

A.P.N. # 1319-30-644-083  
ESCROW NO. 20160836 / 37-174-22-01  
RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**

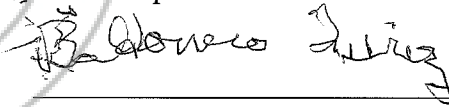
WHEN RECORDED MAIL TO:  
Baldomero Quiroz, Jr.  
23828 Strange Creek Drive  
Diamond Bar, CA 91765

### AFFIDAVIT - DEATH OF JOINT TENANT

Baldomero Quiroz, Jr. of legal age, being first duly sworn, deposes and says: That Lucille D. Quiroz the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lucille D. Quiroz, named as one of the parties in that certain Grant Deed dated June 6, 1991 executed by

HARICH TAHOE DEVELOPMENTS, a Nevada general partnership  
to Baldomero Quiroz, jr. and Lucille D. Quiroz, husband and wife as joint tenants, recorded as  
Instrument No. 253121, on June 18, 1991 in Book 0691, Page 2663, 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.

  
Baldomero Quiroz, Jr.

DATE: 6.7.16

STATE OF California }  
} ss.  
COUNTY OF Riverside }

This instrument was acknowledged before me on \_\_\_\_\_  
by, \_\_\_\_\_

Signature \_\_\_\_\_  
Notary Public

**SEE ATTACHED  
NOTARY FORM**

# CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

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 Riverside )

On June 7, 2016 before me, S. Trujillo Notary Public,  
(here insert name and title of the officer)

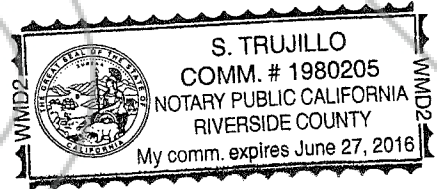
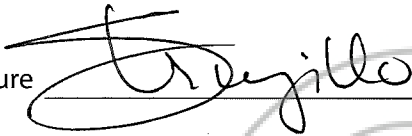
personally appeared Baldomero Quiroz JR

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)

## Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

### Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of \_\_\_\_\_

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_

The signer(s) capacity or authority is/are as:

- Individual(s)  
 Attorney-in-Fact  
 Corporate Officer(s) \_\_\_\_\_ Title(s)

- Guardian/Conservator  
 Partner - Limited/General  
 Trustee(s)  
 Other: \_\_\_\_\_

representing: \_\_\_\_\_  
Name(s) of Person(s) or Entity(ies) Signer is Representing

### Additional Information

#### Method of Signer Identification

Proved to me on the basis of satisfactory evidence:  
 form(s) of identification  credible witness(es)

Notarial event is detailed in notary journal on:

Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

#### Other

Additional Signer(s)  Signer(s) Thumbprint(s)

\_\_\_\_\_

STATE OF CALIFORNIA  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
**RIVERSIDE, CALIFORNIA**

**CERTIFICATE OF DEATH**

3200933000515

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS 16 (REV. 1/04)		LOCAL REGISTRATION NUMBER				
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT — FIRST (Given) <b>LUCILLE</b>		2. MIDDLE <b>DEVILLE</b>		3. LAST (Family) <b>QUIROZ</b>			
	AKA, ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy <b>02/16/1940</b>		5. AGE Yrs. <b>68</b>		
	9. BIRTH STATE/FOREIGN COUNTRY <b>TX</b>		10. SOCIAL SECURITY NUMBER <b>██████-1453</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>	
	13. EDUCATION — Highest Level/Degrees (See worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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>WHITE</b>		7. DATE OF DEATH mm/dd/yyyy <b>01/14/2009</b>	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>AMBULANCE COODINATOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>HEALTH CARE</b>			19. YEARS IN OCCUPATION <b>15</b>			
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location) <b>30 DELL SANTELLO</b>							
	21. CITY <b>LAKE ELSINORE</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92532</b>			
	24. YEARS IN COUNTY <b>12</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>					
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP <b>BALDOMERO QUIROZ JR, HUSBAND</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>30 DELL SANTELLO, LAKE ELSINORE, CA 92532</b>				
	28. NAME OF SURVIVING SPOUSE — FIRST <b>BALDOMERO</b>		29. MIDDLE <b>-</b>		30. LAST (Maiden Name) <b>QUIROZ JR</b>			
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER — FIRST <b>ROBERT</b>		32. MIDDLE <b>-</b>		33. LAST <b>DEVILLE</b>			
	35. NAME OF MOTHER — FIRST <b>MARY BERTHA</b>		36. MIDDLE <b>-</b>		37. LAST (Maiden) <b>MELONSON</b>			
	34. BIRTH STATE <b>LA</b>		38. BIRTH STATE <b>LA</b>					
FUNERAL DIRECTORY / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>01/26/2009</b>		40. PLACE OF FINAL DISPOSITION <b>RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518</b>					
	41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>					
	44. NAME OF FUNERAL ESTABLISHMENT <b>EVANS BROWN MORTUARY</b>		45. LICENSE NUMBER <b>FD120</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ ERIC K. FRYKMAN, M.D.</b>			
PLACE OF DEATH	47. DATE mm/dd/yyyy <b>01/20/2009</b>							
	101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
	104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>30 DELL SANTELLO</b>		106. CITY <b>LAKE ELSINORE</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) CARDIORESPIRATORY ARREST</b>		Time Interval Between Onset and Death <b>(AT) MINS</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	<b>(B) DILATED CARDIOMYOPATHY</b>		<b>(BT) YRS</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	<b>(C) _____</b>		<b>(CT) _____</b>		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	<b>(D) _____</b>		<b>(DT) _____</b>		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>DIABETES MELLITUS, HEART FAILURE</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>								
PHYSICIAN'S 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 Addressed Since Decedent Last Seen Alive <b>(A) 04/01/1997 (B) 10/30/2008</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ NARAYANAIYENGAR R DEVARAJ M.D.</b>		116. LICENSE NUMBER <b>A34201</b>			
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>NARAYANAIYENGAR R DEVARAJ M.D. 3400 W BALL RD STE 204, ANAHEIM, CA 92804</b>		117. DATE mm/dd/yyyy <b>01/20/2009</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							
CORONER'S USE ONLY	120. INJURED AT WORK? <input type="checkbox"/> YES <input 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)							
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				

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

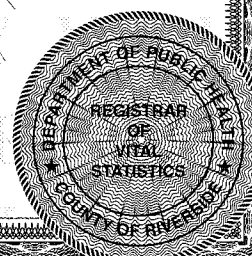
**Jan 22, 2009**

Eric Frykman, M.D., Local Registrar  
 RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

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



**EXHIBIT "A"**

**(37)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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. 174 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 each year in the Prime "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-644-083**