

Esther P. Lash
2290 E. Greenbrier Dr.
Idaho Falls, Idaho 83404

DOC # 0788966
09/01/2011 10:39 AM Deputy: SG
OFFICIAL RECORD
Requested By:
HOLDEN KIDWELL HAHN & CRAPO

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0911 PG-0045 RPIT: # 5



WARRANTY DEED

THIS INDENTURE is made this 28 day of July, 2011, by Esther C. Lash, individually and as surviving joint tenant with right of survivorship of Robert P. Lash (as confirmed by the attached death certificate), as the Grantor, and Tonya Lauer, the Grantee, whose mailing address is 5534 Hedge Brooke Dr., Acworth, Georgia 30101.

WITNESSETH, that the Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) lawful money of the United States of America, and other good and valuable consideration, to the Grantor in hand paid by the Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, sold, and by these presents does grant, bargain, sell, convey, and confirm unto the Grantee, and to the Grantee's heirs and assigns forever, all of the following described property in Douglas County, Nevada, to-wit (the "Property"):

APN: 1319-30-644-031 PTN

See Attached Exhibit "A"

SUBJECT to all existing easements or claims of easements, patent reservations, rights of way, protective covenants, zoning ordinances, and applicable building codes, laws, and regulations, encroachments, overlaps, boundary line disputes, and other matters which would be disclosed by an accurate survey or inspection of the Property.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, any remainders, rents, issues, and profits therefrom; and all estate, right, title, and interest in and to the Property, as well in law as in equity, of the Grantor.

TO HAVE AND TO HOLD the Property and the appurtenances unto the Grantee, and to the Grantee's heirs and assigns forever. The Grantor and the Grantor's heirs shall warrant and defend the Property in the quiet and peaceable possession of the Grantee and the Grantee's heirs and assigns, against the Grantor and the Grantor's heirs, and against every person whomsoever who lawfully holds (or who later lawfully claims to have held) rights in the Property as of the date hereof.

In construing this Warranty Deed and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the Grantor has executed the within instrument the day and year first above written.

Esther C. Lash

Esther C. Lash, individually and surviving joint tenant with right of survivorship of Robert P. Lash

STATE OF IDAHO)
)ss.
County of Bonneville)

On this 28 day of July, 2011, before me the undersigned, a Notary Public, in and for said State, personally appeared Esther C. Lash, or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

Robert E. Farnham

Notary Public for Idaho
Residing at Idaho Falls, Idaho
My Commission Expires: 11/12/16

(seal) ROBERT E. FARNHAM
NOTARY PUBLIC
STATE OF IDAHO

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EXHIBIT "A" (37)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1\106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 066 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week every other year in the even-numbered years in the prime "Season" as defined in and in accordandce with said Declarations.

A portion of APN: 42-283-12

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

Only a copy of this document certified by the state registrar with the department of health and welfare
bureau shall be used as final proof of the death under 58-271 and 58-274, Idaho Code Local Reg. No.

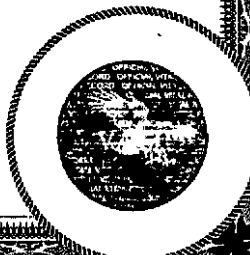
DECEDENT	* 1 DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ROBERT PAUL LASH		2 SEX MALE	3 SOCIAL SECURITY NUMBER 0121	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-34 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	4a. AGE-Last Birthday 70 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes		
	5. DATE OF BIRTH (Mo/Day/Yr) 07/16/1940		6. BIRTHPLACE (City and State, Territory, or Foreign Country) JONESTOWN, PENNSYLVANIA		
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BONNEVILLE		
	7c. CITY OR TOWN IDAHO FALLS		7d. APT. NO 71 ZIP CODE 83404		7e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	7d. STREET AND NUMBER 2290 E. GREENBRIER DRIVE		8 SURVIVING SPOUSE'S NAME (If wife give maiden name) ESTHER CLAIRE CORBY		
9 MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a FATHER'S NAME (First Middle Last Suffix) MARK R. LASH	
12a MOTHER'S MAIDEN NAME (First Middle, Last, Suffix) SARAH KATHRYN BENDER		13a INFORMANT'S NAME (Type or print) ESTHER LASH		13b RELATIONSHIP TO DECEDENT WIFE	
13c MAILING ADDRESS (Street and Number City State Zip Code) 2290 E. GREENBRIER DRIVE, IDAHO FALLS, ID 83404		14 METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)			
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) BLACKFOOT CREMATORY 132 S. SHILLING AVE. BLACKFOOT, IDAHO 83221		16 NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BUCK-MILLER-HANN FUNERAL HOME 825 EAST 17TH STREET IDAHO FALLS, IDAHO 83404			
17a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: KEVIN K. BODILY		17b LICENSE NUMBER (Of license) M0757		18 WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19a. IF DEATH OCCURRED IN A HOSPITAL. <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		20 FACILITY NAME (If not facility, give street and number) EASTERN IDAHO REGIONAL MEDICAL CENTER	
21 CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE IDAHO FALLS, ID 83404		22. COUNTY OF DEATH BONNEVILLE			
23 DATE OF DEATH (Mo/Day/Yr) (Spell month) November 4, 2010		24. TIME OF DEATH (24hr) 00:50	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 4, 2010	26. TIME PRONOUNCED DEAD (24hr) 00:50	
PART I Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Approximate Interval: Onset to Death MINUTES					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MYOCARDIAL INFARCTION DUE TO (or as a consequence of)					
b. DUE TO (or as a consequence of)					
c. DUE TO (or as a consequence of)					
d.					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30 IF FEMALE (Aged 10-54), <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36-LOCATION OF INJURY State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
37 DESCRIBE HOW INJURY OCCURRED IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile pickup motorcycle ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable					
TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38a WAS DECEDENT, <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
38b. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge death occurred at the time, date and place and due to the nature cause(s) (manner stated).		39b. LICENSE NUMBER			
<input checked="" type="checkbox"/> CORONER - 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 stated.		39c. DATE SIGNED 11 / 10 / 2010 MM DD YYYY			
Signature and Title of Certifier ELECTRONICALLY SIGNED: JONATHAN D. WALKER		39d NAME, ADDRESS AND ZIP CODE OF CERTIFIER (Type or print) JONATHAN D. WALKER, 525 EIGHTH STREET IDAHO FALLS, ID 83401			
REGISTRAR		40a REGISTRAR'S SIGNATURE		40b. DATE SIGNED 11 / 10 / 2010 MM DD YYYY	

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This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: November 10, 2010
This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



COPY



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STATE OF IDAHO County of Bonneville

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Health Statistics.

Michelle Moore
Local Vital Statistics Registration Official