

19

OFFICIAL RECORD
Requested By:
GARRY W PETERS

Recording requested by and
mail tax statements to and
when recorded, return to:

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 6 Fee: 19.00
BK-1209 PG- 0619 RPTT: 0.00



✓ Sarah Lyons
1810 Santa Fe Street
Oakley, CA 94561-1649

APN: 1319-30-0441-100 ptn

A Portion of APN: 42-287-16

AFFIDAVIT-DEATH OF TRUSTEES

STATE OF CALIFORNIA
COUNTY OF Sonoma

That SARAH LYONS, of legal age, being first duly sworn, deposes and says:

That RAE G. SCHULTZ and MARY E. SCHULTZ, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as RAE G. SCHULTZ and MARY E. SCHULTZ named as Trustees of the SCHULTZ FAMILY TRUST DATED JANUARY 31, 1994 in that certain GRANT, BARGAIN, SALE DEED dated January 31, 1994, executed by RAE G. SCHULTZ and MARY E. SCHULTZ, Husband and Wife as joint tenants with right of survivorship to RAE G. SCHULTZ AND MARY E. SCHULTZ TRUSTEES, FBO SCHULTZ FAMILY TRUST DATED JANUARY 31, 1994, recorded in the 1994 Official Records of Douglas County, Nevada, covering the following described real property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A HEREOF

That the Successor Trustee of the SCHULTZ FAMILY TRUST DATED JANUARY 31, 1994 is SARAH LYONS and under the provisions of said trust the above described property, commonly known as a timeshare estate at The Ridge Tahoe is to be distributed, outright, free of trust, to SARAH LYONS, a married woman as her sole and separate property.

That this affidavit is made for the protection and benefit of the Trustor, Trustee and Beneficiaries of the subject property, in conjunction with the Successors, Assigns and Personal Representatives of the Trustor, Trustee and Beneficiaries and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of any title insurance company in preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise: and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts

hereinabove set forth.

