

OFFICIAL RECORD

Requested By:
GARRY W PETERS

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 6 Fee: 19.00
BK-1209 PG- 0625 RPTT: 0.00



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

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

1319-30-722-014 PTN

A Portion of APN: 42-190-23

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.

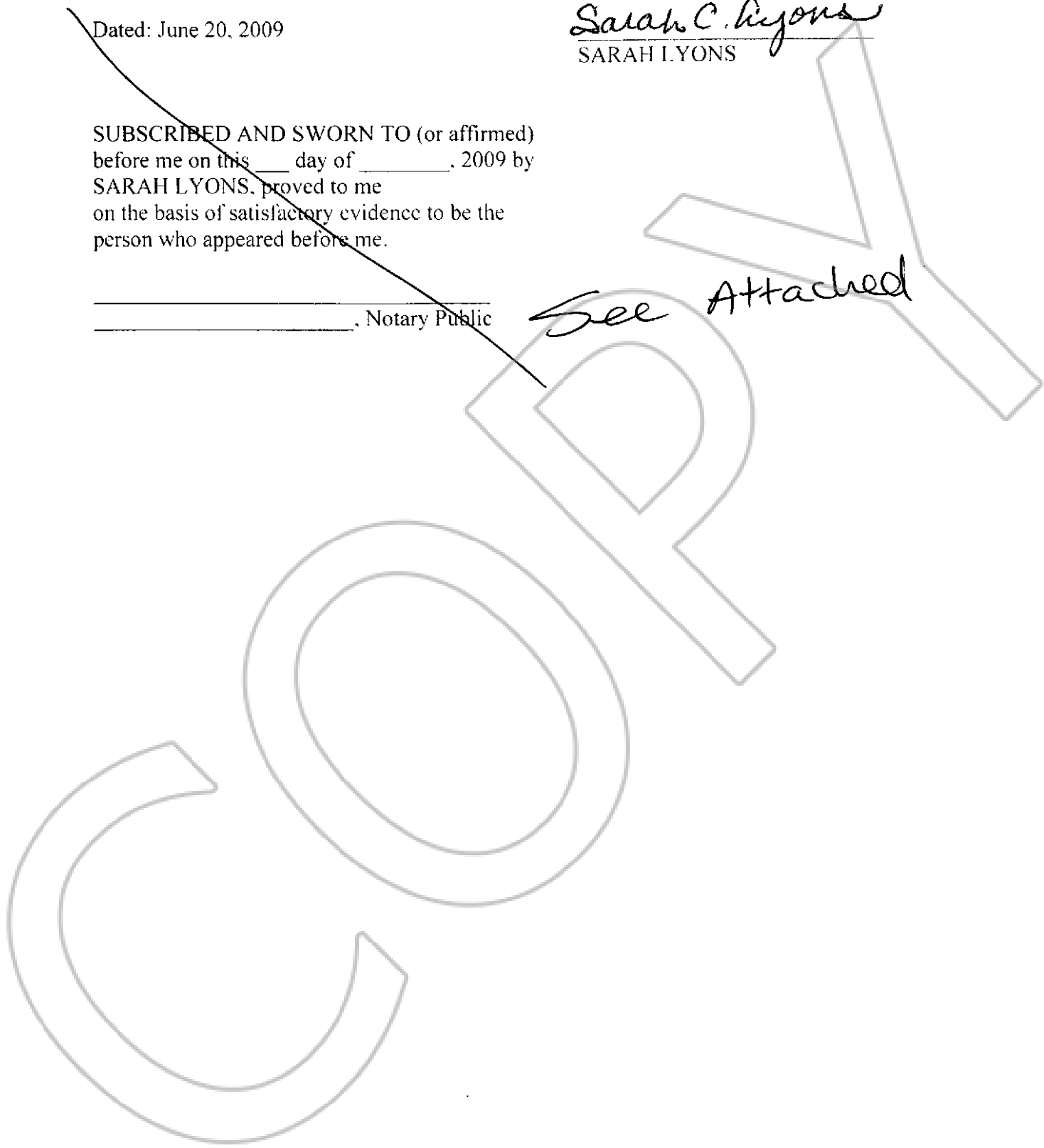
Dated: June 20, 2009

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.

_____, Notary Public

See Attached



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Sonoma }

On July 09 2009 before me, Sara Jane Barnett, Notary Public,
Date Here Insert Name and Title of the Officer

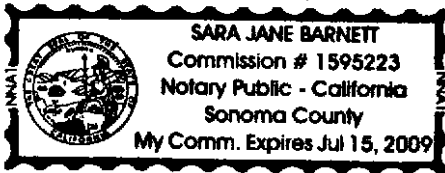
personally appeared Sarah C. Lyons
Name(s) of Signer(s)

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 Sara Jane Barnett
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: _____

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: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

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

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____

EXHIBIT "A"

PARCEL ONE

An undivided 1/102nd interest in and to that certain condominium as follows:

- (A) An undivided 1/20th interest as tenants-in-common, in and to Lot 32 as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008, Official Records of Douglas County, State of Nevada. Except therefrom Units 101 through 120 (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, all of Official Records, Douglas County, State of Nevada.
- (B) Unit No. 113 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

PARCEL TWO

- (A) a non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe developments in deed 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 M.D.B. & M.; 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 THREE

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, range 19 East, M.D.B. & M. 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 modifications thereof: (1) recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records; (2) recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records; and (3) recorded July 26, 1989, as Document No. 207446, in Book 789, Page 3011.

