



KAREN ELLISON, RECORDER

APN: #50-016-47-01

Return To:  
Nathaniel S. Aylard  
801 Riverside Ave., Apt. D  
Santa Cruz, CA 95060  
GIFT DEED

This Notary Witnesseth: that Douglas P. Woodburn (deceased – See Death Certificate attached) and Darlene V. Woodburn, Husband and wife, which is hereby acknowledged, does hereby Gift and convey to

NATHANIEL S. AYLARD as joint tenant to an undivided interest.

And to the heirs and assigns of such Grantee forever, all that real property situated in the unincorporated area: County of Douglas, State of Nevada, bounded and described as follows:

The Ridgeview, Winter Season, Unit No. 016, Week One (1), Stateline, NV. 89449.

See Exhibit 'A' attached hereto and by this reference made a part thereof which more accurately describes the Timeshare Condominium being conveyed.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging

Or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATE: 01/06/2016

\_\_\_\_\_  
Douglas P. Woodburn

Darlene V. Woodburn  
Darlene V. Woodburn

(To be completed by notary)

STATE OF CALIFORNIA

COUNTY SANTA CRUZ

This instrument was acknowledge before me on this 6<sup>TH</sup> day of JANUARY, 2016

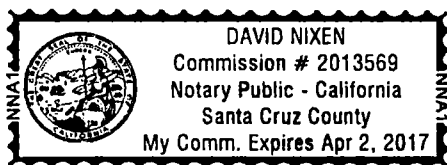
by Darlene Woodburn.

Signature

[Signature]  
DAVID NIXEN

Date: 01/06/2016

Time: 9:45 AM



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

**COUNTY OF SANTA CRUZ**  
**SANTA CRUZ, CALIFORNIA**

**CERTIFICATE OF DEATH**

3200944000587

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-14 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT — FIRST (Given) <b>DOUGLAS</b>		2 MIDDLE <b>PARK</b>		3 LAST (Family) <b>WOODBURN</b>	
4 DATE OF BIRTH mm/dd/ccyy <b>12/21/1931</b>		5 AGE Yrs <b>77</b>		6 SEX <b>M</b>	
8 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10 SOCIAL SECURITY NUMBER <b>8310</b>		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS (at Time of Death) <b>MARRIED</b>		7 DATE OF DEATH mm/dd/ccyy <b>05/08/2009</b>		8 HOUR (24 Hours) <b>0125</b>	
13 EDUCATION — Highest Level/Degree (See worksheet on back) <b>BACHELOR</b>		14/15 WAS DECEDENT HISPANIC/LATINO/AS/PANISH? (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>CAUCASIAN</b>	
17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>TECHNICAL WRITER</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>COMPUTER</b>		19 YEARS IN OCCUPATION <b>35</b>	
20 DECEDENT'S RESIDENCE (Street and number or location) <b>552 #52 BEAN CREEK ROAD</b>					
21 CITY <b>SCOTT'S VALLEY</b>		22 COUNTY/PROVINCE <b>SANTA CRUZ</b>		23 ZIP CODE <b>95066</b>	
24 YEARS IN COUNTY <b>17</b>		25 STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>			
26 INFORMANT'S NAME, RELATIONSHIP <b>DARLENE WOODBURN, WIFE</b>			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>552 #52 BEAN CREEK ROAD, SCOTT'S VALLEY, CA 95066</b>		
28 NAME OF SURVIVING SPOUSE — FIRST <b>DARLENE</b>		29 MIDDLE <b>VELMA</b>		30 LAST (Maiden Name) <b>WISDOM</b>	
31 NAME OF FATHER — FIRST <b>GEORGE</b>		32 MIDDLE <b>-</b>		33 LAST <b>WOODBURN</b>	
34 BIRTH STATE <b>ILLINOIS</b>		35 NAME OF MOTHER — FIRST <b>VIVIAN</b>		36 MIDDLE <b>-</b>	
37 LAST (Maiden) <b>COULTER</b>		38 BIRTH STATE <b>OHIO</b>			
39 DISPOSITION DATE mm/dd/ccyy <b>05/13/2009</b>		40 PLACE OF FINAL DISPOSITION <b>INGLEWOOD PARK CEMETERY 720 EAST FLORENCE AVENUE, INGLEWOOD, CA 90301</b>			
41 TYPE OF DISPOSITION(S) <b>CR/BU</b>		42 SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>		43 LICENSE NUMBER <b>-</b>	
44 NAME OF FUNERAL ESTABLISHMENT <b>SANTA CRUZ MEMORIAL</b>		45 LICENSE NUMBER <b>FD1476</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>▶ POKI NAMKUNG, M.D.</b>	
47 DATE mm/dd/ccyy <b>05/12/2009</b>		48			
101 PLACE OF DEATH <b>RESIDENCE</b>					
104 COUNTY <b>SANTA CRUZ</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>552 # 52 BEAN CREEK ROAD</b>		106 CITY <b>SCOTT'S VALLEY</b>	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>CARDIOPULMONARY ARREST</b> (B) <b>HYPOXEMIA</b> (C) <b>HEPATOCELLULAR CARCINOMA</b> (D) _____ 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. 108 DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> REFERRAL NUMBER _____ (B) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 109 BIOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 110 AUTOPSY PERFORMED? (E) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111 USED IN DETERMINING CAUSE? (F) YES <input type="checkbox"/> NO <input type="checkbox"/> 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>LIVER BIOPSY, --/--/2008</b> 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. Decedent Attended Since mm/dd/ccyy (A) <b>10/16/2004</b> (B) Decedent Last Seen Alive mm/dd/ccyy <b>04/29/2009</b>		115 SIGNATURE AND TITLE OF CERTIFIER <b>▶ MICHAEL PAUL JOHNSON M.D.</b>		116 LICENSE NUMBER <b>G50420</b>	
117 DATE mm/dd/ccyy <b>05/12/2009</b>		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MICHAEL PAUL JOHNSON M.D. 4663 SCOTT'S VALLEY DR, SCOTT'S VALLEY, CA 95066</b>			
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 <input type="checkbox"/> Injured at Work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 121 INJURY DATE mm/dd/ccyy _____ 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) _____ 126 SIGNATURE OF CORONER / DEPUTY CORONER _____ 127 DATE mm/dd/ccyy _____ 128 TYPE NAME TITLE OF CORONER / DEPUTY CORONER _____					
STATE REGISTRAR					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA CRUZ } ss

