

APN 1319-30-542-001

Doc Number: **0836686**

01/14/2014 11:48 AM

OFFICIAL RECORDS

Requested By  
**AUDREY STEYER**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00  
Bk: 0114 Pg: 1890



Deputy: gb

✓ WHEN RECORDED MAIL TO:

Audrey R. Steyer  
3634 Monitor Circle So.  
Stockton, CA 95219

MAIL TAX STATEMENTS TO:

Thunderbird Resort Club  
P.O. Box 859  
Sparks, NV 89432

DECLARATION (OR AFFIDAVIT) OF DEATH OF JOINT TENANT

State of California  
County of San Joaquin

I, Audrey R. Steyer, "being duly sworn" say:

I am 18 years of age or over; Wesley W. Steyer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Wesley W. Steyer, named as one of the parties in the deed dated August 25, 1988, executed by Wesley W. Steyer & Audrey R. Steyer to Wesley W. Steyer and the undersigned, as Joint Tenants, recorded on September 13, 1988, as Instrument # 186213 in Book 988, Page 1691, of the Official Records of Douglas County, Nevada, covering the property situated in Stateline, County of Douglas, State of Nevada, described as follows: See Exhibit "A"

Timeshare No. 01-005-17-02

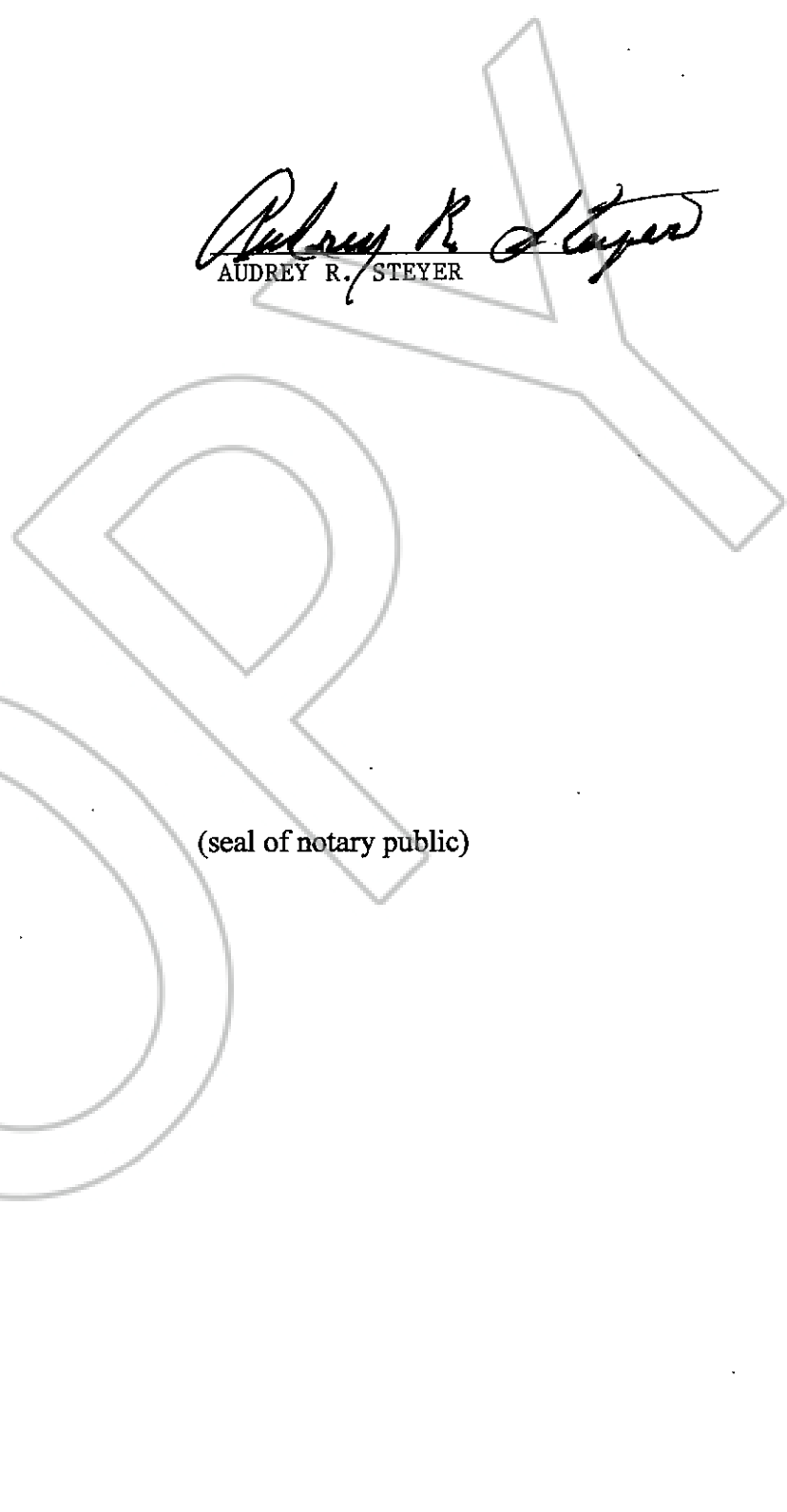
A.P.N. 1319-30-542-001

*Audrey R. Steyer*  
AUDREY R. STEYER

Subscribed and sworn to before me  
on \_\_\_\_\_  
by Audrey R. Steyer

\_\_\_\_\_  
Notary Public

(seal of notary public)



