

A portion of  
A.P.N. # 1319-30-644-034  
ESCROW NO. 37-067-42-72  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0909 PG- 1173 RPTT: 0.00



WHEN RECORDED MAIL TO:

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

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
                              } ss  
COUNTY OF Douglas }

Helen M. Johnson, of legal age, being first duly sworn, deposes and says: That Richard L. Johnson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person 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.

Helen M. Johnson  
Helen M. Johnson

DATE: August 20, 09

STATE OF \_\_\_\_\_ }  
                              } ss  
COUNTY OF \_\_\_\_\_ }

This instrument was acknowledged before me on  
by, \_\_\_\_\_

Signature \_\_\_\_\_  
Notary Public

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of SAN LUIS OBISPO }

On August 20, 2009 before me, SHERYL E. HANSEN, NOTARY PUBLIC  
Date Here Insert Name and Title of the Officer

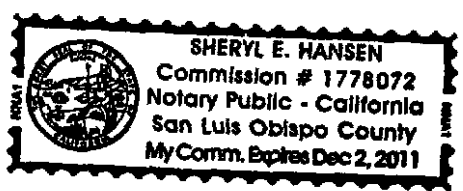
personally appeared HELEN M. JOHNSON  
Name(s) of Signer(s)

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 Sheryl E. Hansen  
Signature of Notary Public



Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: AFFIDAVIT - DEATH OF JOINT TENANT

Document Date: August 20, 2009 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

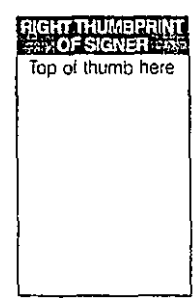
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of CONTRA COSTA**  
**MARTINEZ, CALIFORNIA**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		DATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>Richard</b>		2. MIDDLE <b>Lewis</b>		3. LAST (Family) <b>Johnson</b>	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>06/29/1931</b>		5. AGE Yrs. <b>74</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>California</b>		10. SOCIAL SECURITY NUMBER <b>9415</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) <b>Married</b>		7. DATE OF DEATH mm/dd/yyyy <b>03/15/2006</b>		8. HOUR (24 Hours) <b>1800</b>	
13. EDUCATION - Highest Level/Degree (Do not include "on track") <b>Some College</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>Caucasian</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>Firefighter</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>Public Service</b>		19. YEARS IN OCCUPATION <b>27</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>3574 Hillsborough Drive</b>					
21. CITY <b>Concord</b>		22. COUNTY/PROVINCE <b>Contra Costa</b>		23. ZIP CODE <b>94520</b>	
24. YEARS IN COUNTY <b>46</b>		25. STATE/FOREIGN COUNTRY <b>California</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>Helen M. Johnson: Wife</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>3574 Hillsborough Drive, Concord, CA 94520</b>		
28. NAME OF SURVIVING SPOUSE - FIRST <b>Helen</b>		29. MIDDLE <b>Marie</b>		30. LAST (Maiden Name) <b>Bechter</b>	
31. NAME OF FATHER - FIRST <b>Lewis</b>		32. MIDDLE <b>Jacob</b>		33. LAST <b>Johnson</b>	
34. BIRTH STATE <b>MN</b>		35. NAME OF MOTHER - FIRST <b>Birdie</b>		36. MIDDLE <b>Eaton</b>	
37. LAST (Maiden) <b>Eaton</b>		38. BIRTH STATE <b>MN</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>03/24/2006</b>		40. PLACE OF FINAL DISPOSITION <b>Oakmont Memorial Park, Lafayette, California 94549</b>			
41. TYPE OF DISPOSITION(S) <b>Burial</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>Ouimet Bros. Concord Funeral Chapel</b>		45. LICENSE NUMBER <b>FD1006</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Wendell Brunner</i>	
47. DATE mm/dd/yyyy <b>03/20/2006</b>					
101. PLACE OF DEATH <b>Usual Residence</b>					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>Contra Costa</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>3574 Hillsborough Drive</b>		106. CITY <b>Concord</b>	
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>Non-Small Cell Lung Cancer</b>					
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) <b>Non-Small Cell Lung Cancer</b>		108. DEATH REPORTED TO CORONER? This Interval Between Onset and Death (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>8 Mons.</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		(BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NO</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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 <input type="checkbox"/> Dependent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF PHYSICIAN <i>Michael Musci</i>		116. LICENSE NUMBER <b>271891</b>	
117. DATE mm/dd/yyyy <b>03/17/2006</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE. <b>Michael Musci, MD, 1425 S. Main Street, Walnut Creek, CA 94596</b>			
(A) mm/dd/yyyy <b>08/26/2005</b>		(B) mm/dd/yyyy <b>03/15/2006</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # <b>5967IM</b>	
				CENSUS TRACT	

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PG- 1175  
09/04/2009  
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF CONTRA COSTA } SS

DATE ISSUED

MAR 21 2006

*Wendell Brunner*

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.

*Wendell Brunner (M)*  
CONTRA COSTA COUNTY HEALTH OFFICER

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



**EXHIBIT "A"**

(37)

An undivided 1/102<sup>nd</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 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 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