

APN: 42-210-09

Recording requested by, and please send recorded document and future tax statements to:

HP CONSULTANTS, INC.  
7220 Avenida Encinas #208  
Carlsbad, CA 92011

STATE OF NEVADA  
COUNTY OF DOUGLAS

Affidavit of Death of Joint Tenant  
Under NRS § 111.365

The affiant, WILLIAM D. ROACHE, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That BARBARA R. ROACHE, the decedent mentioned in the attached certified certificate of death, who died on 08/15/2011, in SAN FRANCISCO CALIFORNIA, is the same person as BARBARA R. ROACHE.
3. That the affiant and the decedent were both grantees in that certain GRANT deed dated 11/03/1983, recorded on 11/10/1983, as book/page 1183/1161 or instrument # 090807 in the records of DOUGLAS County, Nevada, and executed by the grantor(s) LAKEWOOD DEVELOPMENT, INC. A NEV Gen Partner to the grantee(s) WILLIAM D. ROACHE AND BARBARA R. ROACHE as HUSBAND AND WIFE AS JOINT TENANTS covering the real property commonly known as THE RIDGE TAHOE, City of LAKE TAHOE, County of DOUGLAS, State of Nevada, more particularly described as: SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
4. That the relationship between the affiant and the decedent was that of: HUSBAND AND WIFE AS JOINT TENANTS

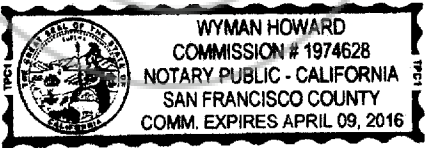
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this 30 day of Nov., 2015.

William D. Roache  
Affiant  
WILLIAM D. ROACHE  
Print name

Subscribed and sworn to before me on 11/30/15 by WILLIAM D. ROACHE

[Signature]  
Notary Public  
4/9/16  
Commission expiration date



**Exhibit A**

**A TIMESHARE ESTATE FOR THE RIDGE TAHOE COMPRISED OF:**

**PARCEL ONE:**

An undivided 1/51st interest in and to that certain condominium described as follows:

(a) An undivided 1/20th interest, as tenants-in-common, in and to LOT 31 of 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, all of Official Records Douglas County, State of Nevada. Except therefrom Units 081 to 100 Amended Map and as corrected by said Certificate of Amendment.

(b) Unit 099 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

**PARCEL TWO:**

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in modification thereof recorded September 28, 1973, as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776, Page 87 of Official Records.

**PARCEL THREE:**

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots 29,39, 40, and 41 as shown on said Tahoe Village Unit No. 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

**PARCEL FOUR:**

(a) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, M.D.M.-and-

(b) An easement of ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612, and amended by Certificate of Amendment, recorded November 23, 1981, as Document No. 62661, Official Records, Douglas County, State of Nevada.

**PARCEL FIVE:**

The exclusive right to use said UNIT and non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and four above during ONE "USE WEEK" within the "SPRING/FALL USE SEASON", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said use week within said use season.

**END OF LEGAL DESCRIPTION FOR THE RIDGE TAHOE RESORT.**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY AND COUNTY OF**  
**SAN FRANCISCO**

