

OFFICIAL RECORD
Requested By:
KATHERINE M ZELKO

Recording Requested By

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0808 PG- 1490 RPTT: 0.00

And When Recorded, Mail to:

Michael David Perkins
1800 NE 72nd Circle
Vancouver, WA 98665
(360) 695-5226



Assessor's Parcel No. 1319-30-644-0887th

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF OREGON)
) ss.
County of Marion)

VIRGINIA G. PERKINS, of legal age, being first duly sworn, deposes and says:

That DONALD HUBERT PERKINS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DON H. PERKINS named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated November 3, 1991 executed by HARICH TAHOE DEVELOPMENTS to DON H. PERKINS and VIRGINIA G. PERKINS as joint tenants, recorded in Book 1191, Page 2392 on November 15, 1991 of the Official Records in the Office of the County Recorder of DOUGLAS County, State of Nevada, concerning the following described real property situated in the County of DOUGLAS, State of NEVADA.

AS SET FORTH ON ATTACHED EXHIBIT "A."

Dated: July 11, 2008.

Virginia G Perkins
VIRGINIA G. PERKINS

SUBSCRIBED AND SWORN to before me this 11 day of July, 2008 by VIRGINIA G. PERKINS, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Michael J. Sowa
Notary Public of Oregon

[Seal]



Exhibit "A"

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE

An undivided 1/51st interest in and to that certain condominium as follows:

- (A) An undivided 1/106th interest as tenants-in-common, in and to Lot 37 as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (Inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, State of Nevada.
- (B) Unit No. 178 as shown and defined on said last Condominium Plan.

PARCEL TWO

- (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 M.D.B. & M.; 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 THREE

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, range 19 East, M.D.B.& M. 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 modifications thereof: (1) recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records; (2) recorded July 2, 1976, as Document No. 1472 in Book 776 Page 07 of Official Records; and (3) recorded July 26, 1989, as Document No. 207446, in Book 789, Page 3011.



PARCEL FOUR

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, as and through Lots 29, 30, 35, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - 10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East M.D.B. & M. 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 and as amended from time to time of Official Records of Douglas County, State of Nevada.

PARCEL FIVE

The Exclusive right to use any UNIT of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461 of Official Records of Douglas the 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 use week within the Spring season, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive right may be applied to any available unit of the same Unit Type as Lot 37 during said use week within said "use season."

A portion of APN 1319-30-644-088

CERTIFICATION OF VITAL RECORD

256807
I.D. TAG NO.
06281
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

State File Number

1. DECEASED'S NAME First: Donald Middle: Hubert Last: PERKINS			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 28, 1997	
4. SOCIAL SECURITY NUMBER 2785	5a. AGE-Last Birthday (Years) 72	5b. Under 1 Year Mds. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Yakima, Washington	7. DATE OF BIRTH (Month, Day, Year) March 13, 1925
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Good Samaritan Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Portland		9d. COUNTY OF DEATH Multnomah	
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Manufacture Representative		10b. KIND OF BUSINESS/INDUSTRY Electrical		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) Virginia Perkins
13a. RESIDENCE - STATE Oregon	13b. COUNTY Marion	13c. CITY, TOWN OR LOCATION Woodburn		13d. STREET AND NUMBER 2093 Lilac Way	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97071	14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2
17. FATHER - NAME first middle last Edwin Perkins		18. MOTHER - NAME first middle maiden Bessie Ball		19. INFORMANT - NAME and relationship to deceased Virginia Perkins - Spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Valley Crematory		20c. LOCATION - City or Town, State Woodburn, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Don Simon		21b. OREGON LICENSE NO. (Of Licensee) 47-3359	22. NAME, ADDRESS AND ZIP OF FACILITY. Simon Funeral Chapel 1050 North Boones Perry Road woodburn, Oregon 97071		
23. DATE FILED (Month, Day, Year) DEC 0 9 1997		24. REGISTRAR'S SIGNATURE Hilda Chaski Adams			

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TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 11:27 A.M.	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Jeff Fullman		32. 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 stated. (Signature)	
30. DATE SIGNED (Month, Day, Year) Dec. 4, 1997		33. DATE SIGNED (Month, Day, Year) COUNTY	

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Jeff Fullman M.D. 19250 SW 65th Suite 110 Tualatin, Oregon 97062

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

36. IMMEDIATE CAUSE OF DEATH (Type or Print) Coronary Artery Disease		Interval between onset and death
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		

37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/> No	38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED	41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
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RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

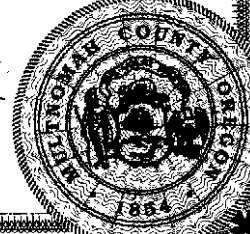
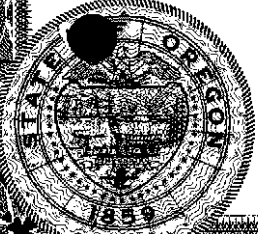
45-2 Rev. 10/97

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DEC 10 1997

DATE ISSUED: _____

Hilda Chaski Adams, MPH
HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



BK- 0808
PG- 1493
0728218 Page: 4 of 4 08/08/2008