DOUGLAS COUNTY, NV

2015-869500

Rec:\$16.00

\$16.00 Pgs=3 09/11/2015 12:46 PM

STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A.P.N. # ptn of 1319-30-721-010 ESCROW NO. <u>20151383</u> / <u>31-</u>090-06-01 **RECORDING REQUESTED BY:** STEWART TITLE COMPANY

WHEN RECORDED MAIL TO: Timothy E. Harris 1069 Robin Way Sunnyvale, CA 94087

AFFIDAVIT - DEATH OF JOINT TENANT

Timothy Eric Harris of legal age, being first duly sworn, deposes and says: That Rande A Harris the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Rande A. Harris, named as one of the parties in that certain Grant Deed dated June 19 1984 executed by

HARICH TAHOE DEVELOPMENTS, a Nevada general partnership

to Timothy Eric Harris and Rande A. Harris, joint tenants, recorded as

husband and wife as

Instrument No. 102406, on June 19, 1984 in Book 684, Page 1753, of Official Records of Douglas County, Nevada, covering the following described property situated in <u>Douglas</u> County, State of Nevada:

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

DATE:

STATE OF

DOUGLAS COUNTY OF

This instrument was acknowledged before me on

Signature Nótary Public

Timothy Eric Harris

SALVACION A. MEDINA NOTARY PUBLIC STATE OF NEVADA DOUGLAS COUNTY Commission Expires: October 13, 2018

