

Doc Number: **0849109**

09/05/2014 01:02 PM

OFFICIAL RECORDS

Requested By
STEWART TITLE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00
Bk: 0914 Pg: 1131



Deputy: ar

A portion of
A.P.N. # 1319-30-722-012
ESCROW NO. #32-111-05-01 / 20141689
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

Jane Engel
8005 Fallview Way
El Dorado Hills, CA 95762

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss
COUNTY OF Douglas }

JANE ENGEL, of legal age, being first duly sworn, deposes
and says: That FREDERICK ENGEL, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as FREDERICK ENGEL

named as one of the parties in that certain Grant Deed dated October 17, 2009 executed by
RONALD L. LOSEL and DAWN M. LOSEL, Trustees of the LOSEL FAMILY REVOCABLE TRUST, dated May 1, 1997
to Frederick Engel and Jane Engel, husband and wife
as joint tenants, recorded as Instrument No. 752887, on October 27, 2009
in Book 1009, Page 5619, of Official Records of Douglas
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:

See Exhibit 'A' attached hereto and by this reference made a part hereof.

Jane Engel

DATE:

STATE OF _____ }
 } ss.
COUNTY OF _____ }

This instrument was acknowledged before me on

by, _____

Signature _____
Notary Public SEE ATTACHED FOR NOTARY PUBLIC

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

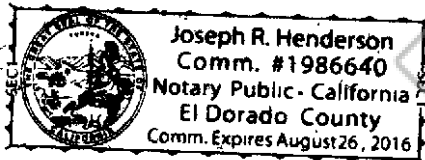
State of California

County of El Dorado

On 3-8-2013 before me, Joseph R Henderson , Notary Public
Date Here Insert Name and Title of the Officer

personally appeared JANZ ENGE
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: [Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp 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: ACCIDENT

Document Date: 3-8-2013 Number of Pages: 1

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: _____

EL DORADO COUNTY

HEALTH SERVICES DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201209000850

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, SPOUSE AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY.

BK 0914 PG 1133 9/5/2014

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Robert Hartmann MD

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF EL DORADO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Services Department.

DATE ISSUED OCT 02 2012

Olivia C. Kasirye, M.D., M.P.H. COUNTY HEALTH OFFICER

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



EXHIBIT "A"

(32)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 32 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 101 through 120 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 111 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 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 Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-722-012