A.P.N. # A ptn of 1319-30-644-111 20138312- TS/AH Escrow No. 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

DOC # 823934
05/21/2013 12:12PM Deputy: PK
OFFICIAL RECORD
Requested By:
Stewart Title Vacation Own
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-513 PG-5393 RPTT: 0.00

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada	}
	} ss.
County of <u>Washoe</u>	}

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:

State of Nevada

Notary Public

NOTARY PUBLIC STATE OF NEVADA County of Washoe RANDALL WHITE My Appointment Expires May 7, 2017

PG-5394 823934 Page: 2 of 3 05/21/2013

BK 513

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.

THE CITY OF THE PARTY CONTRACTOR OF THE PARTY OF THE PART CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

	7.7	į	- TOTA	*** C	ERTIF		O1 D1		⊣ g	16 2		- F 1
STA	ATE FILE NUMBER	*		UBE BLAC	K INK ONLY/N	TATE OF CAL O ERASURES, Y8-11 (REV	JEORNIA WHITEOUTS 7/87)	OR ALT	TERATIONS -	LOCAL R	EGISTRATION	NUMBER
	MARIAN .	MARIAN .		S. AGE Y	CARLSON 5. AGE YRS. 19 UPGET I VADE HOUSE SA HOUSE 6. BE:			REE	REED A			
DECEDENT PERSONAL DAYA	10/21/1946 53 9. STATE OF BIRTH 10. SOCIAL BECURITY N			F			£	11/23/1999 12. MARITAL STATUE 13. EDUCATION—Y				
	14. RACE							18. USUAL EN	MARRIED 8. USUAL EMPLOYER		1 . 16	
	WHITE 17. OCCUPATION HOMEMAK			YES		OWN HO	X No		SELF-	EMPLOYED	10 YEARS IN	OCCUPATION
USUAL	20. RESIDENCE— 3116 FO	STREET AND	× .	5	rion)	OWN III	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
SIDENCE	DANVILL			22.	CONTRA		9	450e	5	12	С.	OR FOREIGN COUN A y or town, state, 2
THAMRO	JESSE E	DWARD F			IND	<u> </u>	400	CRI		E, DANVI	No.	
POUSE AND	JESSE					DWARD /		33.	REED	-	\rightarrow	34. sinth st
PARENT ORMATION	35 NAME OF MO	O. 35 NAME OF MOTHER—FIRST			B. #IDDLE			37.	LAST (MAIDEN	CARLSON		7X 38. SIRTH BT
POSITION(S)	39. DATE M M / D		40. PLACE	-			3116 1	ox o	POST CREEK DR	EN IVE, DAN	VILLE, C.	TX A. 94506
INERAL RECTOR AND	CR/RES				42. 1	NOT E	MBALMEI	\	~		43. ti	CENSE NO. — ATE M M / D D / C C
	OAK PARK			and the same of th		The state of the s	8. SIGNATUR		The second	R MARIE		
LACE	OAK PARK 101. PLACE OF E GUARDIAN 105. STREET ADD 777 NORR	HILLS REHAE	HOSPI	TAL	FD 1002. IF I	The same of the sa	سطف	103. 7	ACILITY OTHER TO	HAN HOSPITAL	11. 104. COUNTY CONTRA (/24/1999 /*
LACE	GUARDIAN	HILLS REHAB REHAB STREED STR IS CANY CAUSED BY	CHAPEI HOSPI EET AND N	TAL	FD 102. (F P	1073	ECIFY ONE:	103. 7	ACILITY OTHER TO	HAN HOSPITAL	CONTRA (COSTA ON REPORTED TO CORON REPORTED TO CORON REPORTED TO CORON
LACE	GUARDIAN 105. STREET ADD 777 NORR 107. DEATH WAS	HILLS REHAB REHAB RESS STR IS CANY CAUSED BY CIRR	HOSPITET AND NOTICE TO AND NOT	TAL UMBER OF	FD 102. (F P	1073	ECIFY ONE:	103. 7	ACILITY OTHER TO	TIME INTERVAL BETWEEN ONE	CONTRA (106. CITY SAN RAM 1 106. CITY SAN RAM 1 106. CITY Yes	COSTA ON REPORTED TO CORON RE
