09/04/2009 11:28 AM Deputy:

STEWART TITLE

OFFICIAL RECORD Requested By:

A portion of A.P.N. #_1319-30-644-034 ESCROW NO. <u>37-067-42-72</u> RECORDING REQUESTED BY: STEWART TITLE COMPANY

Douglas County - NV Karen Ellison - Recorder Page: 1 Of 4 Fee:

BK-0909 PG-1173 RPTT:

17.00 0.00



WHEN RECORDED MAIL TO:

Helen M. Johnson 3574 Hillsborough Dr. Concord, CA 94520

AFFIDAVIT - DEATH OF JOINT TENANT
STATE OF NEVADA }
COUNTY OF Douglas } ss
Helen M. Johnson ,of legal age, being first duly sworn, deposes and says: The
Richard L. Johnson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same perso
as Richard L. Johnson, named as one of the parties in that certain Grant Deed
dated October 8, 1997, executed by
HARICH TAHOE DEVELOPMENTS, a Nevada General Partnership
to Richard L. Johnson and Helen M. Johnson Husband and Wife as joint tenants, recorded
Instrument No. 424278 , on October 20, 1997 in Book 1097 , Page 3505 , of Official Records of
Douglas County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:
See Exhibit 'A' attached hereto and by this reference made a part hereof.
DATE: Queut 20,09 Helen M. Johnson Helen M. Johnson
DATE: Quarest 20,09 Helen M. Johnson
DATE: Queguet 20,09 Helen M. Johnson
STATE OF}
X (
COUNTY OF \(\frac{1}{2} \)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
This instrument was acknowledged before me on
by,
Signature
Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California County of <u>Saw Luis</u> Obispo									
On August 20, 2009 before me, SHERYLE, HANSEN, NOTARY PUBLIC.									
personally appeared HELEN M. To	Here Insert Name and Title of the Officer								
personally appeared ABLEN III ABHNSON Name(s) of Signer(s)									
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature WITNESS my hand and official seal.									
Place Notary Seal Above	Signature of Notary Public								
Though the information below is not required by law, it me and could prevent fraudulent removal and reat	ay prove valuable to persons relying on the document								
Description of Attached Document	\ \								
Title or Type of Document: AFFIDAVIT - DE	ATH OF JOINT TENANT								
Document Date: August 20, 2009	Number of Pages:								
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s)	//								
Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited	Signer's Name:								