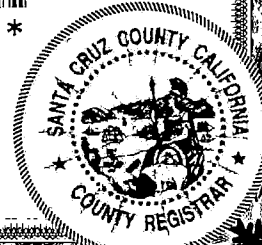
DATE ISSUED **MAY 13 2009**



*Poki Namkung*  
CHIEF PUBLIC HEALTH OFFICER  
SANTA CRUZ, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.

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



PHN(C) (Rev.) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

R.P.TT., \$ 12.10

### GRANT, BARGAIN, SALE DEED

THIS INDENTURE, made this 19th day of May, 198 6  
between SAIDA of Nevada, Inc., a Nevada Corporation, Grantor, and  
DOUGLAS P. WOODBURN AND DARLENE V. WOODBURN, husband and wife as joint tenants  
with right of survivorship

Grantee:

### WITNESSETH

That Grantor, in consideration of the sum of TEN DOLLARS (\$10.00), lawful money of the United States of America, paid to Grantor by Grantee, the receipt whereof is hereby acknowledged, does by these presents, grants, bargain and sell unto the Grantee and Grantee's heirs and assigns, all that certain property located and situate in Douglas County, State of Nevada, more particularly described on Exhibit "A", a copy of which is attached hereto and incorporated herein by this reference.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appurtenant and the reversion and reversions, remainder and remainders, rents, issues and profits hereof. SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases if any, rights of way, agreements and Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions recorded March 5, 1985, as Document No. 114254, Official Records of Douglas County, Nevada, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein.

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said Grantee and their assigns forever.

IN WITNESS WHEREOF, the Grantor has executed his conveyance the day and year first hereinabove written.

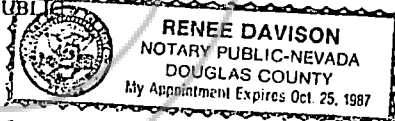
STATE OF NEVADA )  
                          ) ss  
COUNTY OF DOUGLAS )

On this 14th day of March  
198 6, personally appeared before me, a notary public,  
WILLIAM J. VANNOY known to me  
to be the ASST. SECTY  
of SAIDA of Nevada, a Nevada Corporation

SAIDA of Nevada, a Nevada Corporation

By: William J. Vannoy  
Asst. Secy  
WILLIAM J. VANNOY

Renee Davison  
NOTARY PUBLIC



APN 40-300- 16

50-016-47-01  
SPACE BELOW FOR RECORDER'S USE ONLY

WHEN RECORDED MAIL TO  
Name  
Street DOUGLAS P. AND DARLENE V. WOODBURN  
Address 4059 Anfield Court  
City San Jose, CA 95136  
& State

**135095**  
BOOK 586 PAGE 2038

EXHIBIT "A"  
LEGAL DESCRIPTION

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

(a) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828 Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(b) Unit No. 016-47 as shown and defined on said 7th Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "WINTER use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

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

'86 MAY 20 P1:07

SUZANNE BEAUDREAU  
RECORDER

\$6.00 PAID *[Signature]* DEPUTY

135095

BOOK 586 PAGE 2039

STATE OF NEVADA  
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) 50-016-47-01
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. Type of Property:

- |                                     |                        |                             |                  |
|-------------------------------------|------------------------|-----------------------------|------------------|
| a) <input type="checkbox"/>         | Vacant Land            | b) <input type="checkbox"/> | Single Fam. Res. |
| c) <input type="checkbox"/>         | Condo/Twnhsc           | d) <input type="checkbox"/> | 2-4 Plex         |
| e) <input type="checkbox"/>         | Apt. Bldg              | f) <input type="checkbox"/> | Comm'l/Ind'l     |
| g) <input type="checkbox"/>         | Agricultural           | h) <input type="checkbox"/> | Mobile Home      |
| <input checked="" type="checkbox"/> | Other <u>Timeshare</u> |                             |                  |

FOR RECORDER'S OPTIONAL USE ONLY

Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Date of Recording: \_\_\_\_\_  
Notes: \_\_\_\_\_

3. Total Value/Sales Price of Property \$ gift \$1,000.00/100  
Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due \$ 13.70/100

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_
- b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Darlene V. Woodburn Capacity Owner

Signature \_\_\_\_\_ Capacity Owner

**SELLER (GRANTOR) INFORMATION (REQUIRED)**

Print Name: Darlene & Douglas Woodburn  
Address: 552 Bean Creek Rd #52  
City: Scotts Valley  
State: CA Zip: 95066

**BUYER (GRANTEE) INFORMATION (REQUIRED)**

Print Name: Nathaniel S. Ayland  
Address: 801 Riverside Ave apt D  
City: Santa Cruz  
State: CA Zip: 95060

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**

Print Name: Darlene Woodburn Escrow #: \_\_\_\_\_  
Address: 552 Bean Creek Rd #52  
City: Scotts Valley State: CA Zip: 95066