



A.P.N. #	A ptn of 1319-30-643-037
Escrow No.	1015294- TS/AH
Recording Requested By Stewart Title of Nevada:	
Mail Tax Statements To:	Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449
When Recorded Mail To:	
Fumi Halucka	
P.O. Box 501	
El Granada, CA 94018-0501	

AFFIDAVIT – DEATH OF JOINT TENANT

State of Nevada }
 County of Douglas } ss.

FUMI HALUCKA, of legal age, being first duly sworn, deposes and says: That **PAUL S. HALUCKA**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **PAUL S. HALUCKA** named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 9, 1994 executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **PAUL S. HALUCKA** and **FUMI HALUCKA**, husband and wife as joint tenants, recorded as Document No. 338012, on May 23, 1994 in Book 594, Page No. 3732 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Terrace Building, Every Year Use, Week #28-030-31-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 2/23/09

Fumi Halucka
 FUMI HALUCKA

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 of California }
 County of San Mateo } ss.

This instrument was acknowledged before me on 2/23/09 (date)
 By: FUMI HALUCKA

Signature: Marilyn Wright
 Notary Public



SANTA BARBARA COUNTY

PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200842001254

STATE FILE NUMBER		USE BLACK INK ONLY AND COMPLETE WITHOUT ABERRATIONS PEN/INK ONLY				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Surname)			
PAUL		SHRUM		HALUCKA			
4A. ALSO KNOWN AS - Include 1st AKA (FIRST, MIDDLE, LAST)							
4. DATE OF BIRTH (mm/dd/yyyy)		5. AGE (Yrs)		6. PRESENT YEAR		7. UNDER 18 (Y/N)	8. SEX
12/07/1931		76					M
9. BIRTH STATE/COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (In Year of Death)	
PA		3803		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MARK		MARRIED	
13. EDUCATION - Highest Grade (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. DATE OF DEATH (mm/dd/yyyy)	
SOME COLLEGE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN		08/01/2008	
17. USUAL OCCUPATION - Type of work for most of the year. DO NOT USE RETIRED		18. IND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
ENGINEERING TECH		SATELLITE BUSINESS		15			
20. DECEDENT'S RESIDENCE (Street and number or location)							
4815 HARMONY LANE							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
SANTA MARIA		SANTA BARBARA		93455		35	
25. STATE/COUNTRY		27. SURVIVANTS (List and address of first and nearest of wife, next nearest, etc. of spouse, date, ZIP)					
CA		4815 HARMONY LANE, SANTA MARIA, CA 93455					
26. INFORMANT'S NAME, RELATIONSHIP		28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Surname)	
JAMES M. HALUCKA, SON		FUMI				TSUCHIYA	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
ALEXANDER				HALUCKA		PA	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Surname)		38. BIRTH STATE	
ELSIE				SHRUM		PA	
39. DISPOSITION DATE (mm/dd/yyyy)		40. PLACE OF FINAL DISPOSITION					
06/06/2008		SCATTERED AT SEA OFF THE COAST OF SANTA BARBARA COUNTY					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER				43. LICENSE NUMBER	
CR/SEA		NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE (mm/dd/yyyy)	
NEPTUNE SOCIETY		FO 1309		ELLIOT SCHULMAN, MD		06/05/2008	
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE		50. IF OTHER THAN HOSPITAL, SPECIFY ONE			
MARIAN MEDICAL CENTER		<input checked="" type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> O <input type="checkbox"/> O		Residing Home, etc. <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>			
51. COUNTY		52. FACILITY ADDRESS OR LOCATION WHERE POLAR (Street and number or location)				53. CITY	
SANTA BARBARA		1400 E CHURCH STREET				SANTA MARIA	
54. CAUSE OF DEATH		55. DATE REPORTED TO CORONER				56. MTHS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		W. METASTATIC LUNG CANCER				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. CAUSE OF DEATH (Final disease or condition resulting in death)		58. DATE REPORTED TO CORONER				59. MTHS	
CORONARY ARTERY DISEASE, PERIPHERAL VASCULAR DISEASE, HYPERTENSION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT AetiA TION OF THE IMMEDIATE CAUSE (Given in 54)		61. DATE REPORTED TO CORONER				62. MTHS	
CORONARY ARTERY DISEASE, PERIPHERAL VASCULAR DISEASE, HYPERTENSION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
63. SURGICAL OPERATION PERFORMED FOR ANY CONDITION IN ITEM 54 (Type of operation and date)		64. DATE REPORTED TO CORONER				65. MTHS	
4-VESSEL CORONARY ARTERY BYPASS GRAFT 02/12/04, RESECTION OF POPLITEAL ANEURYSM - 1/1994, DIFIBRILLATOR/PACEMAKER - 7/2004		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
66. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		67. SIGNATURE AND TITLE OF CERTIFIER		68. LICENSE NUMBER		69. DATE (mm/dd/yyyy)	
Observed (Required) State Certified Last Seen, Alive		ARLENE CONSTANCE GONZALES M.D.		FO 667298		06/05/2008	
70. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		71. TYPE & ADDRESS OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		72. ALIASED AT WORK?		73. INJURY DATE (mm/dd/yyyy)	
MANNER OF DEATH <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		281 WEST DANA PO BOX 240, NIPOMO, CA 93444		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		74. HOUR (24 Hour)	
75. PLACE OF INJURY (e.g., home, construction site, unimproved area, etc.)		76. SIGNATURE OF CORONER / DEPUTY CORONER					
77. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		78. DATE (mm/dd/yyyy)					
79. LOCATION OF INJURY (Block and number, or location, and city, and ZIP)		79. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
80. SIGNATURE OF CORONER / DEPUTY CORONER		81. DATE (mm/dd/yyyy)		82. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER			
STATE		FAX AUTH. #		CENSUS TRACT			
A B C D E							

BK-309
 PG-3217
 739530 Page: 2 of 3 03/13/2009

000287759

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SANTA BARBARA

SS DATE ISSUED JUN 09 2008

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

HEALTH OFFICER
 PUBLIC HEALTH DEPARTMENT
 COUNTY OF SANTA BARBARA, CALIFORNIA

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



EXHIBIT "A"

(28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 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 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 030 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 Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 28 only, for one week each year in accordance with said Declarations.

A Portion of APN: 1319-30-643-037

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.



BK-309
PG-3218