STATE OF CALLEDRNIA CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

104. COUNTY CONTRA COSta 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number of location) 106. CONTRA COSta 107. CAUSE OF DEATH Enter the drain of events — Cossesses, injuries, or contributions, that directly caused death, DO NOT ADDRESS INTITION TO CORONAL CONTRACT CON			i	CERT	IFICATE OF DE	ATH		/\-	. (0	
### Richard				- USE BLACK INK ON	(LY / NO ERASURES, WHITEOUT VS-11 (REV 1/04)	OR ALTERATIONS	AT (F3)	LOCAL REGISTRAT	TON NUMBER		
A ALEGO COUNTY IN THE DOCUMENT AND THE STATE OF THE STATE	_				Avri e	3. 6		[obnoon]		H X	
*** HETT-STATE-PROBABLICOUNTRY** 18 DOCAL REQUEST FLUENCES 18 CONTINUES TO THE ATT THE AT THE ATT	¥ .		FIRST, MIDDLE, LAST)	-		OF BIRTH mm/dd/s		IF UNDER ONE YEAR	IFUNDER 24 HOURS B. 8		
Service of California Service Se	- ₹			•	06/	29/1931	74	Months Days		M	
See See College 190	줥시	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY N		N U.S. ARMED FORCES?		ATUS (at Time of Death)			(Ours)	
## Pirefighter December Public Service Public Service 27	\$.			1	لسبا لبسا					≡	
Public Service Public Service 27 27 28 28 28 28 28 28	蓋	5 (S. EDUCATION — Howard LongithOpper (M. WAS DECEDENT HISPANICIATINO(A)/8PANIGHT (if yes, see worksheet on back.) (S. EDUCATION — Howard LongithOpper (M. WAS DECEDENT HISPANICIATINO(A)/8PANIGHT (if yes, see worksheet on back.)								=	
Public Service Public Service 27 27 28 28 28 28 28 28	5		r most of life. DO NOT USE F	RETIRED 18				ruotion, employment agency, e	ME.) 19. YEARS IN OCCU	PATIC	
3574 Hillsborough Drive State of Concord Concord Contra Cost State of Concord State of State of Concord State of State of Concord State of Sta	_	Firefighter	ζ.				The state of the s				
BE READ M. JOHNSON: Wife S. MODE S. MODE S. MODE S. LIST (MARGE PER LANGE ACTIVE ACTIV						C.					
BE READ M. JOHNSON: Wife S. MODE S. MODE S. MODE S. LIST (MARGE PER LANGE ACTIVE ACTIV	골옶				1 ,		Tel verse mon	ALTY LOS OTATICODES	M COLATIEV	=	
BE READ M. JOHNSON: Wife S. MODE S. MODE S. MODE S. LIST (MARGE PER LANGE ACTIVE ACTIV	る覧							The second secon	7%		
B. MANGE OF GUILTONIA SPORGES - FIRST S. MANGE MAT16 Bechter 17	-		1	ontra Cost							
Helen Marie Bechter Johnson Min Johnson Joh	품클				3574 Hi			e, Concord,	CA 94520	=	
So CHIPCH TO PRANCHE MANUSCRIPT OF FRANCHES TO THE THIRD NOT EMBORATED OF FRANCHES TO CONTROL OF FRANCHES TO CONTR	蓋		π			30. LAST (Mak	76				
So CHIPCH TO PRANCHE MANUSCRIPT OF FRANCHES TO THE THIRD NOT EMBORATED OF FRANCHES TO CONTROL OF FRANCHES TO CONTR	풀졸		· · · · · · · · · · · · · · · · · · ·		rie	33. LAST	. Beci	nter	34. BIRTH STAT	TE =	
So CHIPCH TO PRANCHE MANUSCRIPT OF FRANCHES TO THE THIRD NOT EMBORATED OF FRANCHES TO CONTROL OF FRANCHES TO CONTR		Lewis			cob /	1	John	nson .	MN		
So CHIPCH TO PRANCHE MANUSCRIPT OF FRANCHES TO THE THIRD NOT EMBORATED OF FRANCHES TO CONTROL OF FRANCHES TO CONTR	25 ₹					37. LAST (Mak		1	7%	LE .	
O3/24/2006 Oakmont Memorial Park, Lafayette, California 94549 44. DOMANTINE OF EMBALIER Not Emballed 45. LUCRISH HUMBER 145. DOMANTINE OF LOCAL MISSISTERIA 15. LUCRISH HUMBER 145. DOMANTINE OF LOCAL MISSISTERIA 16. LUCRISH HUMBER 145. DOMANTINE OF LOCAL MISSISTERIA 17. LUCRISH HUMBER 145. DOMANTINE OF LOCAL MISSISTERIA 18. LUCRISH HUMBER 145. DOMANTINE OF L	- 35 		n	MON	_						
SECURITY AND PROPERTY ON THE PROPERTY OF THE PROPERTY OF THE PROPERTY ON THE PROPERTY OF THE P	TORY TAR			•	Lafavette	. Calife	ornie 94°	549			
SECURITY AND PROPERTY ON THE PROPERTY OF THE PROPERTY OF THE PROPERTY ON THE PROPERTY OF THE P	EST ES						7 7		43. LICENSE NUMBER	—	
TOT. PLACE OF DEATH USUAL Residence 105. FACILITY ADDRESS OR LOCATION WRERE POUND (Street and number or personny) 105. COUNTY CONTRA COSTA 3574 Hillsborough Drive 107. CAUSE OF DEATH Street regard givens a registeration in the disease of the contract of the personny of the colors and number or personny of the personny	2 2		<u></u>	<u> </u>							
