

OFFICIAL RECORD

Requested By:

STEWART TITLE

A portion of  
A.P.N. # 1319-30-519-022  
ESCROW NO. 50-022-21-02 & 50-022-23-03  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0511 PG-1050 RPTT: 0.00



WHEN RECORDED MAIL TO: Robert Blackstone  
9401 Mira Del Rio Dr. S  
Sacramento, CA 95827

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
                                  } ss  
COUNTY OF Douglas }

Robert Blackstone, of legal age, being first duly sworn, deposes and says: That Carolyn Blackstone, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Carolyn Blackstone, named as one of the parties in that certain Grant Deed dated October 14, 2005, executed by

RIDGE VIEW PROPERTY OWNER'S ASSOCIATION, a Nevada Non Profit Coporation to Robert Blackstone and Carolyn Blackstone, Husband and Wife as joint tenants and recorded as Instrument No. 659886 & 659887, on November 4, 2005 in Book 1105, Page 2142 & 2144, of Official Records of Douglas County, 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. Exhibit 'A' is for two Ridge View Account numbers, #50-022-21-02 & #50-022-23-03.

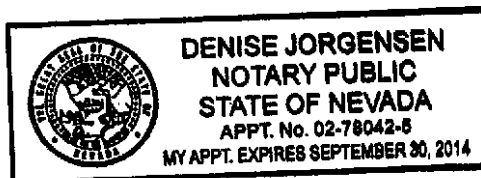
DATE: October 7, 2010

Robert Blackstone  
Robert Blackstone

STATE OF Nevada }  
                                  } ss  
COUNTY OF Douglas }

This instrument was acknowledged before me on  
Oct 7 2010  
by, Robert Blackstone

Signature Denise Jorgensen  
Notary Public



SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

3052010075778

CERTIFICATE OF DEATH

3201034004275

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 15-1 (REV. 5/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CAROLYN		2. MIDDLE ANN		3. LAST (Family) BLACKSTONE	
4. DATE OF BIRTH mm/dd/yyyy 10/08/1938					
5. AGE Yrs. 71		6. UNDER ONE YEAR Months: _____ Days: _____		7. UNDER 24 HOURS Hours: _____ Minutes: _____	
8. SEX F		9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER 9109	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (ROP in Title of Death) MARRIED		13. DATE OF DEATH mm/dd/yyyy 05/23/2010	
14. HOURS (24 Hour) 0745		15. EDUCATION - (Highest Level/Degree) MASTER'S		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on case) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PUBLIC EDUCATION		19. YEARS IN OCCUPATION 36	
20. DECEDENT'S RESIDENCE (Street and number, or location) 9401 MIRA DEL RIO DRIVE					
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95827	
24. YEARS IN COUNTY 28		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ROBERT H. BLACKSTONE, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 9401 MIRA DEL RIO DRIVE, SACRAMENTO, CA 95827					
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST ROBERT		29. MIDDLE HARRY		30. LAST (BIRTH NAME) BLACKSTONE	
31. NAME OF FATHER/PARENT-FIRST ALLAN		32. MIDDLE WILLIAM		33. LAST CRANE	
34. BIRTH STATE ENGLAND		35. NAME OF MOTHER/PARENT-FIRST LYDIA		36. MIDDLE EVELYN	
37. LAST (BIRTH NAME) BAKER		38. BIRTH STATE ID.			
39. DISPOSITION DATE mm/dd/yyyy 05/27/2010		40. PLACE OF FINAL DISPOSITION RES OF ROBERT H. BLACKSTONE 9401 MIRA DEL RIO DRIVE, SACRAMENTO, CA 95827			
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF ENBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT ALL FAITH CREMATION		45. LICENSE NUMBER FD1535		46. SIGNATURE OF LOCAL REGISTRAR GLENNAH TROCHET, MD	
47. DATE mm/dd/yyyy 05/27/2010					
101. PLACE OF DEATH OWN RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> BR/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. CITY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 9401 MIRA DEL RIO DRIVE		106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the chain of events -- disease, injury, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE IN METASTATIC OVARIAN CANCER Securably, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 KATHERINE-MINH NGOC NGUYEN M.D.		116. LICENSE NUMBER A76775	
117. DATE mm/dd/yyyy 05/15/2004		118. TYPE AT BIRTH PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KATHERINE-MINH NGOC NGUYEN M.D. 2025 MORSE AVENUE, SACRAMENTO, CA 95825		117. DATE mm/dd/yyyy 05/28/2010	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
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	

BK- 0511  
PG- 1051  
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0782851

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

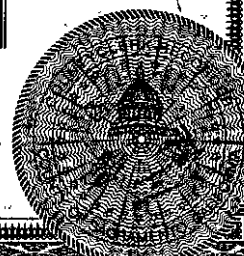
\* 0 0 1 2 4 4 6 8 5 \*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK/RECORDER.

DATE ISSUED APR 29 2011

Craig Kramer  
CRAIG KRAMER CLERK/RECORDER  
SACRAMENTO COUNTY, CALIFORNIA

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



**EXHIBIT "A"**

**(50)**

**A timeshare estate comprised of:**

**Parcel 1: An undivided 2/51st interest in and to that certain condominium described as follows:**

**(A) An undivided 1/24<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.**

**(B) Unit No. 022 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.**

**Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.**

**Parcel 3: the exclusive right to use said 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" within the "Swing use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".**

**A Portion of APN: 1319-30-519-022**