A portion of A.P.N. #_1319-30-644-022 ESCROW NO. #37-057-06-01 RECORDING REQUESTED BY: STEWART TITLE COMPANY DOC # 0735910 01/16/2009 11:15 AM Deputy: PK OFFICIAL RECORD

Requested By: STEWART TITLE

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 3 Fee:

16.00 BK-0109 PG- 3020 RPTT:



WHEN RECORDED MAIL TO:

Leon C. Marshall 3098 N.E. Waverly Ct. Bend, OR 97701-8171

AFFIDAVIT - DEATH OF JOINT TENANT

| STATE OF NEVADA COUNTY OF Douglas | } ss } | | ACCOMMODA for this considerated validity or suf- | nt is recorded as an ATION ONLY and without liability deration therefore, or as to the ficiency of said instrument, or of such recording on the title of nvolved. | |
|------------------------------------|-------------------|-------------------|---|---|-----|
| MA | ARSHALL | | | | |
| LEON C. M | ARXKAIX | ,of leg | | rst duly sworn, deposes | |
| and says: That <u>BEVE</u> | RLY MARSH | IALL | , the deced | lent mentioned in the attached | |
| certified copy of Certificate of D | Death, is the sar | me person as | | ERLY MARSHALL | |
| named as one of the parties in th | at certain G | rant Deed | dated _ | March 6, 1989 executed by | |
| HARICH TAHOE DEVELOPM | MENTS, a Nev | yada general par | tnership | | |
| to Leon C. Marshall and B | everly Marsha | ll, Husband and | Wife as Joint | Tenants with right of survivorship | _as |
| joint tenants, recorded as Instrur | nent No | 200201 | | ril 14, 1989 | |
| in Book <u>489</u> , Page | 1697 , of | Official Record | ls of <u>Doug</u> | las | |
| County, Nevada, covering the fo | llowing descri | ibed property sit | uated in Do | ouglas | |
| County, State of Nevada: | _ | | 1 1 | | |
| See Exhibit 'A' attached hereto | and by this ret | ference made a j | Leon | Marshall | |
| DATE: | 1 | | Leon | C. Marshall | |
| | | | | | |
| STATE OF ORECON | } }} | | | | |
| COUNTY OF DESCHITES | | | SSSSSS | | |
| This instrument was acknowledge | ged before me | on 6 | | OFFICIAL SEAL WATON (6) | |
| JANUARY 15T, 2009 | | | NOTA | RY PUBLIC-OREGON (I) | |
| by, TRAVIS WALTON, no | tary publi | .c, 🐰 🕽 | COMINGE TO A | MISSION NO. 412606 | |
| acknowledged Leon C. M. | | | AT CONTRACTOR | EXPIRES DEC. 12, 2010 | |
| Signature | _/ | | | · • | |

