

OFFICIAL RECORD

Requested By:
STEWART TITLE

Douglas County - NV
 Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
 BK-1109 PG- 5717 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-645-003
Escrow No.	20090344- TS/AH
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:	
Phillip Rogers & Angela Rogers 2950 Burnt Hickory Rd. N.W. Marietta, GA 30064	

AFFIDAVIT – DEATH OF JOINT TENANT

State of GEORGIA }
 } ss.
 County of PAULDING }

PHILLIP ROGERS, of legal age, being first duly sworn, deposes and says: That **MARTHA ANN ROGERS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MARTHA ANN ROGERS** named as one of the parties in that certain Grant, Bargain, Sale Deed dated October 24, 2006 executed by **MARTHA ANN ROGERS** to **MARTHA ANN ROGERS**, a widow, **PHILLIP ROGERS** and **ANGELA ROGERS**, husband and wife and **KENNETH SZCZEPANSKI** and **LORA SZCZEPANSKI**, husband and wife as joint tenants, recorded as Document No. 0689514, on November 28, 2006 in Book 1106, Page No. 9192 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Cascade Building, Every Year Use, Week #42-286-51-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 11-7-09

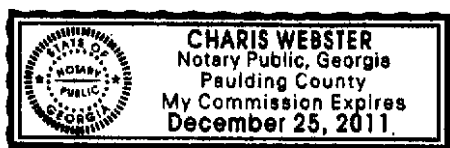
PHILLIP ROGERS

State of Georgia }
 } ss.
 County of Paulding }

This instrument was acknowledged before me on 11-7-09 (date)

by: Phillip Rogers

Signature:
 Notary Public



STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD

COUNTY OF KENT
STATE OF MICHIGAN

TYPE IN
FARMAN
BLACK I

20090504-0010008
05/04/2009
Fees: \$0.00
Mary Hollinrake T20090020468 - JR
Kent County Clerk MI DC



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
3127927

NAME OF DECEDENT
For use by physician or institution
Rogers, Martha

1. DECEDENT'S NAME (First, Middle, Last) MARTHA ANN ROGERS		2. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 28, 1940		3. SEX FEMALE		4. DATE OF DEATH (Month, Day, Year) APRIL 28, 2009							
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA if any) MARTHA ANN TREAT						6a. AGE - Last Birthday (Years) 68		6b. UNDER 1 YEAR MONTHS DAYS 68		6c. UNDER 1 DAY HOURS MINUTES			
7a. LOCATION OF DEATH (Name, place, facility, government, dead in, to, by, etc.) METRO HEALTH HOSPITAL				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH WYOMING CITY		7c. COUNTY OF DEATH KENT							
8a. CURRENT RESIDENCE - STATE MICHIGAN		8b. COUNTY KENT		8c. LOCALITY (select the box that describes the location) <input type="checkbox"/> CITY/VILLAGE <input checked="" type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE CANNON		8d. STREET AND NUMBER (include Apt. No. if applicable) 6962 KITSON DR.							
8e. ZIP CODE 49341		9. BIRTHPLACE (City and State or Country) CHICAGO, ILLINOIS		10. SOCIAL SECURITY NUMBER 2666		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? BACHELORS DEGREE							
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, e.g. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) WHITE			13a. ANCESTRY - American, Cuban, Irish, English, French, Dutch, etc. (Enter all that apply) (If American Indian race, enter principal tribe) SCOTTISH/IRISH/ENGLISH/FRENCH			13b. HISPANIC ORIGIN (Yes or No) NO		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) NO					
15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TEACHER			16. KIND OF BUSINESS OR INDUSTRY EDUCATION			17. MARITAL STATUS - Marital (Never Married, Widowed, Divorced, Separated) WIDOWED		18. NAME OF SURVIVING SPOUSE (If wife, give name before first marriage)					
19. FATHER'S NAME (First, Middle, Last) CLARK JUDSON TREAT				20. MOTHER'S NAME BEFORE FIRST MARRIAGE (First, Middle, Last) MARGURITE HALSEY									
21a. INFORMANT'S NAME (Type/print) LORA SZCZEPANSKI			21b. RELATIONSHIP TO DECEDENT DAUGHTER		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 2448 KINNEY LN., HOPKINS, MI 49328								
22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Anatomic Storage, etc.) CREMATION		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) ROSDALE CREMATORY			23b. LOCATION - City or Village, State TALLMADGE TWP., MICHIGAN								
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE MARK A. PETRICEVIC		25. LICENSE NUMBER - (if license) 6394		26. NAME AND ADDRESS OF FUNERAL FACILITY MEMORIAL ALTERNATIVES 2432 FULLER AVE. NE GRAND RAPIDS, MI 49505									
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred as the result, cause, and date of the (cause) and manner stated. Signature and Title: <i>Dr. Peter Kuhl</i> MD			27b. DATE SIGNED (Mo., Day, Yr.) 4-29-09		27c. LICENSE NUMBER 14301044003		28a. ACTUAL OR PRESUMED TIME OF DEATH 1810 PM		28b. PRONOUNCED DEAD ON (Mo., Day, Yr.) April 28, 2009		28c. TIME PRONOUNCED DEAD 18:18 PM		
29. MEDICAL EXAMINER CONTACTED? (Yes or No) NO			30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Assisted Living, etc.) Hospital		31. IF HOSPITAL, Location, Department, Emergency Room, DDM (Specify) Inpatient								
32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)			33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)										
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) DR. Peter Kuhl, 2093 Health Dr. S.W. Suite 900 Wyoming Michigan 49519										35. REGISTRAR'S SIGNATURE <i>Mary Hollinrake</i>		35a. DATE FILED (Month, Day, Year) MAY 04 2009	
36. PART I. Enter the chain of events - disease, injury, or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate underlying or contributory cause of death, be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. (IMMEDIATE CAUSE (Final disease or condition resulting in death)) DUE TO (OR AS A CONSEQUENCE OF) HEMORRHAGIC STROKE										Approximate Interval Between Onset and Death 13 DAYS			
37. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. ACUTE MYOCARDIAL INFARCTION; DIABETES MELLITUS TYPE 1; PERIPHERAL VASCULAR DISEASE													
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) NATURAL				40a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)				38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED									
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No., City, Village or Twp., State							

0754512 Page: 2 OF 3 11/25/2009

BR-1109
PG-5718

DCH-0483 10/03

I, MARY HOLLINRAKE, CLERK OF KENT COUNTY DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in the office of the County Clerk.

05/04/2009

DATED:

Mary Hollinrake
MARY HOLLINRAKE
COUNTY CLERK

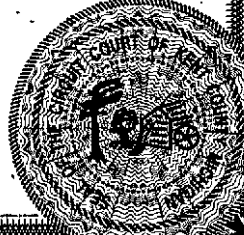


EXHIBIT "A"

(42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48th interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 286 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;

thence S. 14°00'00" W. along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A Portion of APN: 1319-30-645-003

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.