

Requested By:  
 Stewart Title Vacation Own  
 Douglas County - NV  
 Karen Ellison - Recorder  
 Page: 1 of 3 Fee: \$16.00  
 BK-811 PG-2130 RPTT: 0.00



<b>A.P.N. #</b>	A ptn of 1319-30-724-021
<b>Escrow No.</b>	20113405- TS/AH
<b>Title No.</b>	None
<b>Recording Requested By:</b>	
<b>Stewart Vacation Ownership</b>	
<b>Mail Tax Statements To:</b>	
Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449	
<b>When Recorded Mail To:</b>	
Kathryn E.W. Thorsland 2950 S. Newland St. Denver, CO 80227	

**AFFIDAVIT – DEATH OF JOINT TENANT**

State of COLORADO }  
 } ss.  
 County of Denver }

**KATHRYN E.W. THORSLAND**, of legal age, being first duly sworn, deposes and says: That **BRUCE R. THORSLAND**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **BRUCE R. THORSLAND** named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 24, 2003 executed by **BRUCE R. THORSLAND** and **KATHRYN E.W. THORSLAND**, husband and wife and **LARRY E. WHITTAKER**, a widower to **BRUCE R. THORSLAND** and **KATHRYN E.W. THORSLAND**, husband and wife and **LARRY E. WHITTAKER**, a widower altogether as joint tenants, recorded as Document No. 584979, on July 31, 2003 in Book 0703, Page No. 16238 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Tower Building, Prime Season, Account #3402026A, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: August 6<sup>th</sup>, 2011

Kathryn E.W. Thorsland  
 Kathryn E.W. Thorsland

State of Colorado }  
 } ss.  
 County of Denver }

This instrument was acknowledged before me on 8/6/2011 (date)

by: Kathryn E.W. Thorsland

Signature: [Signature]  
 Notary Public

**Paul Brusca**  
 Notary Public  
 State of Colorado

My Commission Expires 9/27/2014

# STATE OF COLORADO

## COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

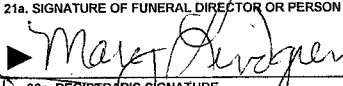
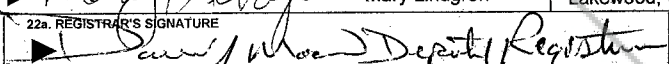
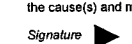
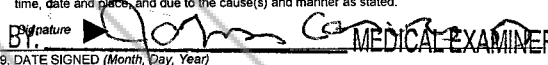
HOLD TO LIGHT TO VIEW WATERMARK

### STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

**FURNISHED AT NO CHARGE FOR  
VETERAN'S ADMINISTRATION  
USE ONLY. ANY OTHER USE  
IS UNAUTHORIZED.**

BK 811  
PG-2131  
787901 Page: 2 of 3 08/12/2011

1. DECEDENT'S NAME (First, Middle, Last) <b>Bruce Raymond THORSLAND</b>				2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>May 10, 2010</b>	
4. SOCIAL SECURITY NUMBER <b>2238</b>	5a. AGE - Last Birthday (Years) <b>57</b>	5b. UNDER 1 YEAR Mos Days	5c. UNDER 1 DAY Hrs Mins	6. DATE OF BIRTH (Month, Day, Year) <b>July 16, 1952</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Minneapolis, Minnesota</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <b>Hospice</b>				
9b. FACILITY NAME (If not institution, give street and number) <b>Hospice of St. John</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Lakewood</b>		9d. COUNTY OF DEATH <b>Jefferson</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Computer Programmer Analyst</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Water Board</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	12. SPOUSE (If wife, give maiden name) <b>Kathryn Edna Whittaker</b>	
13a. RESIDENCE-STATE <b>Colorado</b>	13b. COUNTY <b>Denver</b>	13c. CITY, TOWN, OR LOCATION <b>Denver</b>		13d. STREET AND NUMBER <b>2950 S. Newland Street</b>		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <b>80227</b>	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) <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) <b>16</b>	
17. FATHER-NAME (First, Middle, Last) <b>Raymond Milton Thorsland</b>		18. MOTHER-NAME (First, Middle, Last (Maiden Name)) <b>Mary Elizabeth Thorsland (Stevenson)</b>		19. INFORMANT-NAME and relationship to decedent. <b>Kathryn E. W. Thorsland - Wife</b>		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Colorado Wilbert Crematory</b>		20c. LOCATION - City or Town, State <b>Commerce City, Colorado</b>		
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH  <b>Mary Lindgren</b>			21b. NAME AND ADDRESS OF FACILITY: <b>Newcomer Funeral Home &amp; Crematory - West Metro Chapel 901 South Sheridan Lakewood, Colorado ZIP: 80226</b>			
22a. REGISTRAR'S SIGNATURE 			22b. DATE FILED (Month, Day, Year) <b>May 14, 2010</b>			
23. TIME OF DEATH <b>6:00 P M</b>		24. DATE PRONOUNCED DEAD Month Day Year <b>May 10 2010</b>		25. WAS CORONER NOTIFIED? (Yes or No) <b>Yes</b>		
26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: 			27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature:  <b>MEDICAL EXAMINER</b>			
28. DATE SIGNED (Month, Day, Year)			29. DATE SIGNED (Month, Day, Year) <b>May 12, 2010</b>			
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) <b>John D. Carver, M.D., Assistant Medical Examiner, Denver Coroner, 660 Bannock St., Denver, CO ZIP: 80204</b>						
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)						
32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year) <b>4/04/2010</b>	33b. TIME OF INJURY M P <b>P</b>	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33d. DESCRIBE HOW INJURY OCCURRED <b>Fell downstairs and struck head; subsequent falls and head impact while hospitalized</b>	
		33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) <b>Residence</b>		33f. LOCATION (Street and Number or Rural Route Number, City, County, State) <b>2950 South Newland St., Denver, Denver, CO</b>		
34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.						
PART I		(a) <b>COMPLICATIONS OF CLOSED HEAD INJURIES</b>		Interval between onset and death <b>WEEKS</b>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c)		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
		(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
		(c)		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker). <b>MYOTONIC DYSTROPHY AND HISTORY OF FALLS</b>				35. AUTOPSY (Yes or No) <b>No</b>	36. IF YES were findings considered in determining cause of death?	

DATE ISSUED

MAY 14 2010

*Ronald S Hyman*

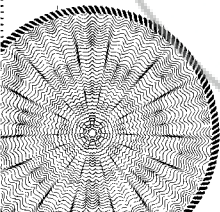
RONALD S. HYMAN  
STATE REGISTRAR

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



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REV 01/07





**EXHIBIT "A"**

**(34)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38<sup>th</sup> interest in and to Lot 34 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 020 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 recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-021

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.