3052011156869

**CERTIFICATE OF DEATH**

3201138003861

|  |  |  |   |  |   |  |  |
|--|--|--|---|--|---|--|--|
| STATE FILE NUMBER  |  | STATE OF CALIFORNIA<br>USE BLACK INK ONLY - NO ERASURES, WHITE OUTS OR ALTERATIONS<br>VS-1 (REV. 3/09) |   | LOCAL REGISTRATION NUMBER                        |   |  |  |
| DECEDENT'S PERSONAL DATA   | 1. NAME OF DECEDENT - FIRST (Given)<br><b>BARBARA</b>  |  | 2. MIDDLE<br><b>JEAN</b>  |  | 3. LAST (Family)<br><b>ROACHE</b>   |  |  |
|  | AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)  |  |   | 4. DATE OF BIRTH mm/dd/yyyy<br><b>05/29/1927</b> |   | 5. AGE Yrs. <b>84</b><br>IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____ |  |
|  | 9. BIRTH STATE/FOREIGN COUNTRY<br><b>MT</b>  |  | 10. SOCIAL SECURITY NUMBER<br><b>██████-2934</b>  |  | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK             |  |  |
|  | 13. EDUCATION - Highest Level/Degree (see worksheet on back)<br><b>MASTER'S</b>  |  | 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                   |  | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)<br><b>CAUCASIAN</b>   |  |  |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br><b>TEACHER</b> |  |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>EDUCATION</b>                                |  | 19. YEARS IN OCCUPATION<br><b>30</b>  |  |  |
| USUAL RESIDENCE  | 20. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>106 EASTWOOD DR.</b>   |  |   |  |   |  |  |
|  | 21. CITY<br><b>SAN FRANCISCO</b>   |  | 22. COUNTY/PROVINCE<br><b>SAN FRANCISCO</b>   |  | 23. ZIP CODE<br><b>94112</b>  |  |  |
|  | 24. YEARS IN COUNTY<br><b>60</b>   |  | 25. STATE/FOREIGN COUNTRY<br><b>CA</b>  |  |   |  |  |
| SPOUSE/SRDP OR PARENT INFORMATION  | 26. NAME OF SURVIVING SPOUSE/SRDP - FIRST<br><b>WILLIAM</b>  |  |   | 29. MIDDLE<br><b>D.</b>                          |   | 30. LAST (BIRTH NAME)<br><b>ROACHE</b>   |  |
|  | 31. NAME OF FATHER/PARENT - FIRST<br><b>UNKNOWN</b>  |  |   | 32. MIDDLE<br><b>UNKNOWN</b>                     |   | 33. LAST<br><b>UNKNOWN</b>   |  |
|  | 35. NAME OF MOTHER/PARENT - FIRST<br><b>UNKNOWN</b>  |  |   | 36. MIDDLE<br><b>UNKNOWN</b>                     |   | 37. LAST (BIRTH NAME)<br><b>UNKNOWN</b>  |  |
|  | 34. BIRTH STATE<br><b>UNKNOWN</b>  |  |   | 38. BIRTH STATE<br><b>UNKNOWN</b>                |   | 39. BIRTH STATE<br><b>UNKNOWN</b>  |  |
| FUNERAL DIRECTOR/ LOCAL REGISTRAR  | 39. DISPOSITION DATE mm/dd/yyyy<br><b>08/31/2011</b>   |  | 40. PLACE OF FINAL DISPOSITION<br><b>HOLY CROSS CEMETERY</b><br><b>1500 MISSION ROAD, COLMA, CA 94014</b>   |  |   |  |  |
|  | 41. TYPE OF DISPOSITION(S)<br><b>CR/BU</b>   |  | 42. SIGNATURE OF EMBALMER<br><b>▶ NOT EMBALMED</b>  |  | 43. LICENSE NUMBER  |  |  |
|  | 44. NAME OF FUNERAL ESTABLISHMENT<br><b>COLMA CREMATION AND FUNERAL SERVICES</b>   |  | 45. LICENSE NUMBER<br><b>FD1522</b>   |  | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>▶ TOMAS ARAGON, MD, DR.P.H.</b>  |  |  |
|  | 47. DATE mm/dd/yyyy<br><b>08/31/2011</b>   |  |   |  |   |  |  |
| PLACE OF DEATH   | 101. PLACE OF DEATH<br><b>RESIDENCE</b>  |  |   |  |   |  |  |
|  | 104. COUNTY<br><b>SAN FRANCISCO</b>  |  | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br><b>106 EASTWOOD DR.</b>   |  | 106. CITY<br><b>SAN FRANCISCO</b>   |  |  |
|  | 107. CAUSE OF DEATH<br>Enter the chain of events - disease, injury, or complication - 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.<br>(A) <b>DEMENTIA - ALZHEIMER'S TYPE</b><br>(B) _____<br>(C) _____<br>(D) _____<br>108. DEATH REPORTED TO CORONER?<br>(A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>(B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>(C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>(D) YES <input type="checkbox"/> NO <input type="checkbox"/> |  |   |  |   |  |  |
| PHYSICIAN'S CERTIFICATION  | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107<br><b>ARTERIAL FIBRILLATION, CEREBROVASCULAR DISEASE, OSTEOPOROSIS</b>  |  | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and data)<br><b>NO</b>                             |  | 113A. IF FEMALE, PREGNANT IN LAST YEAR?<br><input type="checkbox"/> YES <input checked="" 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.<br>Decedent Attended Since: _____ Decedent Last Seen Alive: _____   |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>▶ BARRY JOHN BUGATTO M.D.</b>   |  | 116. LICENSE NUMBER<br><b>G69301</b>  |  |  |
|  | 117. DATE mm/dd/yyyy<br><b>08/17/1994</b>  |  | 118. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>BARRY JOHN BUGATTO M.D.</b><br><b>2238 GEARY BLVD, SAN FRANCISCO, CA 94115</b> |  | 117. DATE mm/dd/yyyy<br><b>08/31/2011</b>   |  |  |
| CORONER'S USE ONLY   | 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK  |  | 121. INJURY DATE mm/dd/yyyy   |  |  |
|  | 122. HOUR (24 Hours)<br><b>0645</b>  |  |   |  |   |  |  |
|  | 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   |  |  |
| STATE REGISTRAR  |  | A B C D E  |   | FAX AUTH.#                                       |   | CENSUS TRACT   |  |



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO  
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED

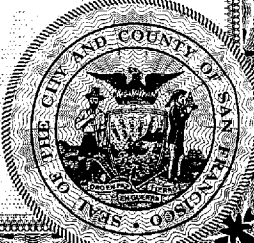
SEP 08 2011

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This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the City and County Health Officer.



*Tomas Aragon*  
**Tomas Aragon, M.D., Dr.P.H.**  
Health Officer and Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE