

DATED this 30th day of August, 2017.

Rose M. May
Rose M. May

STATE OF California)
COUNTY OF Contra Costa)^{SS}

SUBSCRIBED AND SWORN before me this 30th day of August, 2017,
by **Rose M. May**.

[Signature]

Notary Public
Personal Banker 2
Title and Rank
My Commission Expires: 1-11-19

NOTARY STAMP/SEAL



EXHIBIT "A"
LEGAL DESCRIPTION

A TIMESHARE ESTATE SITUATED IN DOUGLAS COUNTY, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

PARCEL ONE:

AN UNDIVIDED 1/51ST INTEREST IN AND TO THAT CERTAIN CONDOMINIUM AS FOLLOWS:

(A) AN UNDIVIDED 1/106THS INTEREST AS TENANTS-IN-COMMON, IN AND TO LOT 37 OF TAHOE VILLAGE UNIT NO. 3 AS SHOWN ON THE NINTH AMENDED MAP RECORDED JULY 14, 1988 AS DOCUMENT NO. 182057, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA. EXCEPT THEREFROM UNITS 039 THROUGH 080 (INCLUSIVE) AND UNITS 141 THROUGH 204 (INCLUSIVE) AS SHOWN AND DEFINED ON THAT CERTAIN CONDOMINIUM PLAN RECORDED AS DOCUMENT NO. 182057, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

(B) UNIT NO. **162** AS SHOWN AND DEFINED ON SAID CONDOMINIUM PLAN.

PARCEL TWO:

A NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY KNOWN AS PARCEL "A" ON THE OFFICIAL MAP OF TAHOE VILLAGE UNIT NO. 3, RECORDED JANUARY 22, 1973, AS DOCUMENT NO. 63805, RECORDS OF SAID COUNTY AND STATE, FOR ALL THOSE PURPOSES PROVIDED FOR IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED JANUARY 11, 1973, AS DOCUMENT NO. 63681, IN BOOK 173, PAGE 229 OF OFFICIAL RECORDS AND IN THE MODIFICATIONS THEREOF RECORDED SEPTEMBER 28, 1973 AS DOCUMENT NO. 69063 IN BOOK 973, PAGE 812 OF OFFICIAL RECORDS AND RECORDED JULY 2, 1976 AS DOCUMENT NO. 1472 IN BOOK 776 PAGE 87 OF OFFICIAL RECORDS.

PARCEL THREE:

A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS AND RECREATIONAL PURPOSES AND FOR THE USE AND ENJOYMENT AND INCIDENTAL PURPOSES OVER, ON AND THROUGH LOTS 29, 39, 40, AND 41 AS SHOWN ON TAHOE VILLAGE UNIT NO. 3 - SEVENTH AMENDED MAP, RECORDED APRIL 9, 1986 AS DOCUMENT NO. 133178 OF OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA AND SUCH RECREATIONAL AREAS AS MAY BECOME A PART OF SAID TIMESHARE PROJECT, FOR ALL THOSE PURPOSES PROVIDED FOR IN THE FOURTH AMENDED AND RESTATED DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS, RECORDED FEBRUARY 14, 1984, AS DOCUMENT NO. 96758 OF OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

PARCEL FOUR:

(A) A NON-EXCLUSIVE EASEMENT FOR ROADWAY AND PUBLIC UTILITY PURPOSES AS GRANTED TO HARICH TAHOE DEVELOPMENTS IN DEED RE-RECORDED DECEMBER 8, 1981, AS DOCUMENT NO. 63026, BEING OVER A PORTION OF PARCEL 26-A (DESCRIBED IN DOCUMENT NO. 01112, RECORDED JUNE 17, 1976) IN SECTION 30, TOWNSHIP 13 NORTH, RANGE 19 EAST,

EXHIBIT "A"
LEGAL DESCRIPTION (continued)

- AND -

- (B) AN EASEMENT FOR INGRESS, EGRESS AND PUBLIC UTILITY PURPOSES, 32' WIDE, THE CENTERLINE OF WHICH IS SHOWN AND DESCRIBED ON THE SEVENTH AMENDED MAP OF TAHOE VILLAGE NO. 3, RECORDED APRIL 9, 1986, AS DOCUMENT NO. 133178 OF OFFICIAL RECORDS, DOUGLAS COUNTY, STATE OF NEVADA.

PARCEL FIVE:

THE EXCLUSIVE RIGHT TO USE A UNIT OF THE SAME UNIT TYPE AS DESCRIBED IN THE DECLARATION OF ANNEXATION OF **THE RIDGE TAHOE PHASE FIVE** RECORDED ON AUGUST 18, 1988, AS DOCUMENT NO. 184461 OF OFFICIAL RECORDS OF DOUGLAS COUNTY, IN WHICH AN INTEREST IS HEREBY CONVEYED IN SUBPARAGRAPH (B) OF PARCEL ONE, AND THE NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY REFERRED TO IN SUBPARAGRAPH (A) OF PARCEL ONE AND PARCELS TWO, THREE AND FOUR ABOVE FOR ALL OF THE PURPOSES PROVIDED FOR IN THE FOURTH AMENDED AND RESTATED DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF THE RIDGE TAHOE, RECORDED FEBRUARY 14, 1984, AS DOCUMENT NO. 96758 OF OFFICIAL RECORDS OF DOUGLAS COUNTY, DURING **ONE** USE WEEKS WITHIN THE **PRIME** SEASON, AS SAID QUOTED TERM IS DEFINED IN THE DECLARATION OF ANNEXATION OF THE RIDGE TAHOE PHASE FIVE.

