

A.P.N. #	A ptn of 1319-30-644-024
Escrow No.	20161588- TS/AH
<b>Recording Requested By:</b>	
<b>Stewart Vacation Ownership</b>	
<b>Mail Tax Statements To:</b>	
Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449	
<b>When Recorded Mail To:</b>	
Irene M. Reyes 173 Harbor Dr. Daly City, CA 94014	

### AFFIDAVIT – DEATH OF JOINT TENANT

State of CALIFORNIA            }  
   } ss.  
 County of San Mateo        }

**IRENE M. REYES**, of legal age, being first duly sworn, deposes and says: That **ANDRES REYES, JR.**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **ANDRES REYES, JR.** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated June 30, 1999 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to ANDRES REYES, JR. and IRENE M. REYES, husband and wife as joint tenants, recorded as Document No. 472558, on July 16, 1999 in Book 799, Page No. 2653 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Plaza Building, Prime Season, Account #37-059-23-03, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 11/19/16

✓ Irene M Reyes  
 Irene M. Reyes

This document is recorded as an  
**ACCOMMODATION ONLY** and without liability  
 for the consideration therefore, or as to the  
 validity or sufficiency of said instrument, or  
 for the effect of such recording on the title of  
 the property involved.

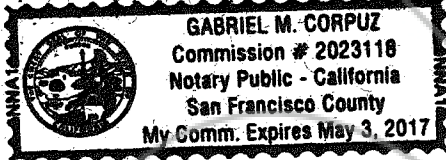
(One Inch Margin on all sides of Document for Recorder's use Only)

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 SAN MATEO

Subscribed and sworn to (or affirmed) before me on this 19th  
day of November, 2016, by IRENE M. REYES

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



(Seal)

Signature

*Gabriel M. Corpuz*

CITY AND COUNTY OF  
SAN FRANCISCO

## CERTIFICATE OF DEATH

3 2001 38 004889

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Andres		2. MIDDLE -		3. LAST (FAMILY) Reyes, Jr.			
4. DATE OF BIRTH M/M/DD/CCYY 10/20/1944		5. AGE YRS. 56		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 09/23/2001	
9. STATE OF BIRTH CO		10. SOCIAL SECURITY NO. -4422		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
14. RACE Caucasian		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES Mexican <input type="checkbox"/> NO		16. USUAL EMPLOYER U.S. Postal Service			
17. OCCUPATION Postal Clerk		18. KIND OF BUSINESS Government		19. YEARS IN OCCUPATION 30			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 193 Crescent Avenue							
21. CITY San Francisco		22. COUNTY San Francisco		23. ZIP CODE 94110		24. YRS IN COUNTY 50	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Irene Reyes - Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 193 Crescent Avenue, San Francisco, CA 94110		28. NAME OF SURVIVING SPOUSE—FIRST Irene					
29. MIDDLE -		30. LAST (MAIDEN NAME) Shields				34. BIRTH STATE CO	
31. NAME OF FATHER—FIRST Andres		32. MIDDLE -		33. LAST Reyes, Sr.		38. BIRTH STATE CO	
35. NAME OF MOTHER—FIRST Beatrice		36. MIDDLE -		37. LAST (MAIDEN) Jimenez		38. BIRTH STATE CO	
39. DATE M/M/DD/CCYY 09/27/2001		40. PLACE OF FINAL DISPOSITION Holy Cross Cemetery, Colma, CA					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Aden M. Zuffo</i>				43. LICENSE NO. 4566	
44. NAME OF FUNERAL DIRECTOR Valente Marini Perata & Co.		45. LICENSE NO. FD-100		46. SIGNATURE OF LOCAL REGISTRAR <i>Mitchell Katz</i>		47. DATE M/M/DD/CCYY 09/25/2001	
101. PLACE OF DEATH Own residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY San Francisco	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 193 Crescent Avenue		106. CITY San Francisco					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH UNK.		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 2001-1107			
IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO					
DUE TO (C)							
DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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 DECEASED LAST BEEN ALIVE M/M/DD/CCYY M/M/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Boyd G. Stephens</i>		116. LICENSE NO.		117. DATE M/M/DD/CCYY	
119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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 M/M/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, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Boyd G. Stephens</i>		127. DATE M/M/DD/CCYY 09/24/2001		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Boyd G. Stephens, M.D. Chief Medical Examiner	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		FAX AUTH. #		CENSUS TRACT			

3802562112 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 26 2001

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

*Mitchell Katz*  
Mitchell Katz, M.D.  
Health Officer and Local 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. 059 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: 1319-30-644-024**