

OFFICIAL RECORD

Requested By:

STEWART TITLE

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00
BK-1010 PG- 2813 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-631-024
Escrow No.	493051501
Title No.	None
Recording Requested By:	
Stewart Vacation Ownership	
Mail Tax Statements To:	
Same as Below	
When Recorded Mail To:	
Ridge Crest P.O.A.	
P.O. Box 5721	
Stateline, NV 89449	

AFFIDAVIT - DEATH OF JOINT TENANT

State of CALIFORNIA }
County of Santa Clara } ss.

LILLIAN M. PARRA, of legal age, being first duly sworn, deposes and says: That GILBERT T. PARRA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GILBERT T. PARRA named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 12, 1990 executed by JACK K. SIEVERS, a married man to GILBERT T. PARRA and LILLIAN M. PARRA, husband and wife as joint tenants, recorded as Document No. 230726, on July 23, 1990 in Book 790, Page No. 3106 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Crest, One Bedroom, Every Year Use, Week #49-305-15-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: Oct. 12, 2010

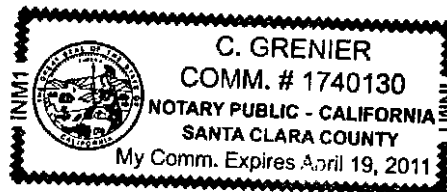
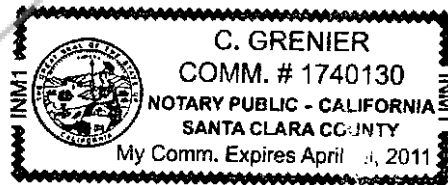
Lillian M. Parra
LILLIAN M. PARRA

State of California }
County of Santa Clara } ss.

This instrument was acknowledged before me on Oct. 12, 2010 (date)

by: Lillian M. Parra

Signature: C. Grenier
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
SAN JOSE, CALIFORNIA

