

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

LORI A. HUNT  
GAW, VAN MALE, SMITH,  
MYERS & REYNOLDS  
A PROFESSIONAL LAW CORPORATION  
1261 Travis Blvd., Suite 350  
Fairfield, CA 94533-4801

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0112 PG- 3406 RPTT: 0.00



**MAIL TAX STATEMENTS TO:**

Deborah Johnson  
2825 Prestwick Court  
Fairfield, California 94534

**AFFIDAVIT-DEATH OF JOINT TENANT**

APN: 42-230-22  
Timeshare Week # 01-00643-02, South Lake Tahoe, Nevada

STATE OF CALIFORNIA )  
 )ss.  
COUNTY OF SOLANO )

DEBORAH JOHNSON, of legal age, being first duly sworn, deposes and says:

That TERRY IVERY JOHNSON, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain Grant Deed dated August 9, 2002, executed by BARBARA L. MCKEE, A Widow and DEBORAH MCKEE JOHNSON, A Married Woman to TERRY IVERY JOHNSON and DEBORAH JOHNSON, as joint tenants, recorded as Instrument No. 0555571, on October 22, 2002, in Book 1002, Page 09559 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of South Lake Tahoe, County of Douglas, State of Nevada.

PARCEL 1:  
AN UNDIVIDED 1/51ST INTEREST IN AND TO THAT CERTAIN  
CONDOMINIUM ESTATE DESCRIBED AS FOLLOWS:

(A) AN UNDIVIDED 1/8TH INTEREST AS TENANTS IN COMMON, IN AND TO THE COMMON AREA OF LOT 4 OF TAHOE VILLAGE UNIT NO. 3, AS SHOWN ON MAP RECORDED DECEMBER 27, 1983, AS DOCUMENT NO. 93498, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, AND AS SAID COMMON AREA IS SHOWN ON THE RECORD OF SURVEY OF BOUNDARY LINE ADJUSTMENT MAP RECORDED APRIL 21, 1986, AS DOCUMENT NO. 133713, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

(B) UNIT NO. B2 AS SHOWN AND DEFINED ON SAID CONDOMINIUM MAP RECORDED AS DOCUMENT NO. 93488, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.


PARCEL 2:  
A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS FOR USE AND ENJOYMENT AND INCIDENTAL PURPOSES OVER, ON AND THROUGH THE COMMON AREAS AS SET FORTH IN SAID CONDOMINIUM MAP RECORDED AS DOCUMENT NO. 93488, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, AND AS SAID COMMON AREA IS SHOWN ON THE RECORD OF SURVEY OF BOUNDARY LINE ADJUSTMENT MAP RECORDED AS DOCUMENT NO. 133713, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

PARCEL 3:  
AN EXCLUSIVE RIGHT TO THE USE OF THE 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 THAT TERM IS DEFINED IN THE FIRST AMENDED RESTATED DECLARATION OF TIME SHARE COVENANTS, CONDITIONS AND RESTRICTIONS FOR THE RIDGE SIERRA RECORDED AS DOCUMENT NO. 134786, 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 AT THE RIDGE SIERRA PROJECT DURING SAID "USE WEEK" IN THE ABOVE REFERENCED "USE SEASON" AS MORE FULLY SET FORTH IN THE CC&R'S.

Dated this 4<sup>th</sup> day of January, 2012

  
DEBORAH JOHNSON

SUBSCRIBED and sworn to me on this 4<sup>th</sup> day of January, 2012, by DEBORAH JOHNSON, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
Notary Public



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of CONTRA COSTA**  
**MARTINEZ, CALIFORNIA**

**CERTIFICATE OF DEATH** 3200807003084

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO CORRECTIONS / PREVIOUS RECORDS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
TERRY		IVERY		JOHNSON	
AKA, ALSO KNOWN AS - Include full AKA, FIRST, MIDDLE, LAST		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
		10/04/1962		45	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CALIFORNIA		[REDACTED] 0538		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		05/30/2008		1200	
13. EDUCATION - Highest Level (Degrees use worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AFRICAN AMER	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
PAROLE AGENT		STATE OF CALIFORNIA		19	
20. DECEDENT'S RESIDENCE (Street and number or location)					
2825 PRESTWICK CT					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
FAIRFIELD		SOLANO		94534	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
4		CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
DEBORAH JOHNSON, SPOUSE			2825 PRESTWICK CT, FAIRFIELD, CA 94534		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( maiden Name)	
DEBORAH		LYNNE		MCKEE	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
JIMMIE		IVERY		JOHNSON	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
LA		BEVERLY		JEAN	
37. LAST (maiden)		38. BIRTH STATE			
REED		CA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
06/09/2008		ROCKVILLE CEMETERY 4219 SUISUN VALLEY RD, FAIRFIELD, CA 94534			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BURIAL		BRYAN ANDERSON		EMB8007	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
BRYAN-BRAKER FUNERAL HOME		FD988		WENDEL BRUNNER, MD	
47. DATE mm/dd/yyyy					
06/05/2008					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
JOHN MUIR MEDICAL CENTER		<input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home, TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
CONTRA COSTA		1601 YGNACIO VALLEY RD		WALNUT CREEK	
107. CAUSE OF DEATH		108. DATE REPORTED TO CORONER?		109. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		110. DAYS			
SUBARACHNOID HEMORRHAGE NON TRAUMA		111. DAYS			
112. CEREBRAL ANEURYSM		113. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		116. IF FEMALE, PREPARED IN LAST YEAR?	
HYPERTENSION		NO		NO	
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		118. SIGNATURE AND TITLE OF CERTIFIER		119. LICENSE NUMBER	
[REDACTED]		SMITA CHANDRA M.D.		A72367	
120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
SUSAN KATHARINE BELL M.D. 1601 YGNACIO VALLEY RD, WALNUT CREEK, CA 94598		06/05/2008			
123. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		124. INJURED AT WORK?		125. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH: <input checked="" 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		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK			
126. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		127. SIGNATURE OF CORONER / DEPUTY CORONER		128. DATE mm/dd/yyyy	
129. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
131. STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E					

BK- 0112  
PG- 3408  
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0796078

END OF DOCUMENT



CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA } SS  
COUNTY OF CONTRA COSTA }  
DATE ISSUED JUN 10 2008

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES

*Wendell Brunner MD*  
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

