A portion of
A.P.N. #__1319-30-644-115

ESCROW NO. _#37-204-18-72 / 20151485

RECORDING REQUESTED BY:

STEWART TITLE COMPANY

 DOUGLAS COUNTY, NV

 Rec \$17 00
 2015-870168

 Total \$17 00
 09/25/2015 04:29 PM

 STEWART TITLE
 Pgs=4

00022868201508701689040044

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

William E. Knudson 2515 Maurissa Ct. Bakersfield, CA 93314

Notary Public

AFFIDAVIT - DEATH OF JOINT TENANT
STATE OF NEVADA } } ss
COUNTY OF Douglas }
WILLIAM E KNUDSON ,of legal age, being first duly sworn, deposes and says
That SHARON KAY KNUDSON , the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as SHARON KAY KNUDSON
named as one of the parties in that certain Grant Deed dated May 30, 1992 executed by
Harich Tahoe Development, a Nevada general partnership
to William E Knudson and Sharon Kay Knudson, husband and wife
as joint tenants, recorded as Instrument No, on, on
in Book <u>692</u> , Page <u>1484</u> , of Official Records of <u>Douglas</u>
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.
William E. Muridson
DATE. September 29, 2014 William E Knudson
STATE OF
This instrument was acknowledged before me on CA NOTARY CENTRE CONTROL CANOTARY CENTRE CONTROL CANOTARY CENTRE CONTROL COUNTY OF
CA NIXINICAVITION
by, A 1 10 100 Y CC 111 Cours
Signature

Jurat

State of California

County of Keyn

Subscribed and sworn to (or affirmed) before me on this May of September

2014 by William Earl Knudson

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

MACAM PUSSEM

(Notary scal)



MEGAN RUSSELL Commission # 1996421 Notary Public - California Kern County My Comm Expires Oct 30, 2016

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages

Document Date

(*aditional Excumator)

INSTRUCTIONS FOR COMPLETING THIS FORM

The wording of all Jurats completed in California after January 1 2008 must be in the form as ver forth within this Jurat There are no exceptions If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed it must be re-signed in front of the notary public during the jurat process.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the fural process is completed
- Print the name(s) of document signer(s) who personally appear at the time of non-increase.
- 212 lattice of the actual problemust match the agreeture on title cith the office of the county close.
- The notary seal impression must be clear and photographically reproducible impression must not cover text or lines. It seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurit form.
 - Additional information is not required but could help to ensure this jurist is not misused or attached to a different document
 - Indicate title or type of attached document, number of pages and date
- Securely attach this document to the signed document