TOT. PLACE OF DEATH USUAL Residence 105. FACILITY ADDRESS OR LOCATION WRERE POUND (Street and number or personny) 105. COUNTY CONTRA COSTA 3574 Hillsborough Drive 107. CAUSE OF DEATH Street regard givens a registeration in the disease of the contract of the personny of the colors and number or personny of the personny	를 20 100		rd Furanci C	1	7%			MAN MONTH	1	12 A	
105. COUNTY 106. COUNTY 107. CAUSE OF DEATH 107. CAUSE OF DEATH 108. CHY 108. CHY 109. CHY			ra rameral C	napel FDI				IF OTHER THAN HOSPITAL		Ť	
107. CAUSE OF DEATH Bear to develope and parked — diseased, Wighter, or considerations — That diseasely caused dueth, DO NOT SERREY/ATE. MARIEU/ATE CAUSE NO CONTROLLED NOT SERVICE —	\# ≅					. <u> </u>	DOA		FC X Decedent's Home	Other	
107. CAUSE OF DEATH Bear to develope and parked — diseased, Wighter, or considerations — That diseasely caused dueth, DO NOT SERREY/ATE. MARIEU/ATE CAUSE NO CONTROLLED NOT SERVICE —	25.2					ocation)	1				
MMEDIATE CAUSE WI NON-Small Cell Lung Cencer B						nath, OO NOT enter	terminal events such			ORONER?	
Final disease for part of the part of th			cardiac arrest, respiratory arr	eet, or ventrioular fibrillation	n without showing the etiology	DO NOT ASSREV	IATE.			¬ I	
Seventially file		(Final disease or condition resulting → Non-Small Cell Lung Cancer									
CONSIDERAL FIRE AT TO THE DEST OF ANY CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 113. WAS OPERATION PERFORMED FOR ANY CONDITION THEM 107 OR 1127 (if yes, but type of operation and date.) 114. ICERTIFY THAT TO THE DEST OF ANY CONDITION OF THE THEM 107 OR 1127 (if yes, but type of operation and date.) 115. ICERTIFY THAT TO THE DEST OF ANY CONDITION OF THE THEM 107 OR 1127 (if yes, but type of operation and date.) 116. ICERTIFY THAT TO THE DEST OF ANY CONDITION OF THE THEM 107 OR 1127 (if yes, but type of operation and date.) 117. LICEONE NAMEER IN 117. CATE minifolding of the control of th		Sequentially, flat	/ _ /				35	(817)			
112. OTHER BIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM 107 OR 1127 (if yes, but type of operation and date.) 114. I COSTITUTY THAT TO THE BEST OF MY INCOMEDIAGE DEATH OCCURRED AT 115. BIGNATURE AND JITLE OF CERTIFIER 116. I COSTITUTY THAT TO THE BEST OF MY INCOMEDIAGE DEATH OCCURRED AT 115. BIGNATURE AND JITLE OF CERTIFIER 117. DATE INMINISTRATION OF DATE IN DATE IN DATE IN DATE IN DATE IN MINISTRATION OF DEATH OCCURRED AT THE HOUR, DATE IND PLACE STATED FROM THE CAUSES STATED. 118. I COSTITUTY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE IND PLACE STATED FROM THE CAUSES STATED. 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE IND PLACE STATED FROM THE CAUSES STATED. 120. INAURED AT WORK? 121. INJURY (By Insural I	Ę	conditions, if any,	1			\	P	(CT)			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO 113. WAS DPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (if yes, but type of operation and date.) 114. I COSTITUTY THAT TO THE BEST OF MY INCOME. DESTRUCTION IN ITEM 107 OR 1127 (if yes, but type of operation and date.) 115. SIGNATURE AND JITLE OF CERTIFIER 116. LICENSE NUMBER 117. DATE min/dd/cryy 117. DATE min/dd/cryy 118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE. 119. JOERITHY THAT IN INFORMOR DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 119. JOERITHY THAT IN INFORMOR DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 119. JOERITHY THAT IN INFORMOR DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 120. PLACE OF INJURY (e.g., home, construction alls, woodsed area, sec.