



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Stanislaus }

On 7-13-11 before me, Maria Lanza, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Joanne L. Ritchart
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Maria Lanza
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Joint Tenant (decedent Robert E Ritchart)

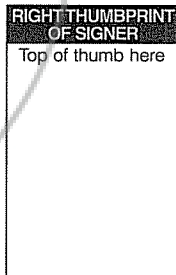
Document Date: July 13, 2011 Number of Pages: one

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: Joanne L. Ritchart

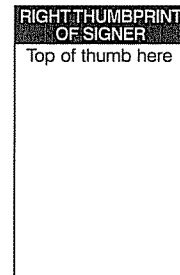
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: self

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of STANISLAUS
MODESTO, CALIFORNIA

CERTIFICATE OF DEATH

3200950000153

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS V&A (REV 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ROBERT		2. MIDDLE EDWARD		3. LAST (Family) RITCHART	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/10/1934	5. AGE Yrs. 74	IF UNDER ONE YEAR Month Day	IF UNDER 24 HOURS Hour Minute
6. BIRTH STATE/FOREIGN COUNTRY WI		10. SOCIAL SECURITY NUMBER 0354	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 01/18/2009
13. EDUCATION - Highest Level Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT I (SPANIC/LATINO)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		
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.) FOOD PROCESSING		19. YEARS IN OCCUPATION 26	
20. DECEDENT'S RESIDENCE (Street and number or location) 1316 NELDA WAY					
21. CITY MODESTO		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95355	24. YEARS IN COUNTY 32
25. INFORMANT'S NAME, RELATIONSHIP JOANNE RITCHART, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1316 NELDA WAY, MODESTO, CA 95355			
29. NAME OF SURVIVING SPOUSE - FIRST JOANNE		29. MIDDLE LEONA		30. LAST (Maiden Name) LAWRENCE	
31. NAME OF FATHER - FIRST ROBERT		32. MIDDLE EDWARD		33. LAST RITCHART	
34. BIRTH STATE WI		35. NAME OF MOTHER - FIRST ELNORA		36. MIDDLE HELEN	
37. LAST (Maiden) FALK		38. BIRTH STATE WI		39. BIRTH STATE WI	
39. DISPOSITION DATE mm/dd/yyyy 01/27/2009		40. PLACE OF FINAL DISPOSITION SAN JOAQUIN VALLEY NATIONAL CEMETERY 32053 W. MCCABE ROAD, GUSTINE, CA 95322			
41. TYPE OF DISPOSITION (E) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SALAS BROTHERS FUNERAL CHAPEL		45. LICENSE NUMBER FD782	46. SIGNATURE OF LOCAL REGISTRAR JOHN WALKER, MD		47. DATE mm/dd/yyyy 01/21/2009
101. PLACE OF DEATH MEMORIAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1700 COFFEE ROAD		106. CITY MODESTO	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIAC ARREST		108. DEATH REPORTED TO CORONER? This is Inland (between Death and Death) (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1 HR		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2 DYS	
110. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) CORONARY ARTERY DISEASE		111. ALUTY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YRS		112. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RENAL FAILURE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date.) REDO AORTIC VALVE REPLACEMENT 01/16/2009, CORONARY ARTERY BYPASS 01/16/2009					
115. SIGNATURE AND TITLE OF CERTIFIER LIT K FUNG M.D.		116. LICENSE NUMBER G59878		117. DATE mm/dd/yyyy 01/21/2009	
118. 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: (A) mm/dd/yyyy (B) mm/dd/yyyy		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LIT K FUNG M.D. 1501 OAKDALE RD #218, MODESTO, CA 95355			
118. 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. 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	

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804478 Page: 3 of 4 06/22/2012

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF STANISLAUS } SS. DATE ISSUED **MAR 05 2009** *50-373708*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder.

Lee Lundrigan
LEE LUNDRIGAN, Clerk-Recorder
STANISLAUS COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk-Recorder.

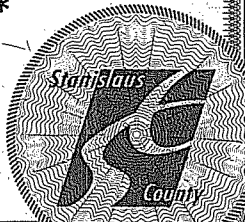




EXHIBIT "A"

(37)

An undivided 1/51st 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, re-recorded 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. 169 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 each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-078