

DOUGLAS COUNTY, NV      **2015-869502**  
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 1319-30-645-003  
ESCROW NO. 20151383 / 42-257-25-01  
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 28, 1995 executed by

HARICH TAHOE DEVELOPMENTS, a Nevada general partnership  
to Timothy Harris and Rande Harris, joint tenants, recorded as

husband and wife as  
Instrument No. 365799, on July 10, 1995 in Book 0795, Page 0901, 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.

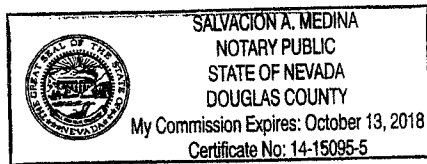
DATE: 6/22/15

  
\_\_\_\_\_  
Timothy Harris

STATE OF NEVADA }  
COUNTY OF DOUGLAS } ss.

This instrument was acknowledged before me on  
6/22/15  
by, TIMOTHY HARRIS

Signature Salvacion A. Medina  
Notary Public



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY of SANTA CLARA

### PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

#### CERTIFICATE OF DEATH

3201543000054

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 15-1 (REV. 3/06)				LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) <b>RANDE</b>		2. MIDDLE <b>ALISON</b>		3. LAST (Family) <b>HARRIS</b>			
	AKA; ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy <b>07/17/1953</b>		5. AGE Yrs. <b>61</b>	
	9. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		10. SOCIAL SECURITY NUMBER <b>██████-3375</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>	
	13. EDUCATION — Highest Level/Degree (see worksheet on back) <b>ASSOCIATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>SWEDISH, GERMAN</b>		7. DATE OF DEATH mm/dd/yyyy <b>01/05/2015</b>	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>PARALEGAL</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>LEGAL</b>				8. SEX <b>F</b>		
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1069 ROBIN WAY</b>		21. CITY <b>SUNNYVALE</b>		22. COUNTY/PROVINCE <b>SANTA CLARA</b>		23. ZIP CODE <b>94087</b>		
24. YEARS IN COUNTY <b>50</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>		19. YEARS IN OCCUPATION <b>30</b>				
USUAL RESIDENCE	26. INFORMANT'S NAME, RELATIONSHIP <b>TIMOTHY HARRIS, HUSBAND</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city, or town, state and zip) <b>1069 ROBIN WAY, SUNNYVALE, CA 94087</b>					
	28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST <b>TIMOTHY</b>		29. MIDDLE <b>ERIC</b>		30. LAST (BIRTH NAME) <b>HARRIS</b>			
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT—FIRST <b>ROBERT</b>		32. MIDDLE <b>A</b>		33. LAST <b>SUTTER</b>		34. BIRTH STATE <b>IL</b>	
	35. NAME OF MOTHER/PARENT—FIRST <b>ALICE</b>		36. MIDDLE <b>GRACE</b>		37. LAST (BIRTH NAME) <b>THORNE</b>		38. BIRTH STATE <b>CA</b>	
FUNERAL DIRECTORY/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>01/07/2015</b>		40. PLACE OF FINAL DISPOSITION <b>ROSELAWN CEMETERY 1240 NORTH LIVERMORE AVENUE, LIVERMORE, CA 94551</b>					
	41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>			43. LICENSE NUMBER		
44. NAME OF FUNERAL ESTABLISHMENT <b>CUSIMANO FAMILY COLONIAL MORTUARY</b>		45. LICENSE NUMBER <b>FD1041</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ SARA H CODY, MD</b>		47. DATE mm/dd/yyyy <b>01/07/2015</b>		
PLACE OF DEATH	101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
	104. COUNTY <b>SANTA CLARA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1069 ROBIN WAY</b>			106. CITY <b>SUNNYVALE</b>		
CAUSE OF DEATH	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. <b>(A) RESPIRATORY FAILURE</b>						Time Interval Between Onset and Death (A) <b>MIN</b>	
	<b>(B) AMYOTROPHIC LATERAL SCLEROSIS</b>						108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
	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 <b>NONE</b>								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>								
PHYSICIANS CERTIFICATION	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 <b>▶ KAVITHA JAYACHANDRAN, M.D.</b>		116. LICENSE NUMBER <b>A054455</b>		117. DATE mm/dd/yyyy <b>01/07/2015</b>	
	(A) mm/dd/yyyy <b>09/28/2010</b>		(B) mm/dd/yyyy <b>01/05/2015</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>KAVITHA JAYACHANDRAN, M.D. 700 LAWRENCE EXPRESSWAY, SANTA CLARA, CA 95051</b>			
CORONERS USE ONLY	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 checked="" 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)								
125. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR		A		B		C		
D		E		F		G		
FAX AUTH.#				CENSUS TRACT				

**CERTIFIED COPY OF VITAL RECORDS**

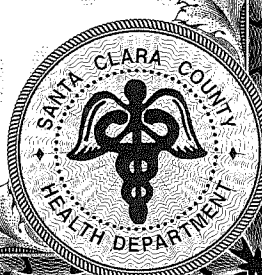
STATE OF CALIFORNIA } SS      DATE ISSUED  
COUNTY OF SANTA CLARA }      By **01/20/2015** \* H 2 9 0 2 7 3 2 \*

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**

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

PBNCO (REV) 08/11



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**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 1/48<sup>ths</sup> interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14<sup>th</sup> 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. 257 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 - 13<sup>th</sup> 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 13<sup>th</sup> 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: 1319-30-645-003