

A portion of
A.P.N. # 1319-30-644-097
ESCROW NO. #37-187-46-71/ 20161481
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO: Larna N. Eckhardt
1338 Todd St.
Manteca, CA 95337

AFFIDAVIT - DEATH OF JOINT TENANT

Larna N. Eckhardt of legal age, being first duly sworn, deposes and says: That Vance Eckhardt the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vance Eckhardt, named as one of the parties in that certain Grant Deed dated June 20, 1993 executed by

Harich Tahoe Developments, a Nevada general partnership
to Vance Eckhardt and Larna N. Eckhardt as joint tenants, recorded as
husband and wife

Instrument No. 311279, on June 30, 1993 in Book 0693, Page 6925, 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.

Larna N. Eckhardt

Larna N. Eckhardt

DATE: 10/10/16

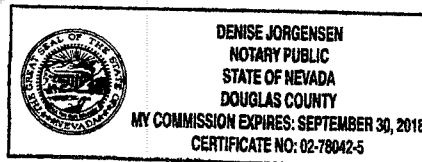
STATE OF Nevada }

COUNTY OF Douglas } ss.

This instrument was acknowledged before me on
October 10, 2016

by, Larna Eckhardt

Signature *Denise Jorgensen*
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052015174118

CERTIFICATE OF DEATH

3201539003449

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WRITEDITS OR ALTERATIONS VS-11a (REV 3/05)</small>				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) VANCE		2. MIDDLE ADRIAN		3. LAST (Family) ECKHARDT		
	AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 02/16/1955	5. AGE Yrs. 60	6. SEX M
	9. BIRTH STATE/FOREIGN COUNTRY NEVADA	10. SOCIAL SECURITY NUMBER 1230	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at time of death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 08/27/2015	8. HOUR (24 Hours) 0615	
	13. EDUCATION—Highest Level/Degree (See worksheet on back) BACHELOR		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) GERMAN, IRISH		
USUAL RESIDENCE	17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED DIRECTOR OF SOCIAL SERVICES		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL INDUSTRY		19. YEARS IN OCCUPATION 30		
	20. DECEDENT'S RESIDENCE (Street and number, or location) 1338 TODD STREET						
	21. CITY MANTECA	22. COUNTY/PROVINCE SAN JOAQUIN	23. ZIP CODE 95337	24. YEARS IN COUNTY 26	25. STATE/FOREIGN COUNTRY CALIFORNIA		
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP LARNA ECKHARDT, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 700, MANTECA, CA 95336			
	SPOUSE/SRDP OR PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP—FIRST LARNA		29. MIDDLE NOPUENTE		30. LAST (BIRTH NAME) DEMESA	
31. NAME OF FATHER/PARENT—FIRST RICHARD		32. MIDDLE -		33. LAST ECKHARDT		34. BIRTH STATE GERMANY	
35. NAME OF MOTHER/PARENT—FIRST JUNE		36. MIDDLE -		37. LAST (BIRTH NAME) CARLSON		38. BIRTH STATE IRELAND	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 09/09/2015		40. PLACE OF FINAL DISPOSITION* RESIDENCE OF LARNA ECKHARDT 1338 TODD STREET, MANTECA, CA 95337				
	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED			43. LICENSE NUMBER -	
PLACE OF DEATH	44. NAME OF FUNERAL ESTABLISHMENT PARK VIEW FUNERAL HOME		45. LICENSE NUMBER FD-1360		46. SIGNATURE OF LOCAL REGISTRAR ▶ ALVARO GARZA, MD, MPH		47. DATE mm/dd/yyyy 09/09/2015
	101. PLACE OF DEATH HOSPICE HOUSE OF SAN JOAQUIN		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVCP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3888 PACIFIC AVENUE		106. CITY STOCKTON		
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. (A) BRAIN CANCER				Time Interval Between Onset and Death (AT) YEARS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	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 (B)				109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	(C)				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(D)				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 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) CRANIOTOMY AND TUMOR RESECTION 04/7/2015							
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.		115. SIGNATURE AND TITLE OF CERTIFIER ▶ JAMES K. SAFFIER, M.D.		116. LICENSE NUMBER G53151	117. DATE mm/dd/yyyy 09/09/2015	
	(A) mm/dd/yyyy 05/08/2015	(B) mm/dd/yyyy 08/27/2015	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAMES K. SAFFIER, M.D. 3888 PACIFIC AVENUE, STOCKTON, CA 95204				
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.				120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		
	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				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	*010001003031398*	FAX AUTH.#	CENSUS TRACT
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

DATE ISSUED: **SEP 10 2015**

* 0 0 0 7 1 6 7 8 5 *

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

Alvaro Garza
ALVARO GARZA, M.D., M.P.H.
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.
PBCO (Rev) 04/14

ANY ALTERATION OR ERASURE Voids THIS CERTIFICATE

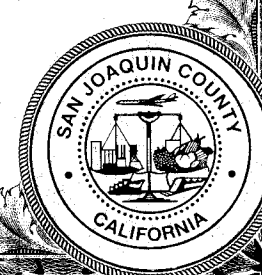


EXHIBIT "A"

(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. 187 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 Swing "Season" as defined in and in accordance with said Declarations.

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