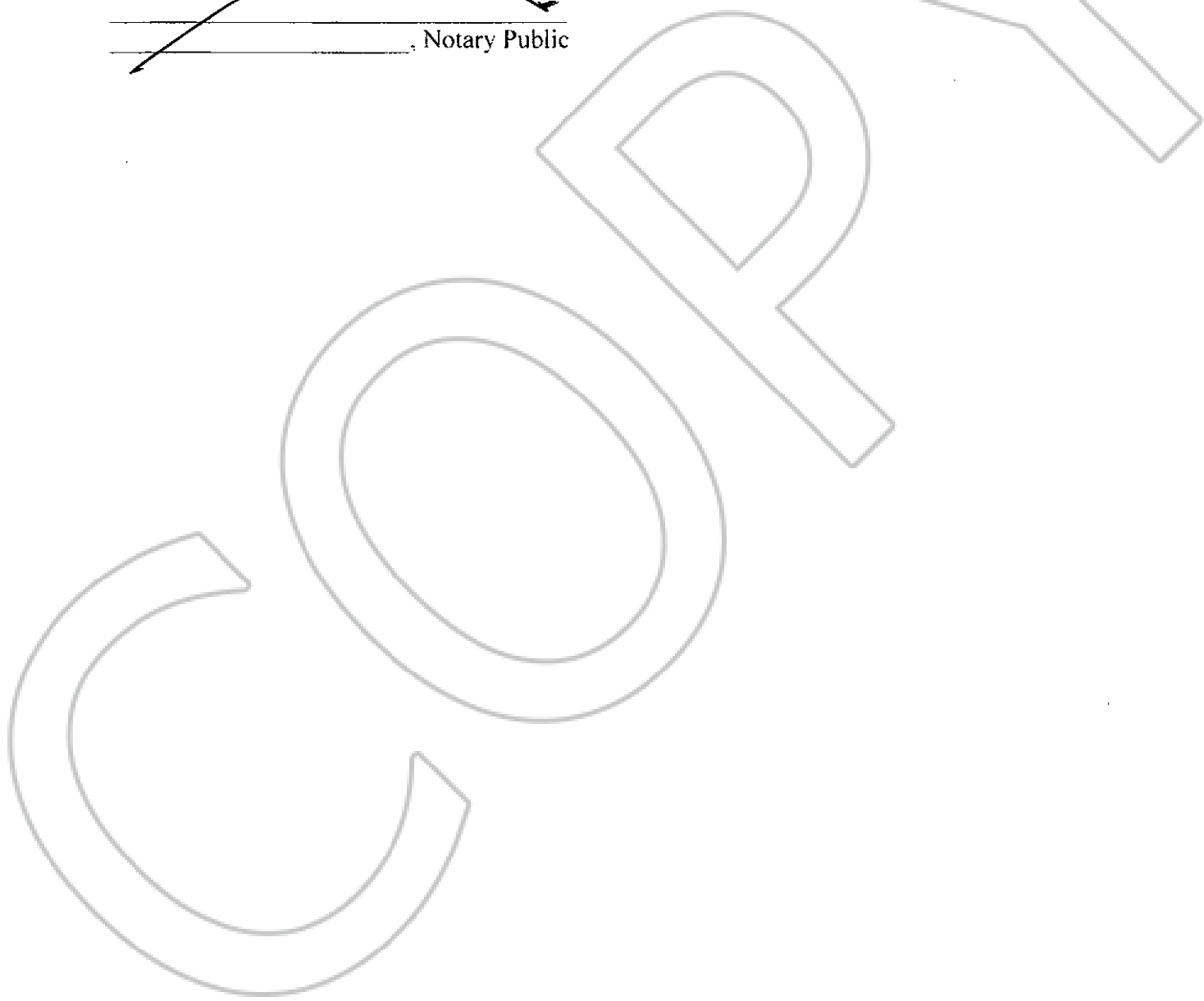
Dated: June 20, 2009

Sarah C. Lyons
SARAH LYONS

~~SUBSCRIBED AND SWORN TO (or affirmed)
before me on this ___ day of _____, 2009 by
SARAH LYONS, proved to me
on the basis of satisfactory evidence to be the
person who appeared before me.~~

See Attached

~~_____, Notary Public~~



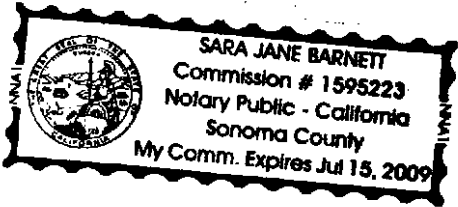
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Sonoma

On July 09, 2009 before me, Sara Jane Barnett, Notary Public

personally appeared Sarah C. Lyons



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 Sara Jane Barnett

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:

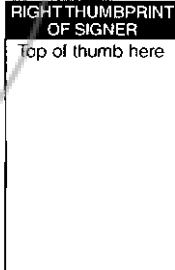
Document Date: Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

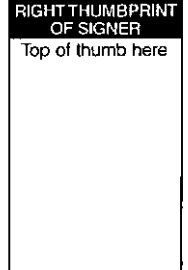
- Individual
Corporate Officer - Title(s):
Partner - Limited General
Attorney in Fact
Trustee
Guardian or Conservator
Other:



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:



Exhibit "A"

PARCEL ONE:

An undivided 1/51st interest in and to that certain condominium as follows:

- (A) An undivided 1/106ths interest as tenants-in-common, in and to Lot 37 of Tahoe Village Unit No. 3 as shown on the Ninth Amended Map Recorded July 14, 1988 as Document No. 182057, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (Inclusive) and Units 141 through 204 (Inclusive) as shown and defined on that certain Condominium Plan Recorded as Document No. 182057, Official Records of Douglas County, Nevada.
- (B) Unit No. 140 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modifications thereof recorded September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada and such recreational areas as may become a part of said timeshare project, for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, - and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during Prima ONE use weeks within the SEASON, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3200949001244

STATE FILE NUMBER: 1		STATE OF CALIFORNIA USE BLACK INK ONLY. NO CORRECTIONS, WHITEOUTS OR ALTERATIONS VS-15 (REV. 1/04)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) RAE	2. MIDDLE GAYNOR	3. LAST (Family) SCHULTZ			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH - mm/dd/yyyy 01/08/1928	5. AGE Yrs. 81	6. SEX M	
	8. BIRTH STATE/FOREIGN COUNTRY MI	10. SOCIAL SECURITY NUMBER [REDACTED]-1217	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) WIDOWED	7. DATE OF DEATH - mm/dd/yyyy 05/04/2009	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> NO CAUCASIAN	8. HOUR (24 Hours) 0733		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MAINTENANCE			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CITY OF ROHNERT PARK		19. YEARS IN OCCUPATION 16	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location) 2043 GUERNEVILLE ROAD					
	21. CITY SANTA ROSA	22. COUNTY/PROVINCE SONOMA	23. ZIP CODE 95403	24. YEARS IN COUNTY 39	25. STATE/FOREIGN COUNTRY CA	
	26. INFORMANT'S NAME, RELATIONSHIP SARAH LYONS, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1810 SANTA FE STREET, OAKLEY, CA 94561			
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE - FIRST [REDACTED]		29. MIDDLE [REDACTED]	30. LAST (Maiden Name) [REDACTED]		
	31. NAME OF FATHER - FIRST ADOLPH		32. MIDDLE BERG	33. LAST SCHULTZ		
	34. BIRTH STATE NORWAY		35. NAME OF MOTHER - FIRST ANNA		36. MIDDLE MARIE	
	37. LAST (Maiden) ANDERSON		38. BIRTH STATE ND			
FUNERAL DIRECTORY - LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 05/06/2009		40. PLACE OF FINAL DISPOSITION PLEASANT HILLS MEMORIAL PARK 1700 PLEASANT HILL ROAD, SEBASTOPOL, CA 95472			
	41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT PLEASANT HILLS MEMORIAL PARK & [REDACTED]		45. LICENSE NUMBER FD1337	46. SIGNATURE OF LOCAL REGISTRAR MARY MADDOX GONZALEZ, M.D.		47. DATE mm/dd/yyyy 05/05/2009
PLACE OF DEATH	101. PLACE OF DEATH KAISER HOSPITAL					
	104. COUNTY SONOMA	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 401 BICENTENNIAL WAY		106. CITY SANTA ROSA		
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events - diseases, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ASPIRATION PNEUMONIA, ETIOLOGY UNKNOWN			108. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	109. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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			110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE, DEMENTIA, HYPERTENSION					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
PHYSICIAN'S CERTIFICATION	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 _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER GUY DELOREFICE M.D.		116. LICENSE NUMBER A68918	
	117. DATE - mm/dd/yyyy 05/03/2009		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DEBORAH DEAN LAWSON M.D. PO BOX 249, BODEGA BAY, CA 94923			
CORONER'S USE ONLY	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 type="checkbox"/> UNK <input type="checkbox"/>		
	121. INJURY DATE mm/dd/yyyy					
	122. HOUR (24 Hours)					
	123. 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					
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)						
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)						
126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)						
127. 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

BK- 1209
PG- 623
12/03/2009
0754903 Page: 5 OF 6

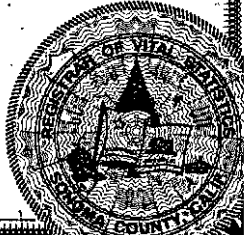
CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED 05/06/2009

STATE OF CALIFORNIA }
COUNTY OF SONOMA } SS

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



Mary Maddox Gonzalez
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3200849003261

STATE FILE NUMBER: _____ LOCAL REGISTRATION NUMBER: _____

1. NAME OF DECEDENT - FIRST (Given): **MARY** 2. MIDDLE: **ELAINE** 3. LAST (Family): **SCHULTZ**

4. DATE OF BIRTH: **08/06/1931** 5. AGE Yrs: **77** 6. SEX: **F**

9. BIRTH STATE/FOREIGN COUNTRY: **MN** 10. SOCIAL SECURITY NUMBER: **2924** 11. EVER IN U.S. ARMED FORCES: YES NO UNK 12. MARITAL STATUS (at Time of Death): **MARRIED** 7. DATE OF DEATH: **11/11/2008** 8. HOUR (24 Hours): **0853**

13. EDUCATION - Highest Level/Degree (see worksheet on back): **BACHELOR** 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back): YES NO 18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back): **CAUCASIAN**

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED: **SOCIAL WORKER** 19. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.): **GOVERNMENT** 21. YEARS IN OCCUPATION: **10**

20. DECEDENT'S RESIDENCE (Street and number or location): **4855 SNYDER LANE #134**

21. CITY: **ROHNERT PARK** 22. COUNTY/PROVINCE: **SONOMA** 23. ZIP CODE: **94928** 24. YEARS IN COUNTY: **37** 26. STATE/FOREIGN COUNTRY: **CA**

28. INFORMANT'S NAME, RELATIONSHIP: **SARAH C. LYONS, DAUGHTER** 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): **1810 SANTA FE STREET, OAKLEY, CA 94561**

29. NAME OF SURVIVING SPOUSE - FIRST: **RAE** 30. MIDDLE: **GAYNOR** 31. LAST (Maiden Name): **SCHULTZ**

32. NAME OF FATHER - FIRST: **SAMUEL** 33. MIDDLE: **JOSEPH** 34. LAST: **EYRSE** 35. BIRTH STATE: **IL**

36. NAME OF MOTHER - FIRST: **MINNIE** 37. MIDDLE: **GRACE** 38. LAST (Maiden): **WILSON** 39. BIRTH STATE: **WI**

39. DISPOSITION DATE: **11/15/2008** 40. PLACE OF FINAL DISPOSITION: **PLEASANT HILLS MEMORIAL PARK 1700 PLEASANT HILL ROAD, SEBASTOPOL, CA 95472**

41. TYPE OF DISPOSITION(S): **ICR/BU** 42. SIGNATURE OF EMBALMER: **NOT EMBALMED** 43. LICENSE NUMBER: _____

44. NAME OF FUNERAL ESTABLISHMENT: **PLEASANT HILLS MEMORIAL PARK &** 45. LICENSE NUMBER: **FD1337** 46. SIGNATURE OF LOCAL REGISTRAR: **MARY MADDUX-GONZALEZ, ME** 47. DATE: **11/13/2008**

101. PLACE OF DEATH: **PETALUMA VALLEY HOSPITAL** 102. IF HOSPITAL, SPECIFY ONE: Inpatient Emergency Outpatient 103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Nursing Home/LTC Decedent's Home Other

104. COUNTY: **SONOMA** 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): **400 NORTH MCDOWELL BOULEVARD** 106. CITY: **PETALUMA**

107. CAUSE OF DEATH: Enter the chain of events - diseases, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): **(a) CARDIOPULMONARY ARREST** 109. DEATH REPORTED TO CORONER? YES NO

SEPTICEMIA: **(b) SEPSIS** 110. BIOPSY PERFORMED? YES NO

UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST: **(c) BREAST CELLULITIS** 111. AUTOPSY PERFORMED? YES NO

(d) BREAST CANCER 112. USED IN DETERMINING CAUSE? YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: **NO**

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): **NO** 113A. IF FEMALE, PREGNANT IN LAST YEAR? YES NO UNK

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 115. SIGNATURE AND TITLE OF CERTIFIER: **ADAM ZVI KAWALEK, M.D.** 116. LICENSE NUMBER: **A98208** 117. DATE: **11/13/2008**

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: **ADAM ZVI KAWALEK, M.D. 400 NORTH MCDOWELL BOULEVARD, PETALUMA, CA 94954**

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 NO UNK 121. INJURY DATE: _____ 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: _____ 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: _____

STATE REGISTRAR: _____ FAX AUTH. #: _____ CENSUS TRACT: _____

BK- 1209
PG- 624
PAGE: 6 OF 6
12/03/2009
0754903



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA } 11/14/2008
COUNTY OF SONOMA } DATE ISSUED



This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
LOCAL REGISTRAR: *Mary Maddux-Gonzalez*
SONOMA COUNTY, CALIFORNIA

