

A.P.N: 42-010-40

After recording mail to:
Barbara D. Ballance
12693 S. Carriage Hill Way
Nampa, Idaho 83686
Send tax statements to: Same



KAREN ELLISON, RECORDER

AFFIDAVIT – DEATH OF A JOINT TENANT

STATE OF NEVADA }
 } S.S.
COUNTY OF DOUGLAS }

Barbara D. Ballance, of legal age, being duly sworn, deposes and says:

That **Ronald L. Ballance**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Ronald L. Ballance** named as one of the parties in that certain deed dated **September 24, 2001**, executed by **Ronald L. Ballance** and **Barbara D. Ballance**, as joint tenants, recorded as Document No. **0523720** on **September 24, 2001** of Official Records of Douglas County, Nevada, covering the following described real property situated in The Ridge Tahoe, and as legally described on the document attached hereto as EXHIBIT 'A' (42).

TOGETHER WITH THE APPURTENANCES THEREUNTO BELONGING.

Dated: August 26, 2015.

Barbara D. Ballance
Barbara D. Ballance
Surviving Tenant

On August 27, 2015, personally appeared before me, a notary Public, **Barbara D. Ballance**, proved to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the within instrument.

Julia
NOTARY PUBLIC for the State of Idaho
Residing at Boise, Idaho
My Commission expires: 02/02/2021

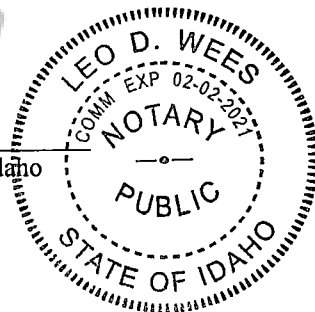


EXHIBIT 'A' (42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 263 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;
thence S. 14°00'00" W., along said Northerly line, 14.19 feet;
thence N. 52°20'29" W., 30.59 feet;
thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of APN: 42-010-40

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
 VS-11 (REV 1/04)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT — FIRST (Given) RONALD		3 LAST (Family) BALLANCE	
2 MIDDLE LEE		6 SEX M	
AKA ALSO KNOWN AS — Include full AKA (FIRST MIDDLE LAST)		4 DATE OF BIRTH mm/dd/yyyy 05/11/1940	5 AGE Yrs. 65
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER ████████-3440	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) MARRIED		7 DATE OF DEATH mm/dd/yyyy 06/01/2005	8 HOUR (24 Hours) 1830
13 EDUCATION — Highest Level/Degree (Please indicate on back) SOME COLLEGE		14 IS 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) WHITE		16 DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED SECURITY		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) GOVERNMENT AGENCY	
19 YEARS IN OCCUPATION 28		20 DECEDENT'S RESIDENCE (Street and number or location) 19947 AYERS ROAD	
21 CITY ESCALON		22. COUNTY/PROVINCE SAN JOAQUIN	23. ZIP CODE 95320
24 YEARS IN COUNTY 65		25 STATE/FOREIGN COUNTRY CA	
26 INFORMANT'S NAME RELATIONSHIP BARBARA BALLANCE — WIFE		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 19947 AYERS RD., ESCALON CA 95320	
28 NAME OF SURVIVING SPOUSE — FIRST BARBARA		29. MIDDLE DORAYNE	30 LAST (Maiden Name) INGMIRE
31 NAME OF FATHER — FIRST JOHN		32 MIDDLE FRANCIS	33 LAST BALLANCE
34 BIRTH STATE CA		35 NAME OF MOTHER — FIRST PHYLLIS	
36 MIDDLE CECILIA		37 LAST (Maiden) BALDINGER	
38 BIRTH STATE CA		39 DISPOSITION DATE mm/dd/yyyy 06/07/2005	
40 PLACE OF FINAL DISPOSITION RES: BARBARA BALLANCE, 19947 AYERS RD., ESCALON CA 95320		41 TYPE OF DISPOSITION(S) CR/RES	
42 SIGNATURE OF EMBALMER <i>James A. Cavallaro Jr.</i>		43 LICENSE NUMBER 7748	
44 NAME OF FUNERAL ESTABLISHMENT DEEGAN FUNERAL CHAPEL		45 LICENSE NUMBER FD 932	46 SIGNATURE OF LOCAL REGISTRAR <i>L. Vreni</i>
47 DATE mm/dd/yyyy 06/07/2005 CL		101 PLACE OF DEATH DOCTORS HOSPITAL OF MANTECA	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ERVOP <input type="checkbox"/> DQA <input 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	
104 COUNTY SAN JOAQUIN		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1205 E. NORTH STREET	
106 CITY MANTECA		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. Time Interval Between Onset and Death 1 DAY 05R-0800	
108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO	
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 (A) mm/dd/yyyy 07/09/1996 Decedent Last Seen Alive (B) mm/dd/yyyy 02/28/2005		115 SIGNATURE AND TITLE OF CERTIFIER <i>James Boozer MD</i> JAMES BOOZER MD, 1541 FLORIDA #200 MODESTO CA 95350	
116 LICENSE NUMBER A65829		117 DATE mm/dd/yyyy 06/06/2005	
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 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 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		127 DATE mm/dd/yyyy	
128 TYPE NAME TITLE OF CORONER / DEPUTY CORONER		129 TYPE NAME TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH # 60122

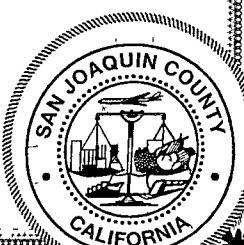


CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SAN JOAQUIN } SS

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 **06/10/2005**

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



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE