

A.P.N. #	A ptn of 1319-30-723-012 & A ptn of 1319-30-724-024
Escrow No.	331314203
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:	
Michael V. Marchek 2516 Lavendale Ct. Austin, TX 78748	



KAREN ELLISON, RECORDER

AFFIDAVIT – DEATH OF JOINT TENANT

State of TEXAS }
 } ss.
 County of TRAVIS }

MICHAEL V. MARCHEK, of legal age, being first duly sworn, deposes and says: That **LEA MARCHEK**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **LEA MARCHEK** named as one of the parties in those certain GRANT, BARGAIN, SALE DEEDS executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **MICHAEL V. MARCHEK** and **LEA MARCHEK**, husband and wife as joint tenants further described as follows:

Deed for The Ridge Tahoe, Naegle Building, Winter Season, Account #3313142A dated April 19, 1990, recorded as Document No. 224828, on April 27, 1990 in Book 490, Page No. 3876 of Official Records of Douglas County, Nevada.

Deed for The Ridge Tahoe, Tower Building, Prime Season, Account #3402335A dated September 10, 1988, recorded as Document No. 186848, on September 21, 1988 in Book 988, Page No. 3086 of Official Records of Douglas County, Nevada.

See Exhibits 'A-1' (Account #3313142A) and 'A-2' (Account #3402335A) attached hereto and by this reference made a part hereof

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.

(One Inch Margin on all sides of Document for Recorder's use Only)

Dated: 8-11-15

Michael V. Marchek

Michael V. Marchek

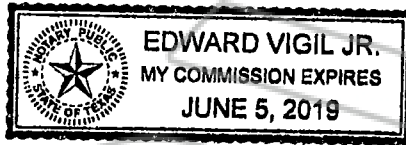
State of Texas }
} ss.

County of Travis }

This instrument was acknowledged before
me on 8-11-15 (date)

by: Michael V. Marchek

Signature: 
Notary Public



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

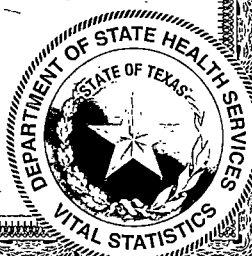
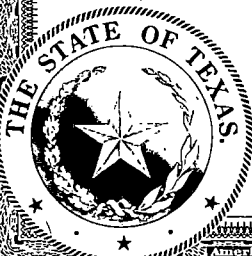
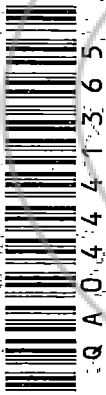
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
MAY 30 2014
STATE OF TEXAS **CERTIFICATE OF DEATH** STATE FILE NUMBER **142-14-073458**

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) LEA MARCHEK			(Maiden)			2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) MAY 25, 2014			
3. SEX FEMALE	4. DATE OF BIRTH (mm-dd-yyyy) AUGUST 26, 1947	5. AGE - Last Birthday (Years) 66	IF UNDER 1 YR Mo Days		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country) HOUSTON, TX		
7. SOCIAL SECURITY NUMBER 0467			8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage) MICHAEL VERNON MARCHEK			
10a. RESIDENCE STREET ADDRESS 2516 LAVENDALE CT					10b. APT. NO.		10c. CITY OR TOWN AUSTIN		
10d. COUNTY TRAVIS			10e. STATE TEXAS		10f. ZIP CODE 78748		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME OTIS STAHL JR				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARGARET BEVERLEY ALVAREZ					
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)									
14. COUNTY OF DEATH TRAVIS			15. CITY/TOWN, ZIP - (if outside city limits, give precinct no) AUSTIN, 78704			16. FACILITY NAME (if not institution, give street address) ST DAVID SOUTH AUSTIN MEDICAL CENTER			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED MICHAEL VERNON MARCHEK - HUSBAND				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 2516 LAVENDALE CT, AUSTIN, TX 78748					
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH RENE GONZALEZ, BY ELECTRONIC SIGNATURE - 10111			21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) FISH FAMILY CREMATION SERVICES			23. LOCATION (City/Town, and State) AUSTIN, TX						
24. NAME OF FUNERAL FACILITY WEED-CORLEY-FISH FUNERAL HOME - SOUTH			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 2620 SOUTH CONGRESS, AUSTIN, TX 78704						
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.									
27. SIGNATURE OF CERTIFIER AARON BEST, BY ELECTRONIC SIGNATURE			28. DATE OF CERTIFICATION (mm-dd-yyyy) MAY 29, 2014		29. LICENSE NUMBER P1964		30. TIME OF DEATH (Actual or presumed) 09:16 AM		
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) AARON BEST 7000 NORTH MOPAC # 420, AUSTIN, TX 78731						32. TITLE OF CERTIFIER MD			
33. PART 1. ENTER THE "CHAIN OF EVENTS," DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)			a. MULTIORGAN FAILURE			Approximate interval Onset to death 2 DAYS			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST			b. SEPSIS SYNDROME			2 DAYS			
			c. STREPTOCOCCUS PYOGENES BLOOD STREAM INFECTION			2 DAYS			
			d.						
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1			SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
HISTORY OF BREAST CANCER						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year			39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. 0201970		42b. DATE RECEIVED BY LOCAL REGISTRAR MAY 30, 2014		42c. REGISTRAR REGISTRAR - CITY OF AUSTIN, ELECTRONICALLY FILED					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2008



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JUN 02 2014

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A-1"

(33)

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 33 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 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 131 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 III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Winter "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-012

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.

EXHIBIT "A-2"

(34)

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. 023 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 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.

A Portion of APN: 1319-30-724-024