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury) 125. LOCATION OF INJURY (Street end number, or location, and city, and ZIP) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE min/dd/cery 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 129. FAX AUTH. 9 5967TM. 120. THAT IN INDURY (STREET END NUMBER) 121. THAT IN INDURY (STREET END NUMBER) 122. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 124. DESCRIBE HOW INJURY (STREET END NUMBER) 125. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE min/dd/cery 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 129. FAX AUTH. 9 5967TM.	뿔	UNDERLYING CAUSE (disease or	-		\	\			v€sX	.] NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO 113. WAS DPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (if yes, but type of operation and date.) 114. I COSTITUTY THAT TO THE BEST OF MY INCOME. DESTRUCTION IN ITEM 107 OR 1127 (if yes, but type of operation and date.) 115. SIGNATURE AND JITLE OF CERTIFIER 116. LICENSE NUMBER 117. DATE min/dd/cryy 117. DATE min/dd/cryy 118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE. 119. JOERITHY THAT IN INFORMOR DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 119. JOERITHY THAT IN INFORMOR DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 119. JOERITHY THAT IN INFORMOR DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 120. PLACE OF INJURY (e.g., home, construction alls, woodsed area, sec.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury) 125. LOCATION OF INJURY (Street end number, or location, and city, and ZIP) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE min/dd/cery 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 129. FAX AUTH. 9 5967TM. 120. THAT IN INDURY (STREET END NUMBER) 121. THAT IN INDURY (STREET END NUMBER) 122. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 124. DESCRIBE HOW INJURY (STREET END NUMBER) 125. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE min/dd/cery 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 129. FAX AUTH. 9 5967TM.	SEC	injury that sugares (0)				1		(101)			
NO 113. WAS DEBATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 BI yes, list type of operation and date.) 113. LI FEMME, PREGNANT IN LAST YEAR NO 113. LICENSE NUMBER 115. SIGNATURE AND ITLES OF CERTIFIED AT THE HOUR, CATE, MO PLACE STATED FROM THE CAUSES STATED. 116. LICENSE NUMBER 117. DATE ministricty 117. DATE ministricty 118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE. 119. ILERTIFY THAT NAM OFFINION DEATH OCCUPRED THE MAP PLACE STATED COUNTY THAT NAM OFFINION DEATH OFFINION THE PREVIOUS STATED. 119. ILERTIFY THAT NAM OFFINION DEATH OCCUPRED AT THE HOUR, DATE MAP PLACE STATED COUNTY THAT NAM OFFINION DEATH OFFINION THAT PRAY THE ATTENDING PHYSICIANS STATED. 120. PLACE OF INJURY (e.p., home, construction site, wooded area, etc.) 121. INJURY OCCUPRED (Everte which resulted in injury) 122. COATION OF INJURY OCCUPRED (Everte which resulted in injury) 125. LOCATION OF INJURY OCCUPRED (Everte which resulted in injury) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE ministricty 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 129. FAX AUTH. # GENSUS TRACE 5967IM	3	**	DATEMENTING TO BE THE O		# . HOSER, WANG CALLES A	special initia 53	<u> </u>		¥esX	≟"	
NO VES NO UNITED											
114. ICEMIEN THAT TO THE BEST OF MY INCOMPEDE DEATH OCCURRED 115. SIGNATURE AND TITLE OF CERTIFIER 116. LICEMSE NUMBER 117. DATE myniddicsy 117. DATE myniddicsy 118. LICEMSE NUMBER 117. DATE myniddicsy 119. O3/17/2006 119. OBSTREAM DEACH LASE SERVED. 119. OBSTREAM DEACH LASE SERVED. 119. OBSTREAM DEACH LASE SERVED. 119. ICEMIEN THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. ICEMIEN THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. ICEMIEN THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. ICEMIEN THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 120. INJURED AT WORK? 121. INJURY DATE mm/dd/ceyy 122. HOUR 124 Hourselforting of Coulder for be determined 129. PLACE OF INJURY (e.g., home, construction site, woodsad area, etc.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and city and city, and city and city, and city and city and city and city			OF MET HI NCITIONOS YNA	7 OR 1127 (If yes, hat type	of operation and date.)			113/	L IF FEMALE, PREGNANT IN LAST	YEAR?	