CERTIFICATE OF DEATH

3200843002342

1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
GILBERT		T.		PARRA	
4 DATE OF BIRTH mm/dd/yyyy		5 AGE Year		6 SEX	
07/02/1933		74		M	
8 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES	
CA		[REDACTED]-4017		[X] YES [] NO [] UNK	
12 MARITAL STATUS (at time of death)		7 DATE OF DEATH mm/dd/yyyy		8 HOUR (24 Hour)	
MARRIED		03/21/2008		1500	
13 EDUCATION - Highest Level (Type of work beyond HS) DO NOT USE RETIRED		14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, use mother's or father's)		15 DECEDENT'S RACE (Up to 3 races may be listed. Only one listed on each)	
MASTER'S		[X] YES SPANISH		[] AND SPANISH, NATIVE AMERICAN	
16 USUAL OCCUPATION - Type of work beyond HS DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, retail, construction, employment agency, etc.)		19 YEARS IN OCCUPATION	
ELECTRICAL ENGINEER		AEROSPACE		38	
20 DECEDENT'S RESIDENCE (Street and number or location)					
1017 ROCKROSE AVE.					
21 CITY		22 COUNTY/PROVINCE		23 ZIP CODE	
SUNNYVALE		SANTA CLARA		94086	
24 YEARS IN COUNTY		25 STATE/FOREIGN COUNTRY			
74		CA			
26 INFORMANT'S NAME, RELATIONSHIP		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
MICHAEL PARRA, SON		5771 ASPEN CT., GREENWOOD VILLAGE, CO 80121			
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE		30 LAST (Maiden Name)	
LILLIAN				PEREZ	
31 NAME OF FATHER - FIRST		32 MIDDLE		33 LAST	
MAURICIO				PARRA	
34 NAME OF MOTHER - FIRST		35 MIDDLE		36 LAST (Maiden)	
PLASIDA				AMARILLAS	
37 BIRTH STATE		38 BIRTH STATE		39 BIRTH STATE	
NM		NM		CA	
34 BIRTH STATE		35 BIRTH STATE		36 BIRTH STATE	
NM		NM		CA	
37 BIRTH STATE		38 BIRTH STATE		39 BIRTH STATE	
CA		CA		CA	
40 DATE OF FINAL DISPOSITION		41 TYPE OF DISPOSITION			
04/04/2008		CR/RES			
42 PLACE OF FINAL DISPOSITION		43 SIGNATURE OF EMBALMER			
19960 SKYLINE BLVD., LOS GATOS, CA 95033		NOT EMBALMED			
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
NEPTUNE SOCIETY OF CENTRAL CALI		FD1322		MARTIN D FENSTERSHEIB MD	
47 DATE mm/dd/yyyy		48 LICENSE NUMBER			
03/25/2008					
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, CHECK 1 ONE	
OWN RESIDENCE		[] IP [] SNAG [] UCA		[] Home [] Hospice [] LTC [] Cemetery [] Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION (If street and number or location)		106 CITY	
SANTA CLARA		1017 ROCKROSE AVE.		SUNNYVALE	
107 CAUSE OF DEATH (Enter the 10th of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal or pre-existing conditions, or conditions that were not the cause of death. DO NOT abbreviate.)		108 DEATH REPORTED TO CORONER (Check one)		109 DEATH REPORTED TO CORONER (Check one)	
MALIGNANT MESOTHELIOMA		[] YES [X] NO		[] YES [X] NO	
110 IMMEDIATE CAUSE (Place disease or condition resulting in death)		111 SCOPY PERFORMED?		112 AUTOPSY PERFORMED?	
MOS		[] YES [X] NO		[] YES [X] NO	
113 OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT REPORTING IN THE UNDERLYING CAUSE ONLY IF N/A		114 USPO IN OTHER STATES?		115 IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		[] YES [X] NO		[] YES [X] NO	
116 MALE OF ERATION PERFORMED FOR ANY CONDITION IN 18 OR 107 OR 113? (If yes, list one of earliest 3 conditions)		117 LICENSE NUMBER		118 DATE mm/dd/yyyy	
NO		G83036		03/25/2008	
119 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		120 SIGNATURE AND TITLE OF CERTIFIER		121 LICENSE NUMBER	
[] Decedent's Agent [] Next of Kin [] Other		LUCY CHI-FEN SONG M.D.		G83036	
122 TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE		123 INJURY DATE		124 INJURY HOUR (24 Hour)	
LUCY CHI-FEN SONG M.D.		03/09/2008			
125 TYPE OF DEATH (Check one)		126 INJURY PLACE		127 INJURY DATE	
[] Natural [] Accident [] Homicide [] Suicide [] Pending [] Pending [] Pending		710 LAWRENCE EXPRESSWAY, SANTA CLARA, CA 95051			
128 PLACE OF INJURY (If on road, street, or other public area, etc.)		129 DATE mm/dd/yyyy		130 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
131 REQUIREMENT INJURY OCCURRED (If yes, to which insurance policy)		132 DATE mm/dd/yyyy		133 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
134 LOCATION OF INJURY (Street and number or road, city, and state, ZIP)		135 DATE mm/dd/yyyy		136 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
137 SIGNATURE OF CORONER / DEPUTY CORONER		138 DATE mm/dd/yyyy		139 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH #		CENSUS TRACT	
A B C D E		012008000773993		WJ	

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PG- 2814
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* R:00133777 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
This is a true and exact reproduction of the document
officially registered and placed on file in the office of the
Santa Clara County Clerk-Recorder.

Régina Alcomendras
REGINA ALCOMENDRAS,
COUNTY CLERK-RECORDER

DATE ISSUED 10/12/24 BY [Signature] Deputy

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(49)

A timeshare estate comprised of:

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

(A) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.

(B) Unit No. 305 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: a non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-631-024

This document is recorded as an
ACCOMMODATION ONLY and without liability
for the 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.