

Requested By:  
STEWART TITLE VACATION O  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: 43.00  
BK-909 PG-2802 RPTT: 0.00



A.P.N. # A ptn of 1319-30-721-010  
R.P.T.T. \$11.70  
Escrow No. 20090287- TS/AH  
Title No. 20090287  
Recording Requested By:  
STEWART VACATION OWNERSHIP  
Mail Tax Statements To:  
Ridge Tahoe P.O.A.  
P.O. Box 5790  
Stateline, NV 89449  
When Recorded Mail To:  
William H. Sams  
1421 Alta Vista Dr.  
Vista, CA 92084

**AFFIDAVIT - DEATH OF JOINT TENANT**

State of CALIFORNIA }  
County of San Diego } ss.

William H. Sams, of legal age, being first duly sworn, deposes and says: That Tonia E. Sams, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Tonia E. Sams named as one of the parties in that certain Grant, Bargain, Sale Deed dated January 7, 2003 executed by DANIEL L. GOULETTE and JANIS L. GOULETTE to WILLIAM H. SAMS and TONIA E. SAMS, husband and wife as joint tenants, recorded as Document No. 565467, on January 29, 2003 in Book 0103, Page No. 11903 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Naegle Building, Winter Season, Week #31-090-46-03, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: 9-9-09

William H. Sams  
William H. Sams

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

This instrument was acknowledged before me on \_\_\_\_\_ (date)

by: William H. Sams

Signature:

Notary Public

*See attached Acknowledgment*



# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Diego

On September 09, 2009 before me, Stacy Chavez Notary Public  
(Here insert name and title of the officer)

personally appeared William Helmers Sams

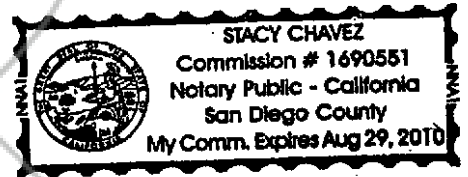
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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.

Stacy Chavez  
Signature of Notary Public

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

<b>DESCRIPTION OF THE ATTACHED DOCUMENT</b>	
<u>Affidavit - Death of</u> <small>(Title or description of attached document)</small>	
<u>Joint Tenant</u> <small>(Title or description of attached document continued)</small>	
Number of Pages <u>1</u>	Document Date <u>9-09-09</u>
<small>(Additional information)</small>	

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

<b>CAPACITY CLAIMED BY THE SIGNER</b>	
<input type="checkbox"/> Individual (s)	
<input type="checkbox"/> Corporate Officer	
<small>(Title)</small>	
<input type="checkbox"/> Partner(s)	
<input type="checkbox"/> Attorney-in-Fact	
<input type="checkbox"/> Trustee(s)	
<input type="checkbox"/> Other _____	