AT THE ROUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent A								<u> </u>		UNK	
199, IOSTRIPT THAT IN MY OPRINDN DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. COULD NOT be Pending. 120. INJURED AT WORK? 121. INJURY DATE IMM/dd/dd/syy 122. HOUR (24 Ho. MANNER OF DEATH Neutral Acciders Houridate Suicide Neutral Suicide Neutral Acciders Houridate Suicide Neutral Suicide Neutral Neutr	SE					-/	` ` `		01		
199, IOSTRIPT THAT IN MY OPRINDN DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. COULD NOT be Pending. 120. INJURED AT WORK? 121. INJURY DATE IMM/dd/dd/syy 122. HOUR (24 Ho. MANNER OF DEATH Neutral Acciders Houridate Suicide Neutral Suicide Neutral Acciders Houridate Suicide Neutral Suicide Neutral Neutr	200		mm/dd/ctyy 11			DORESS, ZIP CODE	E	X7 / /9	77 0371772		
MAINTER OF DEATH Nesural Accidem Homicide Suicide Pending Could not be 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 124. DESCRIBE HOW INJURY OCCUPRED (Events which resulted in injury) 125. LOCATION OF INJURY (Greet and number, or location, and city, and 2IP) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ecyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER PAX AUTH. # CENSUS TRACE REGISTRAR 8 C D E FAX AUTH. # CENSUS TRACE S967TM	포병										
123, PLACE OF INJURY (e.g., home, construction site, woosed area, stc.) 124, DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 125, LOCATION OF INJURY (Street and number, or location, and city, and 2iP) 126, SIGNATURE OF CORONER / DEPUTY CORONER 127, DATE mm/dd/ecryy 128, TYPE NAME, TITLE OF CORONER / DEPUTY CO	/	119. 1 CERTIFY THAT IN MY OPINION DEATH OCCU	RRED AT THE HOUR, DATE, AND	PLACE STATED FROM THE C	AUSES STATED.				mm/dd/ceyy 122.HOUR (24	4 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 125. LOCATION OF INJURY (Sirest and number, or location, and city, and 2iP) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ecryy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 5TATE REGISTRAR B C D E FAX AUTH. # CENSUS TRACE 5967TM	/	investigation in the contract of the contract									
128. BIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 129. SIGNATURE OF CORONER / DEPUTY COR	8		,								
128. BIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 129. SIGNATURE OF CORONER / DEPUTY COR	SUSE	124, DESCRIBE HOW INJURY OCCUPRED	(Evente which resulted in injur	3)						\neg	
128. BIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/eeyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 129. SIGNATURE OF CORONER / DEPUTY COR				\			•				
STATE REGISTRAR 5967TM CENSUS TRAC											
REGISTRAR 5967TM										\dashv	
REGISTRAR 5967TM	1										
		1E 1	0 10	/ =					CENSUS T	HACT	
a compression many often period from the first field state of the first state of the firs				/					٠.		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA

S

DATE ISSUED

MAR 21 2006 (7)



COSTA O HEALTH OFFICER

* 0.0 0 5 9 0 5 4 7 *.

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

A NAME AND A SERVICION OF SERVICION CONTRACTOR OF SERVICION SERVIC

BK- 0909 PG- 1176

EXHIBIT "A"

(37)

An undivided 1/102nd 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. 067 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 every other year in the Odd -numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-034