2005 Ver ion C. PA v1 9 07-800-873-2365, we w Notiny Classes core

CERTIFICATION OF VITAL RECORD

COUNTY of KERN PUBLIC HEALTH SERVICES DEPARTMENT

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

	30520131070	180	CE	RTIFICATE	OF DEA	TH ALTERATORS		3201316			
	STATE FILE NUME 1 NAME OF DECEDENT- FIRST (Go		2 MIDDLE	VS-114(REV	ORMA WHETEOUTS OR ALTERATIONS OOS) 3 LAST (Family)			LOCAL REGISTE	LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	SHARON	every	KAY			KŇ	JOSON		\	\	
	AKA, ÁLSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)			1.1	4 DATE OF 05/22/	1941	72 S AGE Yrs	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOUR Hours Mess	S 6 SEX	
	9, BIRTH STATE/FOREIGN COUNTRY	0744				MARITAL STATUS MARRIED		7. DATE OF DEATH 06/02/2013		OUR (24 Hours)	
CEDENT	13. EDUCATION - Righest Level/Degree 14/15 WAS DECEDENT HISPANIC/LATINO/AUSPANISH? (if yee, see worksheet on back) 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) VES										
DE	17 USUAL OCCUPATION - Type of w TEACHER		RETIRED	EDUCATION		ISTRY (a.g. groce	ry store, road constru	iction, employment ager	19 YEAR	s in occupation 6	
AL	20 DECEDENT'S RESIDENCE (Street and number or location) 2515 MAURISSA CT 21 CITY 22 COUNTY/PROVINCE 23 ZIP CODE 24 YEARS IN COUNTY 25 STATE/FOREIGN COUNTRY										
RESIDENCI	BAKERSFIELD	KEF	INTY/PROVINCE	· /	93314		24 YEARS IN COU	CA			
INFOR-	26 INFORMANT'S NAME, RELATIONSHIP WILLIAM KNUDSON, HUSBAND 28 NAME OF SURVING SPOUSESRIDP—FIRST 29 MODULE 27 INFORMANT'S MAUNICA ADDRESS, (Stimed and number or number of nu										
P AND MATION	WILLIAM	, '	EARL	<u>/.</u>	1	KNUDS	794	• \	las n		
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT-FIRST HAROLD 35 NAME OF MOTHER/PARENT-FIRST		SE MIDDLE	<u> </u>		33 LAST SMITH 37, LAST (BIRTH	- 11	=== <u> </u>	МТ	IRTH STATE	
PARE	ALMA		s		7	JOHNSO	ONJ , NC		MT		
CTOR/ STRAR	39 DISPOSITION DATE mm/dd/ocyy 06/06/2013	40 PLACE OF FINAL DISPOS 2739 PANAMA	LN , BAKE	R3FIELD, C	A 9331	ST CEME	ETERY				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	BU			42. SIGNATURE OF EMBALMER DENTON D. BLADES 45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAR					43 LICENSE NUMBER 6604 47. DATE mm/dd/ccyy		
E S	44 NAME OF FUNERAL ESTABLISH GREENLAWN SOU	ITHWEST MORTU	IADV	inc.	CLAU	DIA JON	AH, MD	50	06/04/		
EOF TH	101 PLACE OF DEATH MERCY SOUTHWE			,	X			Titl.			
PLACE OF DEATH	TOS FACLITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) KERN 400 OLD RIVER RD BAKERSFIELD								(
	107 CAUSE OF DEATH Enter the chan of events — deesses, reunes or complications — that directly caused death, DO NOT order terminal events such as cardiac entert respiratory errect, or ventrocke Borization without showing the studgy. DO NOT ABBREVIATE IMMEDIATE CAUSE W CARDIORESPIRATORY ARREST Final disease or						Onse) and D (AT)	REFERRAL NAMEER			
GAUSE OF DEATH	condition resulting	PIRATORY FAILUR	RE ' :		$\overline{}$	-\-		MINS	10S BIOPSY F	'	
	Sectionary es conditions of any conditions of an				\rightarrow	+	1	\ (C1)			
	CAUSE (disease or injury that initiated the events resulting in death) LAST	3	पुन				DAYS	111 USED IN DE	X NO		
	THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE										
and the same	113 WAS OPERATION PERFORMED NO	FOR ANY CONDITION IN ITEM 10	7 OR 1127 (If yes lis	t type of operation and	date)	_			113A IF FEMALE PREG		
ANS	114 I CERTIFY THAT TO THE BEST OF MY AT THE HOUR, DATE AND PLACE STATED	KNOWLEDGE DEATH OCCURRED 11-	15 SIGNATURE AND	TITLE OF CERTIFIER		/	Væ	116 LICENSE	NUMBER 117 DATE		
HYSICIAN	Decedent Attended Since (A) mun/dd/ccyy (B).	Decedent Last Seen Alive	8 TYPE ATTENDING	SH ZAFAR,N G PHYSICIAN S NAME	MAILING AL	ORESS ZIP COL	©©® SANTHO	A1200 SH ZAFAR,	87 06/04 MD	1/2013	
	118,4 CERTIFY THAT IN MY OPINION DEA	6/02/2013 4	580 CALIF	ORNIA AVE	., BAKI	ERSFIELI	D, CA 9330	121 INJURY I	DATE mm/dd/ccyy 12	2 HOUR (24 Hours)	
	MANNER OF DEATH Natural Accident Homodo Sucode Proving Could not be determined YES NO UNK 123 PLACE OF INJURY (e.g. home construction site wooded sins, etc.)										
3 USE O	124 DESCRIBE HOW MUTRY OCCURRED (Events which resulted in highly)										
CORONER'S USE ONLY	125 LOCATION OF INJURY (Street and number or troation, and city and z(p)										
	126 SIGNATURE OF CORONER / DEPUTY CORONER 127 DATE mm/dd/ccyy 128 TYPE NAME TITLE OF CORONER / DEPUTY CORONER										
STA	ATE A B	C D	E		ille i i i i i i i i i i i i i i i i i i	THE COMPLETE WAS AN		FAX AUTH.	• 1c	DENSUS TRACT	
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STATE OF CALIFORNIA COUNTY OF KERN ss

JUN 0 5 2013



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



EXHIBIT "A"

(37)

An undivided 1/102nd 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. 204 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 every other year in the Odd -numbered years in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-115