PLACE OF DEATH	101. PLACE OF C GUARDIAN 105. STREET ADD 777 NORR 107. DEATH WAS	REHAB REHAB INCLUDING ALCO	HOSPIT HOSPIT EET AND N ON ROA HOSIS	TAL UMBER OF	FD 102. (F P	1073	ECIFY ONE:	103. 7	ACILITY OTHER TO	MAN HOSPITAL OTHER TIME INTERNAL BEWEEN ONE AND DEATH YEARS	CONTRA (100. CITY SAN RAM 1 108. SEATH 1 108. SEATH 1 109. SEATH 1	COSTA ON REPORTED TO COMON ERROL NUMBER X NO PEY PERFORMED X NO
PLACE OF ORATH	101. PLACE OF C GUARDIAN 105. STREET ADD 777 NORR 107. DEATH WAS IMMEDIATE CAUSE (A	HILLS EATH REHAB INCLE—STATE IS CANY CAUSED BY CIRR D ALCO	CHAPE HOSPI EET AND N ON ROA HOSIS CHOSIS	TAL LUMBER OF	FD 102. (F + PR LOCATION)	1073 EROP	CCIPY ONE: DOA S, C, AND D)	Inc.	ACRITY OTHER TO	MAN HOSPITAL OTHER TIME INTERNAL BEWEEN ONE AND DEATH YEARS	CONTRA (100. CITY SAN RAM 1 108. SEATH 1 108. SEATH 1 109. SEATH 1	COSTA ON REPORTED TO CORON RE
PLACE OF SEATH	101. PLACE OF C GUARDIAN 105. STREET ADD 777 NORR 107. DEATH WAS IMMEDIATE CAUSE DUE TO (C	HILLS EATH REHAB INCAL STR CANYSED BY CIRR IN ALCO IN ALCO	CHAPE HOSPI EET AND N (ON RO, HOSIS HOSIS HOLISM	TAL UMBER OF	FD 102. (F to 12 t	1073 EROP	ECITY ONE: DOA S, C, AND D)	IN CAUSE I	ACRITY OTHER TO NAV. REG SAP. CARI	HAN HORPITAL TIME INTERVAL BETWEEN OWN AND DEVIN. YEARS YEARS	CONTRA (100. CITY SAN RAM 1 100. CITY SAN RAM 1 100. CITY Yes 111. Osto 1	COSTA ON REPORTED TO CORON RE
AUSE OF EATH	191. PLACE OF C GUARDIAN 105. STREET ADD 777 NORR 197. DEATH WAS IMMEDIATE CAUSE DUE TO (C DUE TO (C	HILLS EATH REHAB INCOLURED BY CIRR INCOLURED BY TION PERFO AT TO THE B OCCURRED ATTATES PROME	CHAPE HOSPI: EET AND N CON ROJ. IENTER C LHOSIS HOLISM	ANY CONTRIBUTE	CAUSE PER L	H BUT NOY A BUT NOY AND THE MICH AND THE	ECITY ONE: DOA S, C, AND D) NELATED TO GET IF YES, LIE	TAUGE OF THE POPULATION OF THE	ACRITY OTHER TO	HAN HORPITAL TIME INTERVAL BETWEEN OWN AND DEVIN. YEARS YEARS	104. COUNTY CONTRA (106. CITY SAN RAM 105. SEATH 107. SEATH 108. SEATH 109. SEATH 111. USED 1 111. USE	COSTA ON NEPORTED TO CORDY ERRAL NUMBER NO PREPORMED X NO PREPORMED X NO
AUSE OF EATH	101. PLACE OF C GUARDIAN 105. STREET ADD 777 NORR 107. DEATH WAS IMMEDIATE CAUSE (A) DUE TO (C) DUE TO (C) 112. OTHER SIGN 114. LCCRTUM TR AND PLACE. DECEDENT ANCHORE DECEDENT ANCHORE DECEDENT ANCHORE DECEDENT ANCHORE	HILLS EATH REHAB IN EAST- STATE CAUSED BY CIRR ALCO THE CANT CO THE CANT CO	CHAPE HOSPI EET AND N CON ROA IENTER O LHOSIS HOLISH HOLISH EET OF MY TY THE MOU THE CAUSE LIENTER MOU THE CAUSE THE CAUSE LIENTER MOU THE CAUSE LIENTER MOU THE CAUSE LIENTER MOU THE CAUSE LIENTER MOU THE CAUSE THE CAUSE LIENTER MOU THE CAUSE TH	ANY CONTRIBUTE STATE STA	TING YO GEAT CAUSE PER L CAUSE PER L TING YO GEAT NO DITION IN ITE 115. SIGNA 118. YES 5565 W 120. INJUR YES	H BUT NOY A NE M 107 OR 11: NO ATTENDING 12 ATTENDING 12 NO N	RELIFY ONE: DOA S, C, AND D) STELLIFED TO C THE OF CERT AND COSTAS THUMPY OA	TOS. P. CAUGE IT TYPE LAME, P. BLT TE M.M.	ACCUTY OTHER TO NAV. RECOMP. CART	TYPE INTERVAL BETWEEN ONE AND DEATH	CONTRA (104. CDUNTY CONTRA (104. CDIYY SAN RAM 105. DIATH 17 109. EIOPS 111. USED 1 112. SED 1 113. SED 1 114. SED 1 115. SED 1 116. SED 1 117. SED 1 117. SED 1 118. SED 1 118. SED 1 119. SED	COSTA ON REPORTED TO CORON ERRAL NO ERRAL NO EX PERFORMED S X NO H DETERMINING CAUSE NO DATE M M / D D / C C / 24/1999 M.D., 88
