

A.P.N. #	A ptr of 1319-30-723-012
Escrow No.	1009462-TS/AH
<b>Recording Requested By Stewart Title of Nevada:</b>	
Mail Tax Statements To:	Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449
<b>When Recorded Mail To:</b>	
Karen L. Meyer	
4692 Circle Dr.	
Santa Rosa, CA 95409	



**AFFIDAVIT - DEATH OF JOINT TENANT**

State of California }  
 } ss.  
 County of Sonoma }

**KAREN L. MEYER**, of legal age, being first duly sworn, deposes and says: That **JOHN H. MEYER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **JOHN H. MEYER** named as one of the parties in that certain **Grant Deed** dated **September 26, 1986** executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **JOHN H. MEYER** and **KAREN L. MEYER**, husband and wife as joint tenants, recorded as Document No. **143650**, on **October 22, 1986** in Book **1086**, at Page **2925**, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Naegle Building, Swing Season, Week #33-131-27-04, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 7/18/08

Karen L. Meyer

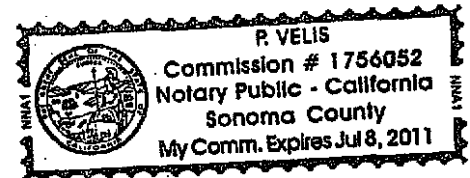
This document is recorded as an **ACCOMMODATION ONLY** and without liability for this consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

State California }  
 } ss.  
 County of Sonoma }

This instrument was acknowledged before me on 7/18/08

By: Karen L. Meyer

Signature:   
 Notary Public



CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA  
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-1996-49-002509

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES/WRITINGS OR ALTERATIONS VS-1 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>JOHN</b>		2. MIDDLE <b>HENRY</b>		3. LAST (FAMILY) <b>MEYER</b>			
4. DATE OF BIRTH MM/DD/CCYY <b>12/11/1934</b>		5. AGE YRS. <b>61</b>		6. SEX <b>M</b>		7. DATE OF DEATH MM/DD/CCYY <b>09/21/1996</b>	
8. HOUR <b>1830</b>		9. STATE OF BIRTH <b>MO</b>		10. SOCIAL SECURITY NO. <b>8900</b>		11. MILITARY SERVICE <b>NONE</b>	
12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>		14. RACE <b>WHITE</b>		15. USUCL EMPLOYER <b>SEARS</b>	
16. OCCUPATION <b>SHIPPER &amp; RECEIVER</b>		18. KIND OF BUSINESS <b>RETAIL SALES</b>		19. YEARS IN OCCUPATION <b>30</b>			
20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>4849 RAMONDO DRIVE</b>							
21. CITY <b>SANTA ROSA</b>		22. COUNTY <b>SONOMA</b>		23. ZIP CODE <b>95401</b>		24. YRS IN COUNTY <b>40</b>	
25. STATE OR FOREIGN COUNTRY <b>CA</b>		26. NAME RELATIONSHIP <b>KAY MEYER, WIFE</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>4849 RAMONDO DRIVE, SANTA ROSA, CA 95401</b>							
28. NAME OF SURVIVING SPOUSE—FIRST <b>KAREN</b>		29. MIDDLE <b>LEE</b>		30. LAST (MAIDEN NAME) <b>BOMBERGER</b>			
31. NAME OF FATHER—FIRST <b>HENRY</b>		32. MIDDLE <b>JOHN</b>		33. LAST <b>MEYER</b>		34. BIRTH STATE <b>MO</b>	
35. NAME OF MOTHER—FIRST <b>LUCILLE</b>		36. MIDDLE <b>MARGARET</b>		37. LAST (MAIDEN) <b>DUREN</b>		38. BIRTH STATE <b>MO</b>	
39. DATE MM/DD/CCYY <b>09/23/1996</b>		40. PLACE OF FINAL DISPOSITION <b>RES: KAY MEYER, 4849 RAMONDO DRIVE, SANTA ROSA, CA 95401</b>					
41. TYPE OF DISPOSITION <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR <b>NEPTUNE SOCIETY OF NORTHERN CA</b>		45. LICENSE NO. <b>FD-1334</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Darryl R. Jones MD</i>		47. DATE MM/DD/CCYY <b>09/23/1996</b>	
101. PLACE OF DEATH <b>SANTA ROSA MEMORIAL HOSP.</b>		102. IF HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY <b>SONOMA</b>	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>1165 MONTGOMERY DRIVE</b>		106. CITY <b>SANTA ROSA</b>					
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH <b>5 YRS</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE (A) <b>MULTIPLE MYELOMA</b>		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (C)							
DUE TO (D)							
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.							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY <b>07/14/1993</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>HARRY RICHARDSON, MD, 3555 ROUND BARN CIRCLE, SANTA ROSA, CA</b>		116. LICENSE NO. <b>G19242</b>		117. DATE MM/DD/CCYY <b>09/23/1996</b>	
118. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF SONOMA

\*000288165\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.

JUL 15 2008

DATE ISSUED

*[Signature]*  
JANICE ATKINSON, CLERK-RECORDER  
SONOMA COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Clerk-Recorder.

FORM 1000 (REV. 11/96)

BK-708  
PG-4163  
727148 Page: 2 of 3 07/21/2008



**EXHIBIT "A"**

**(33)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 33 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 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 131 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 III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Lots 31, 32 or 33 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-012



BK-708  
PG-4164