

DOC # 833703
11/12/2013 11:29AM Deputy: SG

OFFICIAL RECORD

Requested By:
Stewart Title Vacation Own
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$42.00
BK-1113 PG-2399 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-644-005
Escrow No.	20139710- 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:	
Catherine P. Wood 476 Zachary Dr. Vacaville, CA 95687	

AFFIDAVIT – DEATH OF JOINT TENANT

State of CALIFORNIA }
County of Solano } ss.

CATHERINE P. WOOD, of legal age, being first duly sworn, deposes and says: That DAVED F. WOOD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DAVED F. WOOD named as one of the parties in that certain Grant, Bargain, Sale Deed dated February 11, 1990 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to DAVED F. WOOD and CATHERINE P. WOOD, husband and wife as joint tenants, recorded as Document No. 220946, on February 28, 1990 in Book 290, Page No. 4064 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 #3704314A, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 10/16/13

Catherine P. Wood
Catherine P. Wood

State of CA }
County of Solano } ss.



This instrument was acknowledged before me on Oct 16, 2013 (date)

by: Catherine P.. Wood

Signature: [Signature]
Notary Public



CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

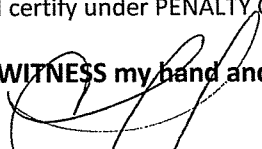
State of California
County of Solano

This document was acknowledged on Oct 16, 2013 before me, **Christina Pimental, Notary Public**, personally appeared
CATHERINE P. WOOD [name(s) of principal],

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 acknowledgement 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 this instrument

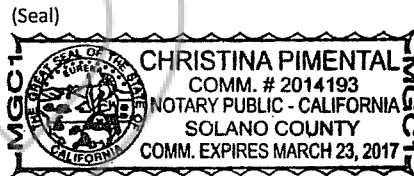
I certify under PENALTY OF PERJURY under the laws of the State of California, that the foregoing is true and correct.

WITNESS my hand and official seal



(Signature of Notarial Officer)

Christina Pimental: Notary Public
PH: 707.430.1048
Commission expires: 03.23.2017
Commission Number: 2014193



Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal of attached acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgement is attached to a document/for the purpose of AFFIDAVIT - DEATH OF containing 1 pages, and dated N/A JOINT TENANT

The Capacity Claimed by Signer or authority is/are as:

- Individual(s)
- Attorney in Fact
- Corporate officer(s)
 - 1) _____
 - 2) _____ (Title)
- Guardian
- Partner- Limited | General
- Trustee
- Other: _____

Representing: _____

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence.

- Form(s) of identification
- Credible witness

Notarial event detailed in notary Journal on:
Page# _____ Entry# _____

Notary contact: **Christina Pimental 707-430-1048**

Other

- Additional signer(s)
- Signer(s) Thumbprint(s)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT
355 TUOLUMNE ST.
VALLEJO, CALIFORNIA 94590

CERTIFICATE OF DEATH

3200948000352

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) DAVED		2. MIDDLE FRANKLIN		3. LAST (Family) WOOD	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST) DAVID WOOD		4. DATE OF BIRTH mm/dd/yyyy 08/13/1930		5. AGE Yrs. 78	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 7657		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 38	
20. DECEDENT'S RESIDENCE (Street and number or location) 176 PERSIMMON CIRCLE					
21. CITY VACAVILLE		22. COUNTY/PROVINCE SOLANO		23. ZIP CODE 95687	
24. YEARS IN COUNTY 5		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP CATHERINE WOOD, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 176 PERSIMMON CIRCLE, VACAVILLE, CA 95687		
28. NAME OF SURVIVING SPOUSE — FIRST CATHERINE		29. MIDDLE -		30. LAST (Maiden Name) PIEROVICH	
31. NAME OF FATHER — FIRST SHELLEY		32. MIDDLE -		33. LAST WOOD	
34. BIRTH STATE UNK		35. NAME OF MOTHER — FIRST JENNIE		36. MIDDLE GOLDEN	
37. LAST (Maiden) LUCAS		38. BIRTH STATE UNK			
39. DISPOSITION DATE mm/dd/yyyy 02/24/2009		40. PLACE OF FINAL DISPOSITION VACAVILLE-ELMIRA CEMETERY 522 ELMIRA RD., VACAVILLE, CA 95687			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER JEROME RUDOW		43. LICENSE NUMBER EMB7989	
44. NAME OF FUNERAL ESTABLISHMENT MCCUNE GARDEN CHAPEL		45. LICENSE NUMBER FD388		46. SIGNATURE OF LOCAL REGISTRAR RONALD W CHAPMAN	
47. DATE mm/dd/yyyy 02/23/2009					
101. PLACE OF DEATH IN OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 176 PERSIMMON CIRCLE		106. CITY VACAVILLE	
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIORESPIRATORY ARREST (B) PNEUMONIA		Time Interval Between Onset and Death (A) MINS. (B) WKS. (C) (D)		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2009-0169 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. DIABETES, CORONARY ARTERY DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) -					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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: mm/dd/yyyy 11/21/2003 Decedent Last Seen Alive: mm/dd/yyyy 05/13/2008		115. SIGNATURE AND TITLE OF CERTIFIER KULBIR BAJWA M.D.		116. LICENSE NUMBER C51042	
117. DATE mm/dd/yyyy 02/20/2009		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KULBIR BAJWA M.D. 421 NUT TREE RD., VACAVILLE, CA 95687			
119. 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. HOUR (24 Hours)					
123. 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	
				012009000996826	

BK 1113
PG-2401
833703 Page: 3 of 4 11/12/2013

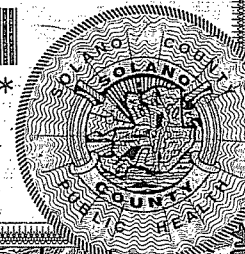
This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION, VALLEJO, CALIFORNIA.

Ronald W. Chapman, MD
RONALD W. CHAPMAN, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR

DATE ISSUED **02/24/2009**

000302745

This copy not valid unless prepared on engraved border, displaying the date, seal and signature of the Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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. 043 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: 1319-30-644-005

**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.**