

on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records at Page 591, Douglas County, Nevada, as Document No. 17578. Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" as amended.

Also excepting from the real property and reserving to grantor, its successors, and assigns, all those certain easements referred to in paragraphs 2.5, 2.6, and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341, as Document No. 76233 of Official Records of the County of Douglas, State of Nevada, and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No. 78917, second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at Page 1688, Douglas County, Nevada, as Document No. 84425, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Document No. 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 at Page 3987, Official Records of Douglas County, Nevada, as Document No. 161309 ("Declaration"), during a "Use Period", within the HIGH Season within the "Owner's Use Year", as defined in the Declaration, together with an nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of way of record. A portion of APN 07-130-19.

APN: 1318-26-101-006

3. ARSEN N. OHANESSIAN was one of the Grantees named in said Deed and is the Decedent named in that certain Certificate of Death, attached hereto and made a part hereof by this reference.

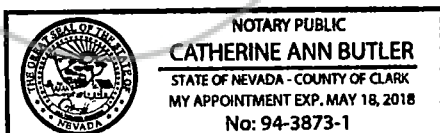
4. This Affidavit hereby terminates the Joint Tenancy of said property and vests title solely in HILDA C. OHANESSIAN, as her sole and separate property.

Dated this 17th day of January, 2018.

Hilda Ohanessian
HILDA C. OHANESSIAN

Subscribed and sworn to before me this 17th day of January, 2018, by HILDA C. OHANESSIAN.

Catherine A Butler
NOTARY PUBLIC
Name: Catherine A. Butler
Exp.:05/18/2018
No.: 94-3873-1



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

305201119252

CERTIFICATE OF DEATH

3201119027041

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/05)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT - FIRST (Given) ARSEN		2. MIDDLE -		3 LAST (Family) OHANESSIAN		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4 DATE OF BIRTH mm/dd/yyyy 10/17/1925	5 AGE Yrs 85	IF UNDER ONE YEAR Months: Days: Hours: Minutes:	6 SEX M
	9 BIRTH STATE/FOREIGN COUNTRY SYRIA	10 SOCIAL SECURITY NUMBER -7065	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 06/29/2011	8 HOUR (24 Hour) 1309
	13 EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE	14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED JEWELER		
20. DECEDENT'S RESIDENCE (Street and number, or location) 1431 MERRIMAN DR.		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) JEWELRY		19 YEARS IN OCCUPATION 50			
USUAL RESIDENCE	21 CITY GLENDALE	22. COUNTY/PROVINCE LOS ANGELES	23 ZIP CODE 91202	24. YEARS IN COUNTY 31	25. STATE/FOREIGN COUNTRY CA		
	26. INFORMANT'S NAME, RELATIONSHIP HILDA SIMON OHANESSIAN, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1431 MERRIMAN DR., GLENDALE, CA 91202			
SPOUSE/SRDP AND PARENT INFORMATION	28 NAME OF SURVIVING SPOUSE/SRDP - FIRST HILDA		29. MIDDLE SIMON		30 LAST (BIRTH NAME) HAVUNDJIAN		
	31. NAME OF FATHER/PARENT - FIRST NORIK		32. MIDDLE -		33. LAST OHANESSIAN		34. BIRTH STATE TURKEY
	35. NAME OF MOTHER/PARENT - FIRST SETA		36. MIDDLE -		37. LAST (BIRTH NAME) NALBANDIAN		38. BIRTH STATE TURKEY
	39 DISPOSITION DATE mm/dd/yyyy 07/02/2011		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 1712 SOUTH GLENDALE AVE., GLENDALE, CA 91205				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41 TYPE OF DISPOSITION(S) BU		42 SIGNATURE OF EMBALMER STEPHANIE ANDERSON		43 LICENSE NUMBER EMB9205		
	44 NAME OF FUNERAL ESTABLISHMENT ABBOTT & HAST		45 LICENSE NUMBER FD1399	46 SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD		47 DATE mm/dd/yyyy 06/30/2011	
PLACE OF DEATH	101 PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY LOS ANGELES	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1431 MERRIMAN DR.			106 CITY GLENDALE		
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 ventilator malfunction without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY FAILURE (B) BRAIN CANCER		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF FEMALE, REPORTER'S NAME:		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		(A) SECS		(B) MOS		
	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		(C)		(D)		
	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) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
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 Attended Since: Decedent Last Seen Alive:		115. SIGNATURE AND TITLE OF CERTIFIER RENITA PULLENS D.O.		116 LICENSE NUMBER 20A8326		
	(A) mm/dd/yyyy 06/29/2011	(B) mm/dd/yyyy 06/29/2011	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RENITA PULLENS D.O. 15315 MAGNOLIA BLVD, SUITE 101, SHERMAN OAKS, CA 91403				
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 type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		
	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		122 HOUR (24 Hour)				
	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.#	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD
VD DATE ISSUED

JUL 8 2011 8 46 13 *

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

