

Requested By:
Stewart Title Vacation Owni
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-513 PG-5393 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-644-111
Escrow No.	20138312- TS/AH
Title No.	None
Recording Requested By:	
Stewart Vacation Ownership	
Mail Tax Statements To:	
Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449	
When Recorded Mail To:	
J. Edward Reed 152 Antigua Ct. Reno, NV 89511	

AFFIDAVIT – DEATH OF JOINT TENANT

State of Nevada }
County of Washoe } ss.

J. EDWARD REED, of legal age, being first duly sworn, deposes and says: That **MARIAN C. REED**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MARIAN C. REED** named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 26, 1988 executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **J. EDWARD REED** and **MARIAN C. REED**, husband and wife as joint tenants, recorded as Document No. 192106, on December 6, 1988 in Book 1288, Page No. 796 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Plaza Building, Prime Season, Account #3720002A, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: ~~4/2/13~~ 5/1/13

J. Edward Reed
J. Edward Reed

State of Nevada }
County of Washoe } ss.

This instrument was acknowledged before me on May 1st, 2013 (date)

by: J. Edward Reed

Signature: [Signature]
Notary Public

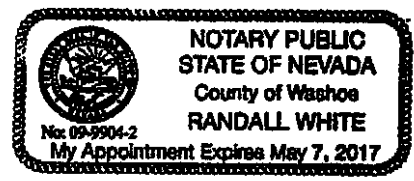




EXHIBIT "A"

(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. 200 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: 1319-30-644-111

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.

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) MARIAN		2. MIDDLE CARLSON		3. LAST (FAMILY) REED			
4. DATE OF BIRTH MM/DD/CCYY 10/21/1946		5. AGE YRS. 53		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 11/23/1999	
9. STATE OF BIRTH TX		10. SOCIAL SECURITY NO. -8362		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF-EMPLOYED			
17. OCCUPATION HOMEMAKER		18. KIND OF BUSINESS OWN HOME		19. YEARS IN OCCUPATION 16			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3116 FOX CREEK DRIVE							
21. CITY DANVILLE		22. COUNTY CONTRA COSTA		23. ZIP CODE 94506		24. YRS IN COUNTY 12	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP JESSE EDWARD REED - HUSBAND					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3116 FOX CREEK DRIVE, DANVILLE, CA. 94506		28. NAME OF SURVIVING SPOUSE—FIRST JESSE					
29. MIDDLE EDWARD		30. LAST (MAIDEN NAME) REED				34. BIRTH STATE TX	
31. NAME OF FATHER—FIRST O.		32. MIDDLE B.		33. LAST CARLSON		36. BIRTH STATE TX	
35. NAME OF MOTHER—FIRST MARIE		36. MIDDLE -		37. LAST (MAIDEN) POSTEN		38. BIRTH STATE TX	
39. DATE MM/DD/CCYY 11/29/1999		40. PLACE OF FINAL DISPOSITION RES: JESSE EDWARD REED; 3116 FOX CREEK DRIVE, DANVILLE, CA. 94506					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR OAK PARK HILLS CHAPEL		45. LICENSE NO. FD 1073		46. SIGNATURE OF LOCAL REGISTRAR <i>Wendel Brunner</i>		47. DATE MM/DD/CCYY 11/24/1999	
101. PLACE OF DEATH GUARDIAN REHAB HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY CONTRA COSTA	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 777 NORRIS CANYON ROAD		106. CITY SAN RAMON				108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH YEARS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IMMEDIATE CAUSE (A) CIRRHOSIS		YEARS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) ALCOHOLISM		YEARS		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (C)							
DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. 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 11/08/1999 DECEDENT LAST SEEN ALIVE 11/20/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>M. Kazemi</i>		116. LICENSE NO. G61310		117. DATE MM/DD/CCYY 11/24/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP M. KAZEMI, M.D., 5565 W. LAS POSITAS BLVD., PLEASANTON, CA. 94588		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 0233 V.G.		CENSUS TRACT	

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PG-5395
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } SS

DATE ISSUED **11/30/1999**

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.

Wendel Brunner
CONTRA COSTA COUNTY HEALTH OFFICER

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

