

DOUGLAS COUNTY, NV      **2017-893394**  
Rec:\$17.00  
\$17.00      Pgs=4      01/17/2017 10:21 AM  
STEWART TITLE VACATION OWNERSHIP  
KAREN ELLISON, RECORDER

<b>A.P.N. #</b>	A ptn of 1319-30-722-008
<b>Escrow No.</b>	20161531- 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>	
Virginia B. Akers 28355 Gitano Mission Viejo, CA 92692	

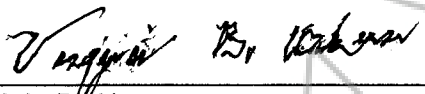
**AFFIDAVIT – DEATH OF JOINT TENANT**

State of CALIFORNIA      }  
County of Orange      } ss.

**VIRGINIA B. AKERS**, of legal age, being first duly sworn, deposes and says: That **ROBERT L. AKERS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **ROBERT L. AKERS** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated April 28, 1983 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to ROBERT L. AKERS and VIRGINIA B. AKERS, husband and wife as joint tenants, recorded as Document No. 80049, on May 4, 1983 in Book 583, Page No. 1473 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:


The Ridge Tahoe, Naegle Building, Swing Season, Account #32-108-23-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 12-21-2016

  
\_\_\_\_\_  
Virginia B. Akers

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)

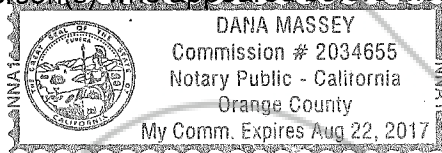
  
DANA MASSEY  
Commission # 2034655  
Notary Public - California  
Orange County  
My Comm. Expires Aug 22, 2017

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 Orange

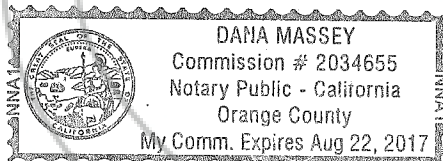
Subscribed and sworn to (or affirmed) before me on this 21<sup>st</sup>  
day of Dec, 2016, by \_\_\_\_\_  
VIRGINIA B. AKERS

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



(Seal)

Signature Dana Massey



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

**COUNTY OF ORANGE**

**HEALTH CARE AGENCY**  
1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CALIFORNIA 92701

3052016119460

**CERTIFICATE OF DEATH**

3201630009410

STATE FILE NUMBER 3052016119460		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS 10-1-1997 (REV)		LOCAL REGISTRATION NUMBER 3201630009410	
1. NAME OF DECEDENT - FIRST (Given) <b>ROBERT</b>		2. MIDDLE <b>LEONARD</b>		3. LAST (Family) <b>AKERS</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>12/24/1930</b>		5. AGE Yrs. <b>85</b> If UNDER ONE YEAR: Months _____ Days _____ If UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY <b>OH</b>		10. SOCIAL SECURITY NUMBER <b>2983</b>		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) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/06/2016</b>		8. HOUR (24 Hour) <b>0200</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/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>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MANAGER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>FLOORING</b>		19. YEARS IN OCCUPATION <b>20</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>28355 GITANO</b>					
21. CITY <b>MISSION VIEJO</b>		22. COUNTY/PROVINCE <b>ORANGE</b>		23. ZIP CODE <b>92692</b>	
24. YEARS IN COUNTY <b>37</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>ROBERT MICHAEL AKERS, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>19009 SOUTH LAUREL PARK ROAD #449, RANCHO DOMINGUEZ, CA 90220</b>			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>VIRGINIA</b>		29. MIDDLE <b>BARBARA</b>		30. LAST (BIRTH NAME) <b>LEE</b>	
31. NAME OF FATHER/PARENT - FIRST <b>ROBERT</b>		32. MIDDLE <b>-</b>		33. LAST <b>AKERS</b>	
34. BIRTH STATE <b>OH</b>		36. NAME OF MOTHER/PARENT - FIRST <b>LUCILLE</b>		37. LAST (BIRTH NAME) <b>HANKS</b>	
38. BIRTH STATE <b>WI</b>		39. DISPOSITION DATE mm/dd/yyyy <b>06/16/2016</b>			
40. PLACE OF FINAL DISPOSITION <b>RES: VIRGINIA AKERS 28355 GITANO, MISSION VIEJO, CA 92692</b>		41. TYPE OF DISPOSITION(S) <b>CR/RES</b>			
42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>			
44. NAME OF FUNERAL ESTABLISHMENT <b>FAIRHAVEN MEMORIAL SERVICES</b>		45. LICENSE NUMBER <b>FD1912</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ERIC G. HANDLER, M.D.</b>	
47. DATE mm/dd/yyyy <b>06/16/2016</b>		48. SIGNATURE OF LOCAL REGISTRAR <b>ERIC G. HANDLER, M.D.</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"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>ORANGE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>28355 GITANO</b>		106. CITY <b>MISSION VIEJO</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. <b>RESPIRATORY ARREST</b>		108. DEATH REPORTED TO CORONER (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>UNK</b>		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>16-02601-BB</b>	
109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <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>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> <b>SARCOIDOSIS</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Last Seen Alive (A) mm/dd/yyyy <b>05/22/2013</b> (B) mm/dd/yyyy <b>03/01/2016</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>HOMER KAM YUN LEW D.O.</b>		116. LICENSE NUMBER <b>20A7156</b> 117. DATE mm/dd/yyyy <b>06/15/2016</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>HOMER KAM YUN LEW D.O. 23521 PASEO DE VALENCIA STE 108, LAGUNA HILLS, CA 92653</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"/> Investigation <input type="checkbox"/> Could not be determined			
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		*01000100327251*			

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED June 27, 2016



*Eric G. Handler M.D.*  
ERIC G. HANDLER, M.D.  
COUNTY HEALTH OFFICER

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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



CA ORANGE 01

**EXHIBIT "A"**

**(32)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 32 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 101 through 120 (inclusive) as shown on 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; and (B) Unit No. 108 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 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 Lots 31, 32 or 33 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-722-008**