Certificate No: 14-15095-5

STAY DE CATALEGENTA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

	STATE FILE NUMBER	USE BLACK INK ONLY / NO ERASURES VS-11/(REV	OF DEATH JEORNIA WHITEOUTS OR ALTERATIONS		320154300	43144 19
·. •	1. NAME OF DECEDENT- FIRST (Given) RANDE	2. MIDDLE ALISON	3. LAS	T (Family) RRIS	OCAL REGISTRATION	NUMBER
DECEDENT'S PERSONAL DATA	AKA: ALSO KNOWN AS Include full AKA (FIRST, MIDDLE, LAST)	Transfer and processor from	4. DATE OF BIRTH mm/dd/co	N. 75555.25	DER ONE YEAR IF	UNDER 24 HOURS 6. SEX
	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY CALIFORNIA -3375	NUMBER 11. EVER IN U.S. ARMED F	ORCES? 12 MARITAL STATUS UNK MARRIED	VSRDP* (a) Time of Deaths 7. D.	ATE OF DEATH mm/dc	Vecyy 8. HOUR (24 Hours) 0444
	13. EDUCATION - Highest Level/Degree 14/15, WAS DECEDENT HISPANIC, (see worksheet on back) YES	LATINO(A)/SPANISH? (If yes, see worksheet on	back) 16. DECEDENT'S PA	ACE - Up to 3 races may be		
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE PARALEGAL		NESS OR INDUSTRY (e.g., grace		mployment agency, etc	
USUAL	20 20.0ECEDENTS RISDIDENCE (Street and number, or location) 1069 ROBIN WAY					
	21. CITY SUNNYVALE SANTA CLARA		23. ZIP CODE 24. YEARS IN COUNTY 94087 50			COUNTRY
AANT F	25. INFORMANT'S NAME, FIELATIONSHIP TIMOTHY HARRIS, HUSBAND 27. INFORMANT'S MALING ADDRESS, Charat. and mumber, or rural louds and 1069 ROBIN WAY, SUNNYVALE, CAS				CA number, city or town, s 94087	tate and zip)
OR/ SPOUSE/SRDP AND IN THE PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST TIMOTHY	29. MIDDLE ERIC	30, LAST (BIRTH	I NAME)		1.000 July
	31. NAME OF FATHER/PARENT-FIRST ROBERT	32. MIDOLE	HARRIS 33. LAST			34. BIATH STATE
	35. NAME OF MOTHER/PARENT-FIRST ALICE	36. MIDDLE	SUTTER 37, LAST (BIRTH	(NAME)		IL 38, SIATH STATE
	39. DISPOSITION DATE: mm/dd/ctyy 40. PLACE OF FINAL DISPO	GRACE SITION ROSELAWN CEMI	THORNI ETERY	X : /	7	CA
MERAL DIRECTOR. OCAL REGISTRAR	41. TYPE OF DISPOSITION(S) 42. SIGNATURE OF EMBALMER. 43. LICENSE NUMBER					
	CR/BU 44. NAME OF FUNERAL ESTABLISHMENT CUSIMANO FAMILY COLONIAL		LMED 16. SIGNATURE OF LOCAL REG	ISTRAR		47. DATE -mm/dd/ceyy
- E -	MORTUARY 101. PLACE OF DEATH	FD1041	SARA H CODY	The state of the s	R THAN HOSPITAL, S	01/07/2015
PLACE OF DEATH	RESIDENCE 104, COUNTY 105, FACILITY ADDRESS	OR LOCATION WHERE FOUND (Street and	IP EF/OP	DOA Hospice	Nursing Home/LTC	X Decedent's Other
CAUSE OF DEATH	SANTA CLARA 1069 ROBIN V	sasse injuries or complications - that direct	y caused death, DO NOT enter ter	minal events such	SUNNYV	ALE 108. DEATH REPORTED TO CORONER?
	IMMEDIATE CAUSE (A) RESPIRATORY FAILUI		ne eliology. DO NOT ABBREVIATE		Onset and Death (AT) MINS	YES X NO
	(8) AMYOTROPHIC LATE	RAL SCLEROSIS .			(en)	109. BIOPSY PERFORMED? YES X NO
	leading to cause: on: Line A. Enter: UNDERLYING CAUSE (Gleease or				YRS (iii)	110. AUTOPSY PERFORMED? YES X NO
	Injury that initiated the events (D) resulting in death) LAST			10 10 10 10 10 10 10 10 10 10 10 10 10 1	(10)	111, USED IN DETERMINING CAUSE? YES NO
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107-					
and the same of	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10	7 OR 1127 (If yes, list type of operation and	date.)			FEMALE, PREGNANT IN LAST YEAR? YES X NO LINK
PHYSICIAN'S CERTIFICATION	114.1 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 List Seen Alive	MANUTUA LAWACETANI	DDANIACD		116. LICENSE NUMBE	R 117: DATE mm/dd/ccyy
	(A) mm/dd/ccyy (B) mm/dd/ccyy 1	8. TYPE ATTENDING PHYSICIAN'S NAME 00 LAWRENCE EXPR	, MAILING ADDRESS, ZIP GOD	KAVITHA JAY	A054455 ACHANDR	01/07/2015 AN, M.D.
CORONER'S USE ONLY		NO PLACE STATED FROM THE CAUSES STATED.	Could not be determined YES			n/dd/ccyy 122, HOUR (24 Hours)
	123. PLACE OF INJURY (e.g., tome, construction site, wooded area, etc.)					
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in	njury)				
	125. LOCATION OF INJURY (Street and number, or location, and city,	nd zlp)				
	125, SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm	/dd/ccyy 128. TYPE NAM	E, TITLE OF CORONER / DI	EPUTY CORONER	7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
STATE A B C D E FAXAUTH# CENSUS TRACT						

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA
SS

CERTIFIED COPY OF VITAL RECORDS

ATE ISSUED 1 / 2 0 / 20

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This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Effective 10/12/2013

Hand. Colyrus

MARTIN D. FENSTEISHEIB HEALTH OFFICER AND LOCAL REGISTRAF OF BIRTHS AND DEATHS

OF BIRTHS AND DEATHS

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



EXHIBIT "A"

(31)

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 31 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 081 through 100 (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. 090 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 in the Declaration of Annexation of The Ridge Tahoe Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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: 1319-30-721-010