LACE OF EATH AUSE OP EATH HYSI- IAN'S STIFICA- TION	101. PLACE OF C GUARDIAN 105. STREET ADD 777 NORR 107. DEATH WAS IMMEDIATE CAUSE DUE TO (C DUE TO (C 112. OTHER SIGN 113 WAS OPERA AND PLACE: H W 760/CC 11/08/199 I CESTIFY TO CCURRED STATE OFFOR	HILLS EATH REHAB INCEL STATE CAUSED BY CIRR ALCO TION PERFO AT TO THE B OCCUMENT ALTO PROMISED AND THE B AT TO THE B OCCUMENT ALTO PROMISED AND THE B TION PERFO TION PERFO OCCUMENT AND THE B TION THE B OCCUMENT AND THE B TION THE B OCCUMENT AND THE B TION THE B	CHAPE HOSPI EET AND N ON ROA I ENTER O HOLISM HOLISM EAT OF MY Y THE HOUT THE HOUT THE HOUT I /20/1	ANY CONI	TID 102. IF P I 10	H BUT NOT A. B. INE FOR A. B. INE FOR A. B. INE M 107 OR 11: NO ATTENDING F V AT WORK 12 NO RIBE HOW IN.	RELIFY ONE: DOA S, C, AND D) STELLIFED TO C THE OF CERT AND COSTAS THUMPY OA	TOS. P. CAUGE IT TYPE LAME, P. BLT TE M.M.	ACCUTY OTHER TO NAV. RECOMP. CART	THE INTERVAL BETWEEN ONE AND DEATH. YEARS YEARS YEARS H AME DATE. 116. LICENSE R C61310 58. 21 M. ASANTON, 122. HOUR 12	CONTRA (104. CDUNTY CONTRA (104. CDIYY SAN RAM 105. DIATH 17 109. EIOPS 111. USED 1 112. SED 1 113. SED 1 114. SED 1 115. SED 1 116. SED 1 117. SED 1 117. SED 1 118. SED 1 118. SED 1 119. SED	COSTA ON REPORTED TO CORON ERRAL NO ERRAL NO EX PERFORMED S X NO H DETERMINING CAUSE NO DATE M M / D D / C C / 24/1999 M.D., 88
CAUSE	101. PLACE OF C GUARDIAN 105. STREET ADD 777 NORR 107. DEATH WAS 1MMEDIATE CAUSE DUE TO (C DUE TO (C 112. OTHER SIGN 113. WAS OPERA 114. I CERTIFY THE EOGLOPH SECENDA ATTEMOR N W / 0 0 / C 11/08/199 I CERTIFY THE OCCURRED A STATED FRO 119. MANURE OF INATURAL ACCIOENT	HILLS REHAB RE	CHAPE HOSPI EET AND N CON RO IENTER O LHOSIS HOLISH HOL	ANY CONTRIBUTE ANY CONTRIBUTE	TID 102. IF P I LOCATION) CAUSE PER L CAUSE PER L 115. SIGN 115. SIGN 116. VARE 5565 W 120. INJUN YES 124. DEBCI L L L L L L L L L L L L L	H BUT NOT # WE FOR A. B H BUT NOT # NO NO NO NO NO NO NO NO NO N	RELIFY ONE: DOA S, C, AND D) STELLIFED TO C THE OF CERT AND COSTAS THUMPY OA	TOS. P. CO. T. TYPE IPIER LAME, B. L. TE M. M. RED IEV	ACCUTY OTHER TO NAV. RECOMP. CART	THE INTERVAL BUTTERVAL BUT	TOA. COUNTY CONTRA (100. CITY SAN RAM 105. SEATH 17 109. CITY 109. SOEATH 17 11. USED 1	COSTA ON REPORTED TO CORON VY PERFORMED SERVING NO PROPERTOR NO NO DATE M M / D D / CC / 24/1999 M.D., 88

14238

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA CERTIFIED COPY OF VITAL RECORDS

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.

CONTRA COSTA COUNTY HEALTH OFFICER

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

