

EXHIBIT "A"

PARCEL ONE:

An undivided 1/51st interest in and to that certain condominium as follows:
(a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 33 of 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. Except therefrom units 121 to 140 as shown and defined on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305 of Official Records.
(b) Unit No. 126 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 use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40 and 41 as shown on said Tahoe Village Unit No. 3, Fifth Amended Map and as corrected by said Certificate of Amendment.

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, M.D.M.,
(b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the 5th amended map of Tahoe Village No. 3, recorded October 29, 1981 as Document No. 61612 and amended by Certificate of Amendment recorded November 23, 1981 as Document No. 62661, Official Records, 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 "use week" within the Summer "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982, as Document No. 71000 of said Official Records. The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said use week within said season.



EXHIBIT "B" (33)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An Undivided 1/20th interest in and to Lot 33 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 121 to 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 126 as shown and defined on said Condominium Plan; 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 III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Summer "Season" defined in and in accordance with said Declarations.

APNS: 42-160-14

PTN 1319-30-723-006

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
THE OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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BOOK 1092 PAGE 1573

OFFICE of VITAL STATISTICS

CERTIFIED COPY FLORIDA CERTIFICATE OF DEATH

BK- 0910 PG- 1195 0769958 Page: 4 of 4 09/07/2010



1. DECEDENT'S NAME (First, Middle, Last, Suffix) Margaret Mary Moran 2. SEX Female 3. DATE OF BIRTH (Month, Day, Year) June 2, 1946 4a. AGE-Last Birthday (Years) 63 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) December 19, 2009 6. SOCIAL SECURITY NUMBER 0825 7. BIRTHPLACE (City and State or Foreign Country) Detroit, Michigan 8. COUNTY OF DEATH Collier 9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Cupatient Dead on Arrival NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify) Frances Georgeson Hospice House 11a. CITY, TOWN, OR LOCATION OF DEATH Naples 11b. INSIDE CITY LIMITS? Yes No 12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married James F. Moran 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) 14a. RESIDENCE - STATE Florida 14b. COUNTY Collier 14c. CITY, TOWN, OR LOCATION Naples 14d. STREET ADDRESS 6225 Wilshire Pines Circle 14e. APT. NO. 14f. ZIP CODE 1504 34109 14g. INSIDE CITY LIMITS? Yes No 15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use "Retired" Nurse 15b. KIND OF BUSINESS/INDUSTRY Medical 16. DECEDENT'S RACE (Specify the race/ances to indicate what decedent considered himself/herself to be. More than one race may be specified.) White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify) 17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin) Yes (If yes, specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) 18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify) Associate's Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No 20. FATHER'S NAME (First, Middle, Last, Suffix) Arthur Zimmerman 21. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Kelly 22a. INFORMANT'S NAME James F. Moran 22b. RELATIONSHIP TO DECEDENT Husband 23a. INFORMANT'S MAILING STATE Florida 23b. CITY OR TOWN Naples 23c. STREET ADDRESS 6225 Wilshire Pines Circle #1504 23d. ZIP CODE 34109- 24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Shikany's Bonita Crematory 25a. LOCATION - STATE Florida 25b. LOCATION - CITY OR TOWN Bonita Springs 26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from State Other (Specify) 26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No 27a. LICENSE NUMBER (of Licensee) 3101 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 28. NAME OF FUNERAL FACILITY Shikany's Bonita Funeral Home 29a. FACILITY'S MAILING STATE Florida 29b. CITY OR TOWN Bonita Springs 29c. STREET ADDRESS 28300 Tamiami Trail South 29d. ZIP CODE 34134 30. CERTIFIER: Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated. 31a. (Signature and Title of Certifier) Paul G. Mitchell MD 31b. DATE SIGNED (mm/dd/yyyy) 12/21/2009 32. TIME OF DEATH (24 hr.) 1450 33. MEDICAL EXAMINER'S CASE NUMBER ME74819 34. LICENSE NUMBER (of Certifier) PAUL G. MITCHELL MD 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) 36a. CERTIFIER'S STATE Florida 36b. CITY OR TOWN Naples 36c. STREET ADDRESS 1095 Whippoorwill Ln. 36d. ZIP CODE 34105 37. SUBREGISTRAR - Signature and Date Daniel Barrett D.R. 38a. LOCAL REGISTRAR - Signature 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr) DEC 23 2009 39. PROBABLE MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Undetermined 40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No 41. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Approximate Interval: Onset to Death. a. medullary Thyroid Cancer 3 years b. c. PART II. Other significant conditions contributing to death but not listed in the underlying cause given in PART I. Pneumonia, Breast Carcinoma 42a. WAS AN AUTOPSY PERFORMED? Yes No 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No 43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY 43b. DATE OF SURGERY (Mo., Day, Yr.) 44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown 45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? Yes No Unknown If Yes, specify trimester at time of death within 1 to 42 days of death within 43 days to 1 year of death 46. DATE OF INJURY (Month, Day, Year) 47. TIME OF INJURY (24 hr.) 48. INJURY AT WORK? Yes No 49a. LOCATION OF INJURY - STATE 49b. CITY OR TOWN 49c. STREET ADDRESS 49d. APT. NO. 49e. ZIP CODE 50. DESCRIBE HOW INJURY OCCURRED 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 52. TYPE OF VEHICLE Car/Minivan SUV Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify) 53. STATUS OF DECEDENT Driver/Operator Passenger Pedestrian Other (Specify)

VOID IF ALTERED OR ERASED

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WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT PAGE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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CERTIFICATION OF VITAL RECORD

