

DOC # 807329  
 08/10/2012 03:00PM Deputy: AR  
**OFFICIAL RECORD**  
 Requested By:  
 Stewart Title Vacation Own  
 Douglas County - NV  
 Karen Ellison - Recorder  
 Page: 1 of 4 Fee: \$17.00  
 BK-812 PG-2748 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-724-001
Escrow No.	20126173- TS/AH
Title No.	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>	
Rosemary M. Ryba 8 John Todd Way Redding, CT 06896	

**AFFIDAVIT - DEATH OF JOINT TENANT**

State of CONNECTICUT }  
 County of Fairfield } ss. Bethel

ROSEMARY M. RYBA, of legal age, being first duly sworn, deposes and says: That **WALTER G. RYBA, JR.** and **MICHAEL W. RYBA**, the decedents mentioned in the attached certified copies of Certificates of Death, are the same people as **WALTER G. RYBA, JR.** and **MICHAEL W. RYBA** named as two of the parties in that certain Grant, Bargain, Sale Deed dated May 17, 1990 executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **WALTER G. RYBA, JR.** and **GERALDINE P. RYBA**, husband and wife as joint tenants as to an undivided 1/2 interest and **MICHAEL W. RYBA** and **ROSEMARY M. RYBA**, husband and wife as joint tenants as to an undivided 1/2 interest, recorded as Document No. 227460, on June 5, 1990 in Book 690, Page No. 501 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 #3400121A, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: August 1, 2012

Rosemary M. Ryba  
 Rosemary M. Ryba

State of Connecticut }  
 County of Fairfield } ss. Bethel

This instrument was acknowledged before me on August 1st 2012 (date)

by: Rosemary M. Ryba

Signature:

Carla Begglo  
 Notary Public

CARLA BEGGLO  
 Commission exp: 3/31/2015

VS-4 REV. 9/95  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

94B

I certify that this is a true copy of the certificate received for record.  
Attest: *Barbara Seefilippi* Registrar.

1 DECEASED NAME		FIRST		MIDDLE		LAST		SEX		STATE FILE NUMBER	
Walter		G.		Ryba, Jr.		Male		August 17, 2000			
2 DATE OF BIRTH (Month, Day, Year)		AGE-Last Birthday		UNDER 1 YEAR		UNDER 1 DAY		RACE-White, Black, American Indian, Other (Specify)		DATE OF DEATH (Month, Day, Year)	
April 13, 1941		59		Mos. / Days / Hours / Mins.		White		Other		August 17, 2000	
3 COUNTRY OF DEATH		TOWN OF DEATH		CITY OF DEATH (Check one)		ER/outpatient		Nursing Home		Residence	
Fairfield		Danbury		Danbury		Inpatient		Other			
4 CITY & STATE OF BIRTH (Country if not U.S.)		CITIZEN OF		MARRIED		NEVER MARRIED		LEGALLY SEPARATED		14 Geraldine Pannozzo	
Stamford, CT		USA		X							
5 SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most working life, even if retired)		KIND OF BUSINESS OR INDUSTRY							
8477		Dean (School of Business)		Fairfield University							
6 RESIDENCE STATE		COUNTRY		TOWN		NUMBER AND STREET					
Connecticut		Fairfield		Ridgefield		21 105 New Street					
7 WAS DECEASED A VETERAN IF YES GIVE WAR		BRANCH OF SERVICE		EDUCATION (Specify highest grade completed):		College: 4		5+			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				Primary/Secondary: 12		0-12					
8 FATHER - NAME		FIRST		MIDDLE		LAST		MOTHER		FIRST	
Walter		G.		Ryba,		Sr.		Mildred		C, Hayes	
9 INFORMANT - NAME		MAILING ADDRESS:		28		26		RELATIONSHIP TO DECEASED		29	
Geraldine Ryba		105 New Street; Ridgefield						Spouse		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
10 PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		IMMEDIATE CAUSE		(a) DUE TO, OR AS A CONSEQUENCE OF:		(b) DUE TO, OR AS A CONSEQUENCE OF:		(c)			
		Cardiac Arrest									
11 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		DEGREE		SIGNATURE		AND LAST SAW HIM/HER ALIVE ON		DEATH OCCURRED ON the date, and to the best of my knowledge, due to		39	
						Month Day Year		Time		38	
12 NURSE PRONOUNCEMENT		TYPE OR PRINT NAME		DEGREE		SIGNATURE		DATE AND TIME PRONOUNCED		35	
								MONTH DAY YEAR TIME		36	
13 CERTIFICATION - PHYSICIAN		No.		Day		Year		AND LAST SAW HIM/HER ALIVE ON		37	
I attended the deceased from		11		7		11		08/17/00		38	
14 WAS CASE REFERRED TO MEDICAL EXAMINER		SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 30		DATE DECEASED WAS PRONOUNCED DEAD:		Day		Year		39	
XX YES <input type="checkbox"/> NO <input type="checkbox"/>		41		42		43		8/17/00		9:07 AM	
15 CERTIFIER - NAME (Type or print)		SIGNATURE		DEGREE OR TITLE							
Lawrence Leibowitz, MD				MD							
16 MAILING - CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		DATE SIGNED (Month, Day, Year)	
10 South Street; Ridgefield, Connecticut		06877								August 18, 2000	
17 BURIAL, CREMATION, REMOVAL (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN		STATE					
Cremation		CT Crematory		Stamford, Connecticut							
18 DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		50							
August 21, 2000		Kane Funeral Home-41 Catoonah St-Ridgefield, CT									
19 FUNERAL DIRECTOR OR EMBALMER - SIGNATURE		NAME OF EMBALMER IF BODY WAS EMBALMED		54							
<i>Barbara Seefilippi</i>		Not Embalmed									
20 THIS CERTIFICATE RECEIVED FOR RECORD ON		BY		REGISTRAR		2023					
AUG 18 2000		<i>Barbara Seefilippi</i>		R. Seefilippi		2023					



VS-4ME 4/04 STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF DEATH OFFICE OF THE CHIEF MEDICAL EXAMINER				STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKA's if any)(First, Middle, Last) <b>Michael W. Ryba</b>		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) <b>January of 2008</b>	4. ACTUAL OR PRESUMED TIME OF DEATH <b>4:20/p</b>			
5. Age at last birthday <b>62</b>	6. Under 1 Year Mo. Days Hours Min	7. Date of Birth (MM/DD/YYYY) <b>07/10/1945</b>	8. BIRTHPLACE (City, State or Foreign Country) <b>Stamford, Connecticut</b>				
9. RESIDENCE-STATE <b>Connecticut</b>		10. RESIDENCE-COUNTY <b>Fairfield</b>		11. RESIDENCE-CITY OR TOWN <b>Redding</b>			
12. RESIDENCE-STREET AND NO. <b>8 John Todd Way</b>		13. APT. NO. ----	14. ZIP CODE <b>06896</b>	15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. 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	17. SURVIVING SPOUSE'S NAME (if wife, give maiden name) <b>Rosemary Murray</b>	
18. FATHER'S NAME (First, Middle, Last) <b>Walter G. Ryba Sr.</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Mildred Hayes</b>				
20. INFORMANT'S NAME <b>Rosemary Murray Ryba</b>		21. INFORMANT'S RELATIONSHIP TO DECEDENT <b>Wife</b>		22. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>8 John Todd Way; Redding, CT 06896</b>			
23. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival		24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)		25. FACILITY NAME (If not institution, give street & number) <b>Danbury Hospital</b>			
26. CITY OR TOWN OF DEATH & ZIP CODE <b>Danbury 06810</b>		27. COUNTY OF DEATH <b>Fairfield</b>		28. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)			
29. DISPOSITION (Name of cemetery, crematory, other place) <b>St. Mary Cemetery</b>		30. LOCATION (city/town) (state) <b>Ridgefield, CT 06877</b>		31. DATE (MM/DD/YYYY) <b>01/09/2008</b>	32. WAS BODY EMBALMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; If yes, Name of Embalmer <b>Christopher Milano</b>		
33. FUNERAL FACILITY-Name and Address (street, town, state, zip) <b>Kane Funeral Home, 25 Catoonah St., Ridgefield, CT 06877</b>			34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <b>James P. Jowdy</b>		35. LICENSE NUMBER OF SIGNEE IN BOX 34 <b>2023</b>		
36. M.E. CASE NUMBER <b>08-00182</b>		37. DATE PRONOUNCED DEAD (MM/DD/YYYY) <b>01/04/2008</b>		38. TIME PRONOUNCED DEAD <b>4:20/p</b>		39. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. 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. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) <b>Metastatic throat cancer</b> Due to (or as a consequence of): Sequentially list conditions if any leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (c) _____ Due to (or as a consequence of): (d) _____ Due to (or as a consequence of):						APPROXIMATE INTERVAL ONSET TO DEATH <b>Several years</b>	
41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			42. IF FEMALE: <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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		43. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
44. MANNER OF DEATH (Natural, Homicide, Accident, Suicide, Undetermined) (Specify) <b>Natural</b>		45. DATE OF INJURY (MONTH/DD/YYYY) (Spell Month)	46. TIME OF INJURY	47. PLACE OF INJURY (decedent's home, construction site, wooded area, etc.)	48. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
49. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code)		50. DESCRIBE HOW INJURY OCCURRED:			51. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Other specify		
52. CERTIFIER: 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. <b>ICobert S. Grossman MD</b> <b>Whitney Swannan</b> <b>ASSY M.D. 1/5/08</b>							
53. MAILING CERTIFIER <b>HE Mt Pleasant Rd</b>		54. CITY OR TOWN <b>Newtown CT</b>		55. STATE (ZIP CODE) <b>06470</b>			
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON <b>JAN 07 2008</b>			BY <b>Oliver A. Babcock</b>				
54. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9-12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input checked="" type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		55. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes other Spanish/Hispanic/Latino (specify)		56. DECEDENT'S RACE (Check all that apply) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or Principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)		57. DECEDENT'S USUAL OCCUPATION <b>Director of Human Resources</b>	
58. KIND OF BUSINESS/INDUSTRY <b>J.P. Morgan Investment Management</b>			59. SOCIAL SECURITY NUMBER <b>██████-2933</b>				

I certify that this is a true transcript of the information on the death record as recorded in this office.

Attest: **Pamela E. Evans, Assistant Registrar of Vital Statistics.**  
JAN 07 2008

Dated \_\_\_\_\_ Town of **DANBURY**

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL



**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. 001 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: 1319-30-724-001**