COUNTY of SANTA CLARA HEALTH DEPARTMENT

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

| | | | CER | RTIFICAT | | | \ | | | | |
|--------------------|--|--|--|--|--|--|--|----------------|------------------------|--------------|----------|
| | STATE FILE NUMBE | | USE BLACK INK ONLY | | | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | | | |
| | 1A. NAME OF DECEDENT—FIRST (GIVEN) | | 1B. MIDDLE | | C. LAST (FAMIL | .Y) | 2A. DATE OF DEATH-MO, DAY, YR 2B. HOUR 3. SE | | | | |
| | BEVERLY | (2.7.24 | ANN | Į. | MARSHALL | | JULY 31 | , 1992 | ! | 0115 | F |
| | 4. RACE | | 5. HISPANIC—SPECIE | TY . | 6. DATE | OF BIRTHMO. D | | | 1 YEAR | | |
| | Caucasian | | | ΙΫ́ | May | 30, 1944 | YEARS | MONTHS | DAYS | HOURS | MINUTE |
| DECEDENT | | IZEN OF WHAT | YES | | - | 108. STATE OF 11 | | NAME OF A | I CTHES | 1110 | STATE |
| PERSONAL | | UNTRY | TOA. FOLL NA | VE OF FATHER | | BIRTH | A. POLL MAIDEN | NAME OF I | CIRER | , 18 | BIRTH |
| ĐATA | | S.A. | Wit11am | Greenaway | y vi | PA | Lucille L | ambert | \ | ì | MO |
| | 12. MILITARY SERVICE | E? 13 | L SOCIAL SECURITY NO | | 14. MARITAL S | TATUS 15. 1 | NAME OF SURVIV | ING SPOUSE | (IF WIFE. E | NTER MAIC | DEN NA |
| | 19 To 19 | X NONE | 3075 | | Marcie | -d-2 | Leon Marsha | 11 | 7% | | |
| | 18A. USUAL OCCUPAT | ION STOP | 168. USUAL KIND OF | BUSINESS | 16C. USUAL E | | 16D. YEARS IN | 10000 | CATION- | YEARS C | OMPLETI |
| | Dental Office | Managar | OR INDUSTRY | | D- D-4 | na Chana MOC | OCCUPATION | ٧ - ١ | . 11 | % | |
| | 18A. RESIDENCE—STR | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Dentistry | | Dr. Damia | an Chang, DDS | 1 Court 23 | | 11 | 100,000 | |
| | I . | Baria, Sh | R OR LOCATION | N A | 11 - 17 | The same of the sa | 188, Спу | | 7% | 18C. ZIP | |
| USUAL | 1504 Amblesid | e ct. | 1 . \ | | 11 10 | | Ceres | | - 1 | 95 | 307 |
| RESIDENCE | 18D. COUNTY | $A \cdot A = A$ | | MBER OF YEARS | 18F. STATE C | FOREIGN COUNTR | Y 20 NAME RELA | TIONSHIP, MAI | LING ADDR | E88 | 7 |
| | Stanis laus | 1 7 1 | The state of the s | 3 | CA | The state of the s | Leon Man | | Husba | \sim | r |
| | 19A. PLACE OF DEA | THESE 2 1 | 196. IF | HOSPITAL, SPECIF | v 1 19C. COU | NTY# | ************************************** | oleside C | _ | 1114 | |
| PLACE | Santa Teresa | Communità | Hoenital ONE | PER/OP, DO | Santa | Clara | Ceres C | | | | |
| OF | fra 8 f | 2.4 - | D NUMBER OR LOCATIO | 794 | 1000 | Prelia . | | | | | |
| DEATH | OTREET | The state of the s | NOMBER OF LOCATIO | N 19E. CITY | | | TIME INTERVAL BETWEEN ONSET | 22. WAS DE | ATH REPOR' REFERRAL | | ARONER I |
| | 250 Hospital | | | | Jose 🔧 | | AND DEATH | YE | s | | X |
| | 21. DEATH WAS CAL | JSED BY: (EN | LEK ONF ONE CAN | SE PER LINE FO | OR A.B. AND | 0)/ | | 23. WAS BIO | PSY PERPO | RMED? | |
| | IMMEDIATE (A) | dult Respi | ratory Distres | s Syndrome | ** • • • • • • • • • • • • • • • • • • | | Days | X YES | . 🗆 | No | |
| CAUSE | | ** 1 | N | | 7 (B) | 777 1 1 | | 24A. WAS A | | RFORMED? | |
| OF | A A | strocytoma | | barren arrende ; | | 44/ V 🖍 | 14 Mos. | | | | |
