



KAREN ELLISON, RECORDER

**Recording requested by, and
when recorded return to:**

Richard Burger
Attorney at Law
17 Keller Street
Petaluma, CA 94952

A.P. # 1319-30-724-020 (A ptn of)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF SONOMA

I, LYNN HARENBERG-MILLER, being duly sworn, say:

I am 18 years of age or over. The decedent described in the attached certified copy of Certificate of Death is the same person as LOUALLEN MILLER, who is named as one of the parties in the deed dated JULY 21, 2009, executed by WILLIAM L. SMITH and SHIRLEY S. SMITH, to LOUALLEN MILLER and LYNN HARENBERG-MILLER, husband and wife as joint tenants, recorded on JULY 27, 2009, as Document No. 747831 of the Official Records of Douglas County, Nevada, covering the property situated in the unincorporated area County of Douglas, State of Nevada, described as follows:

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38th interest in and to Lot 34 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 019 as shown and defined on said Condominium Plan; together with

Mail tax statements to: Lynn Harenberg-Miller
3 Highland Road
Petaluma, CA 94952

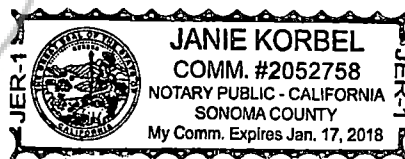
those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe 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.


LYNN HARENBERG-MILLER

State of California
County of Sonoma

Subscribed and sworn to (or affirmed) before me on this 16th day of October, 2014, by LYNN HARENBERG-MILLER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.


JANIE KORBEL
NOTARY PUBLIC



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3201449000093

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LOUALLEN		3. LAST (Family) MILLER	
2. MIDDLE: FREDERICK		4. DATE OF BIRTH mm/dd/yyyy 04/27/1942	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE, Yrs. 71	
6. SEX M		IF UNDER ONE YEAR Months: _____ Days: _____	
9. BIRTH STATE/FOREIGN COUNTRY OHIO		10. SOCIAL SECURITY NUMBER ██████-██-2056	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) DOCTORATE		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 01/10/2014	
16. HOURS (24 Hours) 0448 FND		8. HOURS (24 Hours) 0448 FND	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. PROFESSOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STATE COLLEGE	
19. YEARS IN OCCUPATION 40		20. DECEASED'S RESIDENCE (Street and number, or location) 3 HIGHLAND DRIVE	
21. CITY PETALUMA		22. COUNTY/PROVINCE SONOMA	
23. ZIP CODE 94952		24. YEARS IN COUNTY 43	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP LYNN HARENBERG-MILLER, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3 HIGHLAND DRIVE, PETALUMA, CA 94952		28. NAME OF SURVIVING SPOUSE/SDP - FIRST LYNN	
29. MIDDLE JO		30. LAST (BIRTH NAME) HARENBERG	
31. NAME OF FATHER/PARENT - FIRST ALLYN		32. MIDDLE CHINNOCK	
33. LAST MILLER		34. BIRTH STATE MN	
35. NAME OF MOTHER/PARENT - FIRST ALICE		36. MIDDLE SEAVER	
37. LAST (BIRTH NAME) IREYS		38. BIRTH STATE MN	
39. DISPOSITION DATE mm/dd/yyyy 01/14/2014		40. PLACE OF FINAL DISPOSITION RESIDENCE OF LYNN HARENBERG-MILLER 3 HIGHLAND DRIVE, PETALUMA, CA 94952	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER FD12		44. NAME OF FUNERAL ESTABLISHMENT PARENT-SORENSEN MORTUARY & CREMATORY	
45. LICENSE NUMBER 5053		46. SIGNATURE OF LOCAL REGISTRAR KAREN HOLBROOK	
47. DATE mm/dd/yyyy 01/14/2014		48. PLACE OF DEATH OWN RESIDENCE-FOUND	
101. PLACE OF DEATH OWN RESIDENCE-FOUND		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY SONOMA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3 HIGHLAND BLVD		106. CITY PETALUMA	
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. PENDING INVESTIGATION		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Personal number 14-0000038	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
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 _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER JODY I OLNEY	
116. LICENSE NUMBER 5053		117. DATE, mm/dd/yyyy 01/10/2014	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
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 JODY I OLNEY		127. DATE mm/dd/yyyy 01/10/2014	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JODY I OLNEY, DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT		"010001002539665"	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SONOMA } SS

JUN 19 2014
 DATE ISSUED

* 000756550 *

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

Karen Holbrook
 LOCAL REGISTRAR
 SONOMA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

3052014005159
STATE FILE NUMBER

3201449000093
LOCAL REGISTRATION NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

1.1 [] BIRTH [X] DEATH [] FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Table with 5 columns: INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 1A. NAME-FIRST, 1B. MIDDLE, 1C. LAST, 2. SEX. Includes values: LOUALLEN, FREDERICK, MILLER, M.

PART II STATEMENT OF CORRECTIONS

Table with 3 columns: 6. CERTIFICATE ITEM NUMBER, 7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 8. INFORMATION AS IT SHOULD APPEAR. Includes items 107A, 112, 119, 120, 121, 122, 123, 124, 125.

LIST ONE ITEM PER LINE

2 of 2

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER: JODY I OLNEY
10. DATE SIGNED-MM/DD/CCYY: 06/11/2014
11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER: DEPUTY CORONER

12. ADDRESS-STREET and NUMBER: 3336 CHANATE ROAD
13. CITY: SANTA ROSA
14. STATE: CA
15. ZIP CODE: 95404

16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR: STATE REGISTRAR - OFFICE OF VITAL RECORDS
17. DATE ACCEPTED FOR REGISTRATION-MM/DD/CCYY: 06/12/2014

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS
FORM VS 24Aa (REV. 1/08)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } JUN 19 2014
COUNTY OF SONOMA } SS DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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

Signature: Karen Holburn
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE