

OFFICIAL RECORD
Requested By:
STEWART TITLE

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 16.00
BK-0810 PG- 4500 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-643-043
Escrow No.	280360481
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:	
Richard F. Manns 5982 Crittenden Rd. Akron, NY 14001-9230	

AFFIDAVIT - DEATH OF JOINT TENANT

State of NEW YORK }
County of ERIE } ss.

RICHARD F. MANNS, of legal age, being first duly sworn, deposes and says: That NANCY MANNS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NANCY MANNS named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 10, 1993 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to RICHARD F. MANNS and NANCY MANNS, husband and wife as joint tenants, recorded as Document No. 302347, on March 19, 1993 in Book 393, Page No. 3806 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Terrace Building, Even Year Use, Week #28-036-04-81, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: 5/6/10

Richard F. Manns
RICHARD F. MANNS

State of New York }
County of Erie } ss.

This instrument was acknowledged before me on May 6, 2010 (date)

by: Richard F. Manns

Signature: Joyleen M. Wagner
Notary Public

JOYLEEN M. WAGNER
No. 01KU6088584
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 09/10/2011

CERTIFICATE OF DEATH

STATE FILE NUMBER

BK- 0810 PG- 4501 08/20/2010 Page: 2 of 4 0768964

RESIDENCE REGISTER NUMBER 128

1. NAME: FIRST MIDDLE LAST Nancy A. Manns 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH DAY YEAR Feb. 05 2008 3B. HOUR 1:56 a.m.

4A. PLACE OF DEATH (Check one) HOSPITAL INPATIENT 4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR Jan. 27 2008

4C. NAME OF FACILITY: (If not facility, give address) Millard Fillmore Sub. Hospital 4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Amherst 4E. COUNTY OF DEATH: Erie

5. DATE OF BIRTH: MONTH DAY YEAR Nov. 18 1941 6A. AGE IN YEARS: 66 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Madison, WI

8. SERVED IN U.S. ARMED FORCES? 9. DECEASED OF HISPANIC ORIGIN? 10. DECEASED'S RACE: A. White/Caucasian B. Black or African-American C. Asian/Indian D. Chinese

11. DECEASED'S EDUCATION: 12. SOCIAL SECURITY NUMBER: 13. MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED

14. SURVIVING SPOUSE: Richard F. Manns

15A. USUAL OCCUPATION: Travel Agent 15B. KIND OF BUSINESS OR INDUSTRY: Teal Travel 15C. NAME AND LOCALITY OF COMPANY OR FIRM: Amherst, New York

16A. RESIDENCE: New York 16B. County or Region/Province: Erie 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Clarence

16D. STREET AND NUMBER OF RESIDENCE: 6190 Gott Creek Trail 16E. ZIP CODE: 14051

17. NAME OF FATHER: FIRST MI LAST John Yost 18. MAIDEN NAME OF MOTHER: FIRST MI LAST Elizabeth Montgomery

19A. NAME OF INFORMANT: Mr. Richard F. Manns 19B. MAILING ADDRESS: (include zip code) 6190 Gott Creek Trail, East Amherst, New York 14051

20A. 1 BURIAL 2 CREMATION 3 REMOVAL 4 HOLD 5 DONATION 6 ENTOMBMENT 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: D. Tonken Crematory 20C. LOCATION: (City or town and state) Tonawanda, New York

21A. NAME AND ADDRESS OF FUNERAL HOME: The Urban Brothers Funeral Home Inc. 6685 Transit Rd. E. Amherst, NY 14051 21B. REGISTRATION NUMBER: 01737

22A. NAME OF FUNERAL DIRECTOR: Mark J. Urban 22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature] 22C. REGISTRATION NUMBER: 04056

23A. SIGNATURE OF REGISTRAR: [Signature] 23B. DATE FILED: MONTH DAY YEAR 02 06 2008 23C. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature] 23D. DATE ISSUED: MONTH DAY YEAR 02 06 2008

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Thomas W. [Signature] License No.: [Blank] Signature: [Signature] Month Day Year 2 3 08

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Address: 1520 Maple Road

25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Signature: Address:

26A. Attending physician attended deceased: FROM Month Day Year 1 15 07 TO Month Day Year 2 5 08 26B. Deceased last seen alive by attending physician: Month Day Year 2 5 08 26C. Pronounced Dead: Month Day Year 2 5 08

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 29A. AUTOPSY? 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH?

CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I IMMEDIATE CAUSE: (A) DUE TO OR AS A CONSEQUENCE OF: (B) DUE TO OR AS A CONSEQUENCE OF: (C)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): DID TOBACCO USE CONTRIBUTE TO DEATH? 0 NO 1 YES 2 PROBABLY 3 UNKNOWN

31A. IF INJURY, DATE: MONTH DAY YEAR HOUR 31B. INJURY LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES

32. DATE OF BIRTH: MONTH DAY YEAR 33. DRIVER/OPERATOR: 1 Driver/Operator 2 Passenger 3 Pedestrian 34. HOSPITALIZED IN LAST 2 MONTHS? NO YES 35. NOT PREGNANT WITHIN LAST YEAR: 1 Pregnant at time of death 2 Not pregnant but pregnant within 42 days of death 36. DATE OF BIRTH: MONTH DAY YEAR

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF
A RECORD ON FILE IN THE TOWN CLERK'S OFFICE, TOWN OF
AMHERST, WILLIAMSVILLE, NEW YORK.

Susan H. Jaros

REGISTRAR OF VITAL STATISTICS

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1. Watermark on back is visible when document is held up to a light source.
2. Press number on document.
3. "VOID" appears on photocopies made on either a black and white or color photocopier.

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EXHIBIT "A"

(28)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3 - 13th 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 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 036 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 Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 the same unit type conveyed, in Lot 28 only, for one week every other year in Even -numbered years in accordance with said Declarations.

A Portion of APN: 1319-30-643-043

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.