| DEATH | DUR TO (ED) | 7 - 3 | | The same of the sa | | <u> </u> | 1 11 1034 | 24B. WAS IT | | No | CAUR |
| | 491.4 | | I I The state of | Carlotte Comments | | | N ĝi l | OF C | EATH? | E I EKMINANA | , OA03 |
| | DUE TO (CI) | 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | · The same | handa fif M | (akg 45/ <u>1/6</u>) | YE | | No | |
| | 25. OTHER SIGNIFICANT | 3 'N #11 "" ' | NTRIBUTING TO DEATH | BUT NOT RELATER | TO CAUSE GN | VEN IN 21 26. WAS | OPERATION PERFO S. UST TYPE OF OPE | | | IN ITEM 21 | OR 25 |
| | | oue | A. A. Carrier | | | Bria | n Biopsy | 6-19 | -1991 | | |
| PHYSI- | I CERTIFY THAT TO THE OCCURRED AT THE HOU | BEST OF MY KN | OWLEDGE DEATH | 27B. SIGNATURE | AND DEGREE | OR TITLE OF CERTIF | IER 27C. CERTIFI | ER'S LICENSE I | NUMBER | 270. DATE | SIGNE |
| CIAN'S | CAUSES STATED. | - 1000 W | A STATE OF THE STA | | am | ~ MI | AF 639 | 720 | 1 | 8/3 | 197 |
| CERTIFICA- | 27A, DECEDENT ATTEN MONTH, DAY, YE | | DENT LAST SEEN ALIVE LONTH, DAY, YEAR | 27E. TOPE ATT | ENDING PHYS | SICIAN'S NAME AF | ADDRESS | | | _/_/ | · |
| MOIT | 7-12-1991 | | 7-31-1992 | THE R. P. LEWIS CO., LANSING, MICH. | - 1 Set 5 | | ·/ | ~ | - 01 - | | |
| - | I CERTIFY THAT IN MY | 13.45% | 543 | | | 270 Internat | | .San Jos | | DATE S | MED |
| | THE HOUR, DATE AND STATED. | PLACE STATED F | ROM THE CAUSES | AUNA TURE | | CONCRETE OF DEPO | III COAONER | | , 202 | . DAIE 3 | GIVED |
| CORONER'S | 29. MANNER OF DEATH | | | 43.7 | Markey was a state of | king parties | | T | | | |
| USE | suicide, homicide, pending inves | stigation or could not | be determined | ACP OF INJURY | | 301 | TI CTI | | H, DAY, YE | | JUR |
| ONLY | | | The state of the s | | / | _ | YES NO | ì | | | |
| / | 32, LOCATION (STREET | AND NUMBER OF | LOCATION AND CITY) | | | 33. DESCRIBE HOV | V INJURY OCCURRE | EVENTS WH | CH RESULT | שנאו או פ | IPY) |
| / | | | The state of the s | - | - | | | | | | |
| FUNERAL | 34A. DISPOSITION(S) | 34B. PLACE O | F FINAL DISPOSITION | NAME AND ADDRE | ss | 34C. DATE | 35A. SIGNATU | | MER | 35B. LK | |
| DIRECTOR | CR/RES | 1504 Amh | leside Ct.,Cer | De CV 0230 | 17 | Mo, DAY, YE Aug 6 1992 | AR NOW UR | - stract | e. | | JMBER |
| AND | 36A. NAME OF FUNERAL | | | | | IGNATURE OF LO | Don van S | traaten | 38 REG | E692 | |
| LOCAL REGISTRAR | F | | 1 | • | S 161 | Sie III | Da 2 | | All | 1 | 1992 |
| ALGISTRAR | | | L OF THE HILLS | | | | wing 1/1 | · IF. Little | | | 1002 |
| STATE | A. | В. | / 19 | D. | | E. | F. | ٥ | ENSUS TR | ACT | |
| REGISTRAR | | / | | 1 | | 1 | 1 | | | | |
| VS-11 (REV. 3-E | 91) | | MAKE NO ERA | SURES, WHITEC | UTS, OR OTH | ER ALTERATIONS | | | | | |
| TA. | 700 | | 1 | | • | | - | ********** | | | |
| I I The | The State of the S | The second secon | | | • | | | | | | |
| 7722 | | | CERTI | FIED COPY | OF VITAL | RECORDS | | | | | |
| | STATE OF C | ALIFORNIA |) | - · | | | | | | | |
| | COLINITY OF | TO A NITTA CIT A | s. } ss | DATE (OCUI | D AUG | 4 1992 | | | | | |

51

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13th 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 057 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-022

0735910 Page: 3 Of 3 01/16/2009