

A portion of
A.P.N. # 1319-30-644-039
ESCROW NO. #37-072-05-01 / 20150437
RECORDING REQUESTED BY:
STEWART TITLE COMPANY



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Barbara M. Smith
2829 Benvenue Ave.
Berkeley, CA 94705

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss
COUNTY OF Douglas }

BARBARA M. SMITH, of legal age, being first duly sworn, deposes
and says: That GREGORY A. SMITH, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as GREGORY A. SMITH

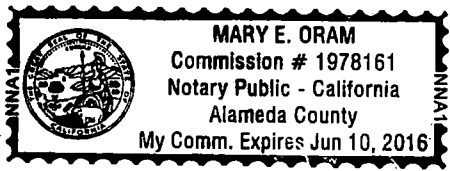
named as one of the parties in that certain Grant Deed dated February 24, 1989 executed by
Harich Tahoe Development, a Nevada general partnership
to Gregory A. Smith and Barbara M. Smith, husband and wife
as joint tenants, recorded as Instrument No. 197088, on February 27, 1989
in Book 289 Page 3170, 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.

Barbara M. Smith

DATE: February 7, 2014

STATE OF California }
 } ss.
COUNTY OF Alameda }

This instrument was acknowledged before me on
February 7, 2014
by, Barbara M. Smith
Signature Mary E. Oram
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF BERKELEY
HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3-95-61 000669

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
VS-11 (REV. 7/03)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Gregory		2. MIDDLE Allan		3. LAST (FAMILY) Smith	
	4. DATE OF BIRTH MM/DD/CCYY 12/09/1945		5. AGE YRS. 49		6. SEX M	
	7. DATE OF DEATH MM/DD/CCYY 09/24/1995		8. HOUR 0700		9. STATE OF BIRTH VA	
	10. SOCIAL SECURITY NO. -5675		11. MILITARY SERVICE 19 TO 19 NONE		12. MARITAL STATUS Mar.	
USUAL RESIDENCE	13. EDUCATION—YEARS COMPLETED 19		14. RACE Caucasian		15. HISPANIC—SPECIFY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	16. USUAL EMPLOYER Heller, Ehrman, White & McAuliffe		17. OCCUPATION Attorney		18. KIND OF BUSINESS Employee Benefits Law	
	19. YEARS IN OCCUPATION 24		20. RESIDENCE—STREET AND NUMBER OR LOCATION 2895 Buena Vista Way			
	21. CITY Berkeley		22. COUNTY Alameda		23. ZIP CODE 94708	
SPOUSE AND PARENT INFORMATION	24. YRS IN COUNTY 24		25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Barbara Smith-Wife	
	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2895 Buena Vista Way, Berkeley, CA-94708		28. N. XE C. SURVIVING SPOUSE—FIRST Barbara		29. MIDDLE -	
	30. LAST (MAIDEN NAME) Mathews		31. NAME OF FATHER—FIRST Allan		32. MIDDLE Fredrick	
	33. LAST Smith		34. BIRTH STATE NB		35. NAME OF MOTHER—FIRST Alene	
DISPOSITION(S)	36. MIDDLE -		37. LAST (MAIDEN) Mullikin		38. BIRTH STATE KS	
	39. DATE MM/DD/CCYY 10/06/1995		40. PLACE OF FINAL DISPOSITION Res. of Barbara Smith, 2895 Buena Vista Way, Berkeley, CA 94708			
	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO.	
	44. NAME OF FUNERAL DIRECTOR Alameda Cremations		45. LICENSE NO. FD 1501		46. SIGNATURE OF LOCAL REGISTRAR Poki Namkung	
PLACE OF DEATH	47. DATE MM/DD/CCYY 09/28/1995		101. PLACE OF DEATH Usual Residence		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 Alameda		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2895 Buena Vista Way	
	106. CITY Berkeley		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) METASTATIC LUNG CANCER		108. DEATH REPORTED TO CORONER TIME INTERVAL BETWEEN ONSET AND DEATH: 20mos <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
	109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107				113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. LUNG RESECTION—RIGHT 08/14/1994 SPINAL CORD DECOMPRESSION 08/10/1995	
	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: MM/DD/CCYY MM/DD/CCYY 01/25/1994 09/23/1995		115. SIGNATURE AND TITLE OF CERTIFIER Michael J. Cassidy MD		116. LICENSE NO. G33096	
	117. DATE MM/DD/CCYY 09/27/1995		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS & ZIP Michael J. Cassidy MD, 2001 Dwight Way, Berkeley, CA 94704			
	119. MANNER OF DEATH <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		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
CORONER'S USE ONLY	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		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
	129. STATE					

126953

This is to certify that this document is a true copy of the official record filed with the City of Berkeley.

Poki Namkung, MD, MPH, Local Registrar and Health Officer

by: *Poki Namkung*

DATE ISSUED

JUN 09 2008

LOCAL REGISTRAR AND HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 072 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 Phase Five recorded August 18, 1988, as Document No. 184461, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

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