

Requested By:  
Stewart Title Vacation Own  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-1213 PG-5220 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-724-006
Escrow No.	20140248- 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:	
Angele Balikian 2651 - 31 <sup>st</sup> St. Santa Monica, CA 90405	

**AFFIDAVIT – DEATH OF JOINT TENANT**

State of CALIFORNIA }  
County of Los Angeles } ss.

**ANGELE BALIKIAN**, of legal age, being first duly sworn, deposes and says: That **HRAIR M. BALIKIAN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **HRAIR M. BALIKIAN** named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 25, 1988 executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **HRAIR M. BALIKIAN** and **ANGELE BALIKIAN**, husband and wife as joint tenants, recorded as Document No. 186670, on September 19, 1988 in Book 988, Page No. 2709 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 #3400627A, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 12/16/13

Angele Balikian  
Angele Balikian

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.



**ACKNOWLEDGMENT**

State of California

County of LOS ANGELES

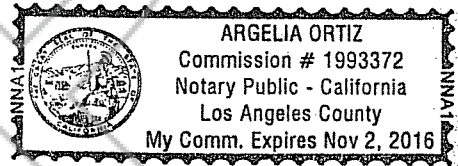
On DECEMBER 16, 13 before me, ARGELIA ORTIZ NOTARY PUBLIC  
(insert name and title of the officer)

Personally appeared ANGELE BALIKIAN, 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 *Argelia Ortiz* (Seal)



**OPTIONAL**

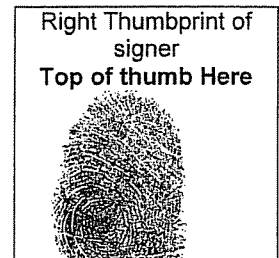
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**

Title of Type of Document AFFIDAVIT - DEATH OF JOINT TENANT  
Document Date: 12-16-13 Number of Pages: 03  
Signer(s) other than named above: NONE OTHER

**Capacity(ies) Claimed by Signer**

<input checked="" type="checkbox"/>	Signer's Name: <u>ANGELE BALIKIAN</u>
<input checked="" type="checkbox"/>	Individual
<input type="checkbox"/>	Corporate Officer - Title: _____
<input type="checkbox"/>	Partner <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/>	Attorney-in-fact
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Guardian or Conservator
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Signer is Representing: _____



**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEDOUTS OR ALTERATIONS  
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>HRAIR</b>		2. MIDDLE <b>M.</b>		3. LAST (FAMILY) <b>BALIKIAN</b>			
	4. DATE OF BIRTH MM/DD/CCYY <b>03/18/1934</b>		5. AGE YRS. <b>62</b>	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HOURS HOURS   MINUTES	6. SEX <b>MALE</b>	7. DATE OF DEATH MM/DD/CCYY <b>01/05/1997</b>	8. HOUR <b>0124</b>
	9. STATE OF BIRTH <b>SYRIA</b>	10. SOCIAL SECURITY NO. <b>[REDACTED]-1773</b>		11. MILITARY SERVICE 19__ TO 19__ <input type="checkbox"/> NONE		12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>24</b>
	14. RACE <b>CAUCASIAN</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>SELF</b>			
	17. OCCUPATION <b>PHYSICIAN</b>		18. KIND OF BUSINESS <b>HEALTH CARE</b>			19. YEARS IN OCCUPATION <b>38</b>		
<b>USUAL RESIDENCE</b>	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>2651 31ST STREET</b>							
	21. CITY <b>SANTA MONICA</b>		22. COUNTY <b>LOS ANGELES</b>		23. ZIP CODE <b>90405</b>	24. YRS IN COUNTY <b>26</b>	25. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>	
<b>INFORMANT</b>	26. NAME, RELATIONSHIP <b>ANGEL BALIKIAN - WIFE</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>2651 31ST STREET, SANTA MONICA, CA 90405</b>				
	28. NAME OF SURVIVING SPOUSE—FIRST <b>ANGEL</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>KASSEMJIAN</b>			
<b>SPOUSE AND PARENT INFORMATION</b>	31. NAME OF FATHER—FIRST <b>MIHRAN</b>		32. MIDDLE <b>-</b>		33. LAST <b>BALIKIAN</b>		34. BIRTH STATE <b>SYRIA</b>	
	35. NAME OF MOTHER—FIRST <b>LOUSEPER</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>PHILIBOSIAN</b>		38. BIRTH STATE <b>SYRIA</b>	
	39. DATE MM/DD/CCYY <b>01/09/1997</b>		40. PLACE OF FINAL DISPOSITION <b>3+ MILES OFF SANTA MONICA COAST SHORELINE, LOS ANGELES COUNTY, CALIFORNIA</b>					
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>			42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NO. <b>-</b>		
	44. NAME OF FUNERAL DIRECTOR <b>PIERCE BROS. MOELLER-MURPHY</b>		45. LICENSE NO. <b>FD-695</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>[Signature]</b>		47. DATE MM/DD/CCYY		
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>RESIDENCE:</b>		102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY <b>LOS ANGELES</b>	
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>2651 31ST STREET</b>					106. CITY <b>SANTA MONICA</b>		
<b>CAUSE OF DEATH</b>	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
	IMMEDIATE CAUSE (A)	<b>GASTRIC CARCINOMA</b>				MONTHS	109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (B)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>NONE</b>								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>GASTRECTOMY 04/24/1996</b>								
<b>PHYSICIAN'S CERTIFICATION</b>	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/CCYY <b>12/10/1996</b>		DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>01/03/1997</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>		116. LICENSE NO. <b>G064480</b>	
					117. DATE MM/DD/CCYY <b>01/06/1997</b>			
<b>CORONER'S USE ONLY</b>	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP <b>DAVID C. CHANG M.D. 12001 W. WASHINGTON BL, L.A. CAL, 90066</b>				119. MANNER OF DEATH	120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		
	<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	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 AND ZIP CODE)								
126. SIGNATURE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>			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. #		
						CENSUS TRACT		

THIS IS A TRUE CERTIFIED COPY OF THE RECORD  
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT  
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN  
DUPLICATE INK

JAN 08 1997

121 *[Signature]*  
Director of Health Services and Registrar



**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. 006 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: 1319-30-724-006**