THE ABOVE-DESCRIBED EXCLUSIVE RIGHTS MAY BE APPLIED TO ANY AVAILABLE UNIT OF THE SAME UNIT TYPE ON LOT 37 DURING SAID USE WEEK WITHIN SAID "USE SEASON".

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

3052013070556

CERTIFICATE OF DEATH

3201349001147

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT - FIRST (Given) JOHN		2 MIDDLE EDWARD		3 LAST (Family) MAY		
	4A. AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4 DATE OF BIRTH mm/dd/yy 08/22/1939		5 AGE Yrs 73	6 IF UNDER ONE YEAR Months _____ Days _____
	8 BIRTH STATE/FOREIGN COUNTRY LA	10 SOCIAL SECURITY NUMBER 0810	11 EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12 MARITAL STATUS/FOP (a, This of Death) MARRIED	7 DATE OF DEATH mm/dd/yy 04/07/2013	8 HOUR (24 Hours) 1248	
	13 EDUCATION - (Highest Level/Degree) ASSOCIATE	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 2 races may be listed (see worksheet on back) BLACK				
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DATA PROCESSING TECHNICIAN			18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) COMMERCIAL INSURANCE		19 YEARS IN OCCUPATION 39		
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number, or location) 1539 BRUCE CT.						
	21 CITY SANTA ROSA		22 COUNTY/PROVINCE SONOMA		23 ZIP CODE 95401	24 YEARS IN COUNTY 61	
INFORMANT	26 INFORMANT'S NAME RELATIONSHIP ROSE MARIE MAY, SPOUSE			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city, or town, state and zip) 1539 BRUCE CT., SANTA ROSA, CA 95401			
	28 NAME OF SURVIVING SPOUSE/SPOF - FIRST ROSE		29 MIDDLE MARIE	30 LAST (BIRTH NAME) LEVELS			
SPOUSE/SPOF AND PARENT INFORMATION	31 NAME OF FATHER/PARENT - FIRST THEODORE		32 MIDDLE -	33 LAST MAY		34 BIRTH STATE LA	
	35 NAME OF MOTHER/PARENT - FIRST JESSIE		36 MIDDLE -	37 LAST (BIRTH NAME) CLAIBOURNE		38 BIRTH STATE LA	
FUNERAL DIRECTOR / LOCAL REGISTRAR	39 DISPOSITION DATE mm/dd/yy 04/13/2013		40 PLACE OF FINAL DISPOSITION OAKMONT MEMORIAL PARK 2099 RELIEZ RD., LAFAYETTE, CA 94549				
	41 TYPE OF DISPOSITION(S) BU		42 SIGNATURE OF ENBALMER WILLIAM GRAFE		43 LICENSE NUMBER EMB5343		
44 NAME OF FUNERAL ESTABLISHMENT DANIELS CHAPEL OF THE ROSES		45 LICENSE NUMBER FD209	46 SIGNATURE OF LOCAL REGISTRAR LYNN SILVER, MD, MPH		47 DATE mm/dd/yy 04/09/2013		
PLACE OF DEATH	101 PLACE OF DEATH OWN RESIDENCE			102 IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IN <input type="checkbox"/> EXT <input type="checkbox"/> LCA <input type="checkbox"/> HOSPICE <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER	103 IF OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> Detention <input type="checkbox"/> Home <input type="checkbox"/> OTHER		
	104 COUNTY SONOMA	105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1539 BRUCE CT.			106 CITY SANTA ROSA		
	107 CAUSE OF DEATH E- Use the word "disease" - diseases, injuries, or complications - that directly caused death. DO NOT include "trauma" or "fall" or "fall from object" or "stroke" unless respiratory or heart or venous thrombosis, showing the etiology. DO NOT abbreviate. (A) METASTATIC COLON CANCER TO LIVER			108 DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	109 DEATH REPORTED TO CORONER? (B) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	109 IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) METASTATIC COLON CANCER TO LIVER			110 AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111 USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input checked="" 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)						113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> L&A	
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 At _____ 08/01/2012 04/06/2013		115 SIGNATURE AND TITLE OF CERTIFIER NICOLAJ ANDERSEN M.D.		116 LICENSE NUMBER A90797	117 DATE mm/dd/yy 04/09/2013	
	118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NICOLAJ ANDERSEN M.D. 401 BICENTENNIAL WAY, SANTA ROSA, CA 95403						
CORONERS USE ONLY	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"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown, Un-determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JNK		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JNK	121 INJURY DATE mm/dd/yy	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/yy	128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

STATE REGISTRAR A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
FAX AUTH # _____ CENSUS TRACT _____
010001002325904

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SONOMA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.



William F Rousseau
WILLIAM F ROUSSEAU, CLERK-RECORDER
SONOMA COUNTY, CALIFORNIA

DATE ISSUED **MAY 02 2017**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of Clerk-Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

