September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions, and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR

(A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, -and-

(B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL FIVE

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE alternate use week during Even numbered years within the "Swing season"; as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, and is defined in the Fourth Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984 as Document No. 96758 of Official Records, as amended.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said alternate use week within said "use season".

2. That Affiant and John E. Drouillard were married on March 17, 1984 and were continuously married without interruption to the date of death on May 25, 2007, as evidenced by a copy of the death certificate which has been examined and will be retained in the closing file referenced herein.
3. Affiant states that **Helen J. Drouillard** is familiar with the nature of an oath, and with the penalties as provided by the laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature.
4. Affiant further certifies that **Helen J. Drouillard** has read the full facts contained in this Affidavit and understands its context.
5. That Affiant is executing this Affidavit to induce **Timeshare Closing Services, Inc** and , to issue a policy of title insurance, based on facts contained herein.

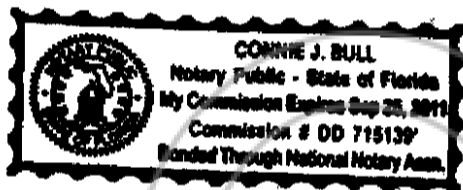
Further AFFIANT SAYETH NAUGHT.

Helen J. Drouillard  
 Helen J. Drouillard  
 Address: 7005 Hazeltine Cir., Lakeland, Florida 33810

STATE OF Florida  
 COUNTY OF POLK

The foregoing instrument was sworn to, subscribed and acknowledged before me this 1st day of APRIL, 2008 by Helen J. Drouillard who is personally known to me or who has produced FOL# DL [REDACTED] as identification and who did take an oath.

Connie J. Bull  
 NOTARY PUBLIC  
 Notary Print Name Connie J Bull  
 My Commission expires: 9/25/2011  
 Notary Seal



OFFICE of VITAL STATISTICS

CERTIFIED COPY

LOCAL FILE NO. P-6 02311 FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) JOHN EDWIN DROUILLARD		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) August 30, 1929		4. AGE (Last Birthday, Under 1 Year, Under 1 Day) 77	
5. SOCIAL SECURITY NUMBER [REDACTED]-0881		6. DATE OF DEATH (Month, Day, Year) May 25, 2007	
7. BIRTHPLACE (City and State of Foreign Country) Detroit, Michigan		8. COUNTY OF DEATH Polk	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Died On Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street address) Lakeland Regional Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Lakeland	
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Helen Janet Green	
14. RESIDENCE - STATE Florida		15. RESIDENCE - COUNTY Polk	
14a. STREET ADDRESS 7005 Haseltine Circle		14b. APT. NO. 14c. ZIP CODE 33810	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Product Manager		17. KIND OF BUSINESS/INDUSTRY Copper Manufacturing	
18. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)			
19. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian <input type="checkbox"/> Other Hispanic (Specify)			
20. DECEDENT'S EDUCATION (Specify the decedent's highest grade or level of school completed at time of death.) <input checked="" type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			21. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. FATHER'S NAME (First, Middle, Last, Suffix) John Frederick Drouillard		23. MOTHER'S NAME (First, Middle, Maiden Surname) Sophia Sevier	
22a. INFORMANT'S NAME Helen Janet Drouillard		22b. RELATIONSHIP TO DECEDENT Wife	
22c. CITY OR TOWN Lakeland		22d. STATE Florida	
24. PLACE OF DISPOSITION (Name of society, crematory, or other place) Gentry-Morrison Crematory		25. LOCATION - CITY OR TOWN Lakeland	
24a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		26. LOCATION - STATE Florida	
26a. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH FE 4452	
28. NAME OF FUNERAL FACILITY Gentry-Morrison Funeral Home Northside		29. FACILITY MAILING STATE Florida	
28a. CITY OR TOWN Lakeland		28b. STREET ADDRESS 5245 US Hwy. 98 N.	
28c. ZIP CODE 33809		29a. ZIP CODE 33809	
30. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31. (Signature and Title of Certifier) MED 008809		32. DATE SIGNED (Month, Day, Year) May 30, 2007	
33. LICENSE NUMBER (of Certifier) MED 008809		34. CERTIFIER'S NAME Dr. Ernesto A. Uy, M.D.	
35. CERTIFIER'S STATE Florida		36. NAME OF ATTENDING PHYSICIAN (Other than Certifier) 1600 Lakeland Hills Blvd.	
35a. CITY OR TOWN Lakeland		35b. STREET ADDRESS 1600 Lakeland Hills Blvd.	
35c. ZIP CODE 33805		36a. CITY OR TOWN Lakeland	
36b. STREET ADDRESS 1600 Lakeland Hills Blvd.		36c. ZIP CODE 33805	
37. REGISTRAR - Signature and Title Ann Palmer, Chief Deputy Registrar		38. LOCAL REGISTRAR - Signature Melvete Longoria	
37a. DATE FILED BY REGISTRAR (Month, Day, Year) 5/30/07		38a. DATE FILED BY REGISTRAR (Month, Day, Year) May 30, 2007	
39. PROBABLE MANNER OF DEATH (The following are under jurisdiction of the medical examiner: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Unreported to Medical Examiner Due to Cause of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Unreported to Medical Examiner Due to Cause of Death			
40. CAUSE OF DEATH PART I: Enter the <u>single phrase</u> disease, injury or complication that directly caused the death. Enter any one or more on line 1. <input type="checkbox"/> Aggravated Infection <input type="checkbox"/> Direct to Death			
41. IMMEDIATE CAUSE (Final disease or condition resulting in death) BRONCHIOLE OBLITERANS ORGANIZING PNEUMONIA			
42. SEQUENTIALY LIST CONDITIONS, if any, leading to the cause listed on-line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			
43. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I CORONARY HEART DISEASE, DIABETES, HYPERTENSION			
44a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		44b. DATE OF SURGERY (Month, Day, Year)	
44c. YES <input type="checkbox"/> NO <input type="checkbox"/>		44d. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, specify trimester: _____ at time of death _____ with 43-52 days of death _____ with 43 days to 1 year of death			
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)	
48. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. LOCATION OF INJURY - STATE	
46a. CITY OR TOWN		46b. STREET ADDRESS	
46c. ZIP CODE		46d. APT. NO. 46e. ZIP CODE	
50. DESCRIBE HOW INJURY OCCURRED			
51. PLACE OF INJURY (e.g. Decedent's Home, construction site, restaurant, wooded area)			
52. IF TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
52b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> B.L.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)			

VOID IF ALTERED OR ERASED

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Ann Palmer Chief Deputy Registrar

Date Issued SEP 25 2007 FLORIDA DEPARTMENT OF HEALTH

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK! THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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CERTIFICATION OF VITAL RECORD

