

When Recorded Mail Document To:
Michael de Anda
10825 Godwin Way

Grass Valley , CA 95949-7718



KAREN ELLISON, RECORDER

APN: 42-254-30

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

COUNTY OF Santa Clara,

Michael de Anda , of legal age, being first duly sworn, and deposes and says:

That **Kathleene Idella de Anda** , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Kathleene I. Muniz** named as one of the parties in that certain deed of trust dated 06/16/1994 executed by Harich Tahoe developments to **Michael de Anda** and **Kathleene I Muniz** , as Joint Tenants, recorded as instrument no. 340671 , on 06/28/1994, in Book 0694 , Page 5059 , of Official Records of **Douglas** County, Nevada, covering the following described property situated in the City of **Lake Tahoe**, County of **Douglas**, State of **Nevada**.

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATED: August 12, 2015

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

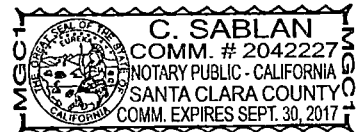
State of California
County of Santa Clara

Michael de Anda

Subscribed and sworn to (or affirmed) before me on this
12th day of August , 2015 ,
by Michael de Anda ,

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

Signature
(Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

005685

COUNTY OF SONOMA
 SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-2005-49-003214

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 10/9)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
KATHLEENE		IDELLA		de ANDA	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
08/22/1981		44		F	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (at Time of Death)	
CA		-9716		MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If type, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
ASSOCIATE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
SALES		ELECTRONICS		24	
20. DECEDENT'S RESIDENCE (Street and number or location)					
10825 GODWIN WAY					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
GRASS VALLEY		PLACER		95949	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
1		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
NICOLE R. CRONE - SISTER			1153 RHINECASTLE WAY., SAN JOSE, CA 95120		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
MICHAEL				DE ANDA	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
CHARLES		C		SMITH	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)	
ALICE		S		KRAMPERT	
38. BIRTH STATE		39. BIRTH STATE		38. BIRTH STATE	
OK		OK		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
11/22/2005		HOLY CROSS CEMETERY., 577 SANTA CRUZ AVENUE., COLMA CA, 94014			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BU		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
LIMA FAMILY ERICKSON MORTUARY		FD-128		MARY MADDUX-GONZALEZ, M.D.	
				11/18/2005	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
County		<input type="checkbox"/> IP <input type="checkbox"/> ER/VOP <input type="checkbox"/> OOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. Roadway		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Sonoma		Lakeville Highway at Stage Gulch Road		Petaluma	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (A) - (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER?	
Investigation Pending				05-1340	
(B) - Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		<input type="checkbox"/> YES <input type="checkbox"/> NO		110. BIOPSY PERFORMED?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE?	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
113A. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive			
(A) mm/dd/yyyy		(B) mm/dd/yyyy			
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER		117. DATE mm/dd/yyyy	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
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	
		11/12/2005		Detective Chris Vivian, Deputy Coroner	
STATE REGISTRAR		A B C D E		FAX AUTH. # 1803	
				CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SONOMA

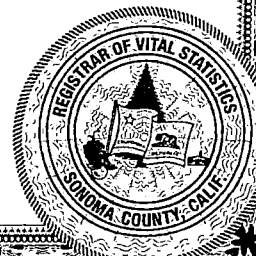
* 000251089 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.

DATE ISSUED **FEB 15 2007**

This copy not valid unless prepared on engraved border, displaying the date, seal and signature of the Clerk-Recorder.

Janice Atkinson
 JANICE ATKINSON, CLERK-RECORDER
 SONOMA COUNTY, CALIFORNIA



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

005685

COUNTY OF SONOMA
 SANTA ROSA, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

3-2005-49-003214

STATE FILE NUMBER _____ USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER _____

TYPE OR PRINT IN BLACK INK ONLY

PART I INFORMATION TO LOCATE RECORD	1. NAME — FIRST (GIVEN) KATHLEENE	2. MIDDLE IDELLA	3. LAST (FAMILY) DE ANDA	4. SEX F
	5. DATE OF EVENT — MM/DD/CCYY 11/12/2005	6. CITY OF OCCURRENCE Petaluma	7. COUNTY OF OCCURRENCE Sonoma	

PART II INFORMATION AS IT APPEARS ON RECORD	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 05-1340
	IMMEDIATE CAUSE (A) Investigation Pending			109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(B)			110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(C)			111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (D)			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CAUSE GIVEN IN 107				
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE — MM / DD / CCYY	122. HOUR	123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)				

PART III INFORMATION AS IT SHOULD APPEAR	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 05-1340
	IMMEDIATE CAUSE (A) Blunt Force Neck Injuries.		minutes	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(B) Motor Vehicle Collision.		minutes	110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(C)			111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (D)			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CAUSE GIVEN IN 107				
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE — MM / DD / CCYY 11/12/2005	122. HOUR 1745	123. PLACE OF INJURY Road
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Decedent was the passenger in a vehicle, which left the roadway causing major damage to the vehicle.				
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) SR-116 .3 miles(s) East of Lakeville Road Petaluma, 94954				

2 OF 2

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>[Signature]</i>	9. DATE SIGNED — MM/DD/CCYY FEB 14 2006	10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER Det. Sgt. Will Wallman, Deputy Coroner	
	11. ADDRESS - STREET AND NUMBER 3338 Chanate Road	12. CITY Santa Rosa	13. STATE CA	14. ZIP CODE 95404
STATE/LOCAL REGISTRAR USE ONLY	15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR MARY MADDUK-GONZALEZ, M.D. <i>[Signature]</i>	16. DATE ACCEPTED FOR REGISTRATION — MM/DD/CCYY 02/16/2006		

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS - 245 (10/05)

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SONOMA

* 000251090 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.

DATE ISSUED **FEB 15 2007**

This copy not valid unless prepared on engraved border, displaying the date, seal and signature of the Clerk-Recorder.

[Signature]
 JANICE ATKINSON, CLERK-RECORDER
 SONOMA COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A" (28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 30 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 Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-30

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'94 JUN 28 A9:39

340671

BK0694 PG 5061

SUZANNE BEAUDREAU
RECORDER
9/9 PAID K2 DEPUTY