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO 16655

CERTIFICATE OF DEATH

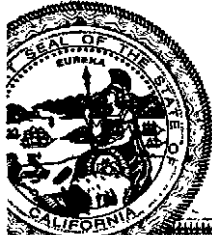
3 200587 016037

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
TONIA		ELGAN		SAMS	
AKA, ALSO KNOWN AS - Indicate last AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH (month/day)		5. AGE Yrs		6. SEX	
09/26/1949		56		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		9466		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. EDUCATION - Highest Level/Degree (See instructions on back)		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back)	
Master's		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/> White	
17. USUAL OCCUPATION - Type of work for which in No. DO NOT USE RETIRED		18. USUAL PLACE OF EMPLOYMENT (e.g., street, city, state, country)		19. DEPT. OR DIVISION	
Office Secretary		Federal Civil Service		15	
20. DECEDENT'S RESIDENCE (Street and number or location)					
512 S. Freeman Street					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Oceanside		San Diego		92054	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
14		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
William H. Sams, Husband			512 S. Freeman Street, Oceanside, CA 92054		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Married Name)	
William		Helmers		Sams	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
Kenneth		Carl		Elgan	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
CA		Catherine		Gilchrist	
37. BIRTH STATE		38. MIDDLE		39. LAST	
Scotland		Sams		Sams	
40. DISPOSITION DATE (month/day)		41. PLACE OF FINAL DISPOSITION			
11/01/2005		7/2 Ft. Rosecrans National Cemetery, San Diego, CA 92106			
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER	
CR/BU		not embalmed		13/01/2005 KK	
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. SIGNATURE OF LOCAL REGISTRAR	
Balboa Cremation Services		FD1370		NO	
48. DATE (month/day)					
11/01/2005 KK					
104. PLACE OF DEATH					
NAVAL MEDICAL CENTER					
105. COUNTY		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		107. CITY	
SAN DIEGO		34800 BOB WILSON DRIVE		SAN DIEGO	
108. CAUSE OF DEATH (See the chart on reverse - General, System, or Organ-specific - list all applicable causes. Do not enter secondary causes such as pneumonia, heart failure, or respiratory distress without showing the primary cause. DO NOT abbreviate.)					
OVERHEATING STROKE, ETIOLOGY UNK					
LIVER FAILURE					
ALCOHOLIC CIRRHOSIS					
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OTHER THAN: RENAL FAILURE					
110. WAS OPERATION PERFORMED FOR ANY CONDITION LISTED IN ITEM 109? (YES/NO/UNK) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
111. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE I HAVE OBSERVED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED:		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
David A. Bradshaw MD		David A. Bradshaw MD		661947	
117. DATE (month/day)		118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
10/24/2004		DAVID A. BRADSHAW MD			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
121. PLACE OF INJURY (e.g., home, workplace, etc., street name, city)		122. INJURY DATE (month/day)			
123. DESCRIBE HOW INJURY OCCURRED (Describe which resulted in injury)		124. LOCATION OF INJURY (Block and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE (month/day)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		2517699		DEPT/STRICT	

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\* A 01458831 \*

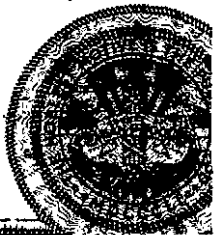
County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.



DATE ISSUED: November 2, 2005

Nancy L. Bowen MD  
NANCY L. BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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



CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

16656

AFFIDAVIT TO AMEND A RECORD

3 200637 016037

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Tonia	2. MIDDLE Elgan	3. LAST (FAMILY) Sams
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX F	5. DATE OF EVENT—MM/DD/CCYY 10/27/2005	6. CITY OF OCCURRENCE San Diego
	7. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL Kenneth Carl Elgan		8. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL Catherine Gilchrist Ryans

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
40	172 Ft. Rosecrans National Cemetery San Diego, CA 92106	172 Ft. Rosecrans National Cemetery San Diego, CA 92106
41	CR/BU	172 AT SEA OFF THE COAST OF SAN DIEGO COUNTY CR/BU CR/SEA

13. REASON FOR CORRECTION: two places of final disposition of cremated remains

14. AFFIDAVIT AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

THE PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON <i>Shirley S. Bluyser</i>	15. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	16. DATE SIGNED—MM/DD/CCYY 10/31/2005
	17. AGE Legal	18. ADDRESS (STREET, CITY, STATE, ZIP) 4658 30th St.; San Diego, CA 92116	
USE BLACK INK ONLY	19. SIGNATURE OF SECOND PERSON <i>Kathleen Kerzman</i>	20. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	21. DATE SIGNED—MM/DD/CCYY 10/31/2005
	22. AGE Legal	23. ADDRESS (STREET, CITY, STATE, ZIP) 4658 30th St.; San Diego, CA 92116	
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR <i>Nancy L. Bowen MD</i>	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 11/02/2005	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS 240 (REV. 1/05)

BK-909  
PG-2805  
750620 Page: 4 of 5 09/14/2009

\* A 01458830 \*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.



DATE ISSUED: November 2, 2005

*Nancy L. Bowen MD*  
NANCY L. BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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**EXHIBIT "A"****(31)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 31 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 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 090 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the Winter "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-721-010**