

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0411 PG-3291 RPTT: 0.00



APN: 1319-30-645-003-TPN

Mail Tax Statements:
Ridge Tahoe POA
P.O. BOX 5790
Stateline, NV 89449

WHEN RECORDED RETURN TO:
Joyce A. Moore
1520 Sommet Place
Kirkwood, MO 63122


AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF MISSOURI }
County of ST. LOUIS }

JOYCE A. MOORE, of legal age, being first duly sworn, deposes and says: That RONALD T. MOORE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ronald T. moore names as on of the parties in that certain Grant, Bargain, Sale Deed dated December 31, 1997 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to RONALD T. MOORE and JOYCE A. MOORE, husband and wife as joint tenants with right of survivorship, recorded as Document No. 0430096 on January 12, 1998 in Book 0198, Page No. 1189 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

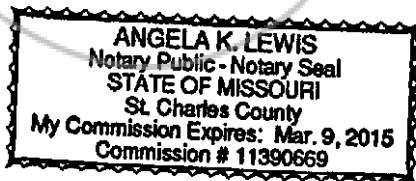
See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: 3/31/11


Joyce A. Moore

STATE of Missouri
COUNTY of St. Charles

Subscribed and sworn to before me the day and year above written.



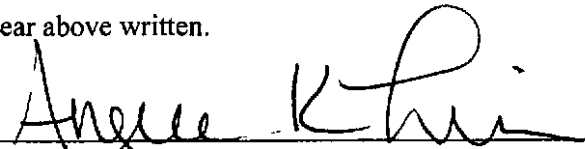

Notary Public: Angela K. Lewis
My term expires 3/9/2015

EXHIBIT "A" (42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 302 as shown and defined on said map; together 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment of Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13 - foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;
thence S. 14°00'00" W., along said Northerly line, 14.19 feet;
thence N. 52°20'29" W., 30.59 feet;
thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

APN: a portion of 1319-30-645-003

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER
124 - 05 308556

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK.
 FOR
 INSTRUCTIONS
 SEE HANDBOOK.

REGISTRATION DISTRICT NO.		REGISTRAR'S NUMBER		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 27, 2005	
1. DECEDENT'S NAME (First, Middle, Last) Ronald T. Moore				6. DATE OF BIRTH (Month, Day, Year) January 11, 1949		7. BIRTHPLACE (City and State or Foreign Country) Savannah, Georgia	
4. SOCIAL SECURITY NO. 5720		5a. AGE - Last Birthday (Years) 56	5b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	5c. UNDER 1 DAY HOURS: _____ MINUTES: _____			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (if not institution, give street and number) St. John's Mercy Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Creve Coeur			9d. COUNTY OF DEATH St. Louis	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Married		11. SURVIVING SPOUSE'S NAME (if wife, give full maiden name) Joyce A. Schmid		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Self Employed		12b. KIND OF BUSINESS OR INDUSTRY Amoco	
13a. RESIDENCE - STATE Missouri		13b. COUNTY St. Louis		13c. CITY, TOWN, OR LOCATION Town & Country		13d. ZIP CODE 63131	
13e. STREET AND NUMBER 12718 Spruce Pond				13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13g. YEARS AT PRESENT ADDRESS <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input checked="" type="checkbox"/> 20 or more	
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:				15. RACE - American Indian, Black, White, etc (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 4	
17. FATHER'S NAME (First, Middle, Last) Thomas F. Moore				18. MOTHER'S NAME (First, Middle, Maiden Surname) Shirley Spanholtz			
19a. INFORMANT'S NAME (Type/Print) Joyce A. Moore			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12718 Spruce Pond Town & Country, Missouri 63131				
20a. BURIAL, CREMATION, OTHER (Specify) Anatomical		20b. DATE OF DISPOSITION (Month, Day, Year) October 31, 2005		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Logan College of Chiropractic		20d. LOCATION (City or Town, State) Chesterfield, Missouri	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		22a. NAME AND ADDRESS OF FACILITY Metro St. Louis Service Company 8021 St. Charles Rock Road St. Louis, Missouri 63114			22b. FUNERAL ESTABLISHMENT LICENSE NUMBER 2320		
23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Thyroid Cancer Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		27a. DATE OF INJURY (Month, Day, Year)		27b. TIME OF INJURY M <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> No <input type="checkbox"/> Unk.		27c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
		27d. DESCRIBE HOW INJURY OCCURRED		27e. PLACE OF INJURY - At home, farm street, factory, office building, etc. (specify)			
		27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
28a. (Specify) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER/CORONER		28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) Doreen M Schenck		28c. DATE SIGNED (Month, Day, Year) 11/1/05		28d. TIME OF DEATH 3:39 PM	
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) D Schoenwalder MD 1585 Wood Lake Chesterfield MO 63017			29b. MO LICENSE NUMBER 35258		30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			32. REGISTRAR'S SIGNATURE Celia N. Spencer			33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) NOV 04 2005	

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.
 (Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 1994)

STATE OF MISSOURI

} ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

NOV 04 2005

Celia N. Spencer

Registrar of Vital Statistics

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