

OFFICIAL RECORD

Requested By:
Stewart Title Vacation Own
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-814 PG-4402 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-643-032
Escrow No.	20141515-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:	
Norma J. Pedrick 1515 Summit Loop Grants Pass, OR 97527	

AFFIDAVIT - DEATH OF JOINT TENANT

State of OREGON }
County of Josephine } ss.

NORMA J. PEDRICK, of legal age, being first duly sworn, deposes and says: That ELLWYN L. PEDRICK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELLWYN L. PEDRICK named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 1, 1993 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to ELLWYN L. PEDRICK and NORMA J. PEDRICK, husband and wife as joint tenants, recorded as Document No. 314789, on August 11, 1993 in Book 893, Page No. 1896 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Terrace Building, Even Year Use, Account No. 2802706C, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: August 13, 2014

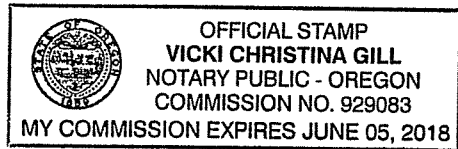
Norma J. Pedrick
Norma J. Pedrick

State of Oregon }
County of Josephine } ss.

This instrument was acknowledged before me on August 12, 2014 (date)

by: Norma J. Pedrick

Signature: Sich-Clay
Notary Public



CERTIFICATION OF VITAL RECORD



BK 814
PG-4403

848154 Page: 2 of 3 08/20/2014

TYPE OR PRINT IN PERMANENT BLACK INK

397111 I.D. TAG NO.
278-03 Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

03-007821

State File Number

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1. DECEDENT'S NAME First: <u>Ellwyn</u> Middle: <u>Laverne</u> Last: <u>PEDRICK</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 27, 2003</u>
4. SOCIAL SECURITY NUMBER <u>2677</u>	5a. AGE-Last Birthday (Years) <u>68</u>	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <u>Sargent, NE</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) <u>Highland House Nursing & Rehab Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Grants Pass</u>		9d. COUNTY OF DEATH <u>Josephine</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) <u>X-Ray Technician</u>	10b. KING OF BUSINESS/INDUSTRY <u>Aerospace</u>	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify!) <u>Married</u>	12. SPOUSE (If Married, Widowed) <u>Norma</u>	
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Josephine</u>	13c. CITY, TOWN OR LOCATION <u>Grants Pass</u>	13d. STREET AND NUMBER <u>1515 Summit Loop</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <u>97527</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) or 5+ <u>2</u>
17. FATHER - NAME first middle last <u>Lloyd Cassiday Pedrick</u>		18. MOTHER - NAME first middle maiden <u>Ruth Louise Bentley</u>		19. INFORMANT - NAME and relationship to decedent <u>Norma Pedrick - Wife</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Hull & Hull Crematory</u>		20c. LOCATION - City or Town, State <u>Grants Pass, OR</u>
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Melinda Mats</u>		21b. OREGON LICENSE NO. (Of Licensee) <u>0465</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>Hull & Hull Funeral Directors 612 NW A St., Grants Pass, OR 97526</u>	
23. DATE FILED (Month, Day, Year) <u>April 4, 2003</u>		24. REGISTRAR'S SIGNATURE <u>Pauline J. Young</u>		
RESERVED FOR REGISTRAR'S USE				
27. TIME OF DEATH <u>2305</u>				
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Daniel L. Moline, MD</u>			32. On the basis of examination at/for investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
30. DATE SIGNED (Month, Day, Year) <u>March 29, 2003</u>			33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Daniel L. Moline, MD 124 NW Midland Grants Pass, OR 97526</u>				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest.				
PART I (a) <u>Recurrent aspiration pneumonia</u>			Interval between onset and death <u>10m</u>	
(b) <u>Pickie Dementia</u>			Interval between onset and death <u>Years</u>	
(c)			Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
RESERVED FOR REGISTRAR'S USE				

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/03)

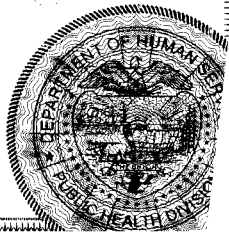


I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

JUL 17 2009

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



EXHIBIT "A"

(28)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 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 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 027 as shown and defined on said map; 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 Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 28 only, for one week every other year in Even -numbered years in accordance with said Declarations.

A Portion of APN: 1319-30-643-032

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.