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

State of California

County of San Joaquin

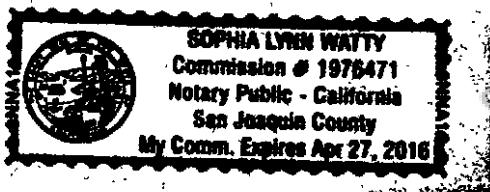
On 08 JAN 2014 before me, SOPHIA WATTY  
Date Here Insert Name and Title of the Officer

personally appeared Audrey Steyer  
Name(s) of Signer(s)

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: [Handwritten Signature]  
Signature of Notary Public

Place Notary Seal Above

**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 or Type of Document: Declaration of death of joint TENANT  
Document Date: NO DATE Number of Pages: 3

Signer(s) Other Than Named Above: —

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Corporate Officer — Title(s): _____   | <input type="checkbox"/> Corporate Officer — Title(s): _____   |
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Individual  |
| <input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General | <input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General |
| <input type="checkbox"/> Attorney in Fact  | <input type="checkbox"/> Attorney in Fact  |
| <input type="checkbox"/> Trustee   | <input type="checkbox"/> Trustee   |
| <input type="checkbox"/> Guardian or Conservator   | <input type="checkbox"/> Guardian or Conservator   |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Other: _____  |

RIGHT THUMBPRINT OF SIGNER  
Top of thumb here

RIGHT THUMBPRINT OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**SAN JOAQUIN COUNTY**  
**PUBLIC HEALTH SERVICES**  
**STOCKTON, CALIFORNIA**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>Wesley</b>		2. MIDDLE <b>Wallace</b>		3. LAST (Family) <b>Steyer</b>	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH - month/day/year <b>07/15/1923</b>		5. AGE Yrs. <b>82</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>NE</b>		10. SOCIAL SECURITY NUMBER <b>██████-1980</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) <b>Married</b>		7. DATE OF DEATH - month/day/year <b>12/06/2005</b>		8. HOUR (24 Hour) <b>1630</b>	
13. EDUCATION - Highest Level/Degree (see instructions on back) <b>Masters</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) <b>White</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION <b>30</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>3634 Monitor Circle South</b>		21. CITY <b>Stockton</b>		22. COUNTY/PROVINCE <b>San Joaquin</b>	
23. ZIP CODE <b>95219</b>		24. YEARS IN COUNTY <b>46</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>Audrey R. Steyer-wife</b>		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>3634 Monitor Circle South Stockton, CA 95219</b>			
28. NAME OF SURVIVING SPOUSE - FIRST <b>Audrey</b>		29. MIDDLE <b>Ruth</b>		30. LAST (Include Name) <b>Lietsch</b>	
31. NAME OF FATHER - FIRST <b>Carl</b>		32. MIDDLE <b>Wesley</b>		33. LAST <b>Steyer</b>	
34. BIRTH STATE <b>NE</b>		35. NAME OF MOTHER - FIRST <b>Emma</b>		36. MIDDLE <b>Evangeline</b>	
37. LAST (Include Name) <b>Fegesack</b>		38. BIRTH STATE <b>NE</b>			
38. DISPOSITION DATE - month/year <b>12/09/2005</b>		39. PLACE OF FINAL DISPOSITION <b>Carleton Cemetery 5666 Road W. Carleton, NE</b>			
41. TYPE OF DISPOSITION(A) <b>CR/TR/BU</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>DEYOUNG SHORELINE CHAPEL</b>		45. LICENSE NUMBER <b>FD 1479</b>		47. DATE - month/day/year <b>12/09/2005 KH</b>	
101. PLACE OF DEATH <b>Hospice House of San Joaquin</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ERUP <input type="checkbox"/> OOH <input checked="" type="checkbox"/> HOSPICE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> HOSPICE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>San Joaquin</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>3888 Pacific Avenue</b>		106. CITY <b>Stockton</b>	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) <b>Metastatic Colon Cancer</b> Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B) (disease or injury that initiated the events resulting in death) LAST <b>Metastatic Lung Cancer</b>		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death IAT <b>1 Mon</b>		109. DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. 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 <b>Metastatic Lung Cancer</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>Open Lung Biopsy 10/--/1999 &amp; 08/20/2003; Bowel Resection 10/12/2005</b>					
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 Addressed Since <b>09/09/1979</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>W. David Yarbrough, MD</b>		116. LICENSE NUMBER <b>6028787</b>	
117. DATE - month/day/year <b>12/06/2005</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>W. David Yarbrough, MD 3132 W. March Lane Stockton, CA 95219</b>			
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 - month/day/year	
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 - month/day/year		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH. # 12348

BK 0114  
PG 1893  
1/14/2014

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\*000399512\*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
COUNTY OF SAN JOAQUIN

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: **12/12/2005**

*Karen Furst, MD*  
KAREN FURST, MD, MPH  
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.



EXHIBIT "A"  
(Sierra 01) 01-005-17-02

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51<sup>st</sup> interest in and to that certain condominium estate described as follows:

- (A) An undivided 1/8<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 4 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada
- (B) Unit No. B1 as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" within the PRIME "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-542-001