PARCEL FOUR

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, 30, 35, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - 10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East M.D.B. & M. 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 and as amended from time to time of Official Records of Douglas County, State of Nevada.

PARCEL FIVE

The Exclusive right to use said UNIT 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 during ONE alternate "use week" during odd numbered years during swing "use season", as said quoted terms are defined 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, State of Nevada.

The above described exclusive and non-exclusive rights may be applied to any available unit in Lots 31, 32, or 33 only during said alternate use week within said use season.

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3200949001244

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

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 IF UNDER ONE YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes 6. SEX M

9. BIRTH STATE/FOREIGN COUNTRY MI 10. SOCIAL SECURITY NUMBER 1217 11. EVER IN U.S. ARMED FORCES? YES NO UNK 12. MARITAL STATUS (at Time of Death) WIDOWED 7. DATE OF DEATH mm/dd/yyyy 05/04/2009 8. HOUR (24 Hours) 0733

13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE YES NO 14. WAS DECEDENT HISPANIC/LATINO (SPANISH)? (if yes, see worksheet on back) YES NO 15. 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 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

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

28. NAME OF SURVIVING SPOUSE - FIRST 29. MIDDLE 30. LAST (Maiden Name)

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

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 & 45. LICENSE NUMBER FD1337 46. SIGNATURE OF LOCAL REGISTRAR MARY MADDUX-GONZALEZ, M.C. 47. DATE mm/dd/yyyy 05/05/2009

101. PLACE OF DEATH KAISER HOSPITAL 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DDA Hospice Nursing Home/LTC Decedent's Home Other

104. COUNTY SONOMA 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 401 BICENTENNIAL WAY 106. CITY SANTA ROSA

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 (B) (C) (D) (E) 108. TIME INTERVAL BETWEEN ONSET AND DEATH 18 HRS 109. DEATH REPORTED TO CORONER? YES NO

110. BIOPSY PERFORMED? YES NO 111. AUTOPSY PERFORMED? YES NO 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 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. 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 05/05/2009

(A) mm/dd/yyyy 05/03/2009 (B) 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

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 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. # CENSUS TRACT

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0754904

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SONOMA } ss 05/06/2009
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.



000599818*

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** 13. DATE OF DEATH: **11/11/2008** 14. HOUR (24 Hours): **0853**

15. EDUCATION: **BACHELOR** 16. DECEDENT'S RACE: **CAUCASIAN**

17. USUAL OCCUPATION: **SOCIAL WORKER** 18. KIND OF BUSINESS OR INDUSTRY: **GOVERNMENT** 19. YEARS IN OCCUPATION: **10**

20. DECEDENT'S RESIDENCE: **4855 SNYDER LANE #134**

21. CITY: **ROHNERT PARK** 22. COUNTY/PROVINCE: **SONOMA** 23. ZIP CODE: **94928** 24. YEARS IN COUNTRY: **37** 25. STATE/FOREIGN COUNTRY: **CA**

26. INFORMANT'S NAME, RELATIONSHIP: **SARAH C. LYONS, DAUGHTER** 27. INFORMANT'S MAILING ADDRESS: **1810 SANTA FE STREET, OAKLEY, CA 94561**

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

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

35. NAME OF MOTHER - FIRST: **MINNIE** 36. MIDDLE: **GRACE** 37. LAST (Maiden): **WILSON** 38. 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: **CR/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 MADDOX-GONZALEZ, ME** 47. DATE: **11/13/2008**

101. PLACE OF DEATH: **PETALUMA VALLEY HOSPITAL** 102. IF HOSPITAL, SPECIFY ONE: ER/OP DOA Other 103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Nursing Home/LTC Home Other

104. COUNTY: **SONOMA** 105. FACILITY ADDRESS OR LOCATION WHERE FOUND: **400 NORTH MCDOWELL BOULEVARD** 106. CITY: **PETALUMA**

107. CAUSE OF DEATH: **CARDIOPULMONARY ARREST** 108. DEATH REPORTED TO CORONER? YES NO 109. BIOPSY PERFORMED? YES NO 110. AUTOPSY PERFORMED? YES NO 111. 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? 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: [] 124. DESCRIBE HOW INJURY OCCURRED: [] 125. LOCATION OF INJURY: [] 126. SIGNATURE OF CORONER / DEPUTY CORONER: [] 127. DATE: [] 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: []

STATE REGISTRAR: [] FAX AUTH. #: [] CENSUS TRACT: []

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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA }
 COUNTY OF SONOMA }
 11/14/2008
 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 the seal and signature of Registrar.

Mary Maddox-Gonzalez
 LOCAL REGISTRAR
 SONOMA COUNTY, CALIFORNIA

