

A.P.N.: 1319-30-712-001
File No: 9928-4126699 (RM)

When Recorded return to, and mail Tax Statements to:
Maria I. Burany
3227 W. Vogel Ave.
Greenfield, WI 53221

AFFIDAVIT - TERMINATING JOINT TENANCY

Maria I. Burany, of legal age, being first duly sworn, deposes and says:

That **Peter P. Burany**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Peter P. Burany** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **January 11, 2003** executed by **Ridge Pointe Limited Partnership** to **Maria I. Burany and Peter P. Burany** as joint tenants, recorded as Document No. **0564784** on **January 23, 2003** in Book **n/a** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows as shown on Exhibit B, attached hereto and incorporated by reference here, in and to Lot 160 as designated on Tahoe Village Unit No. 1 – 14th Amended Map, recorded September 16, 1996 as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada.

EXCEPTING THEREFROM that certain real property described as follows: beginning at the Northeast corner of Lot 160; thence South 31 degrees 11'12" East 81.16 feet; thence South 58 degrees 48'39" West 57.52 feet; thence North 31 degrees 11'12" West 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angel of 18 degrees 23'51", an arc length of 57.80 feet the chord of said curve bears North 60 degrees 39'00" East 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 463765.

TOGETHER WITH those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Pointe, recorded November 5, 1997 as Document No. 0425591, and as amended on March 19, 1999 as Document No. 463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period every other year in EVEN -numbered years in accordance with said Declaration.

Maria I. Burany

Maria I. Burany Date

NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) Richard H. Staats

Address: 3565 E. Barnard Ave., PO Box 100288 Cudahy WI 53110

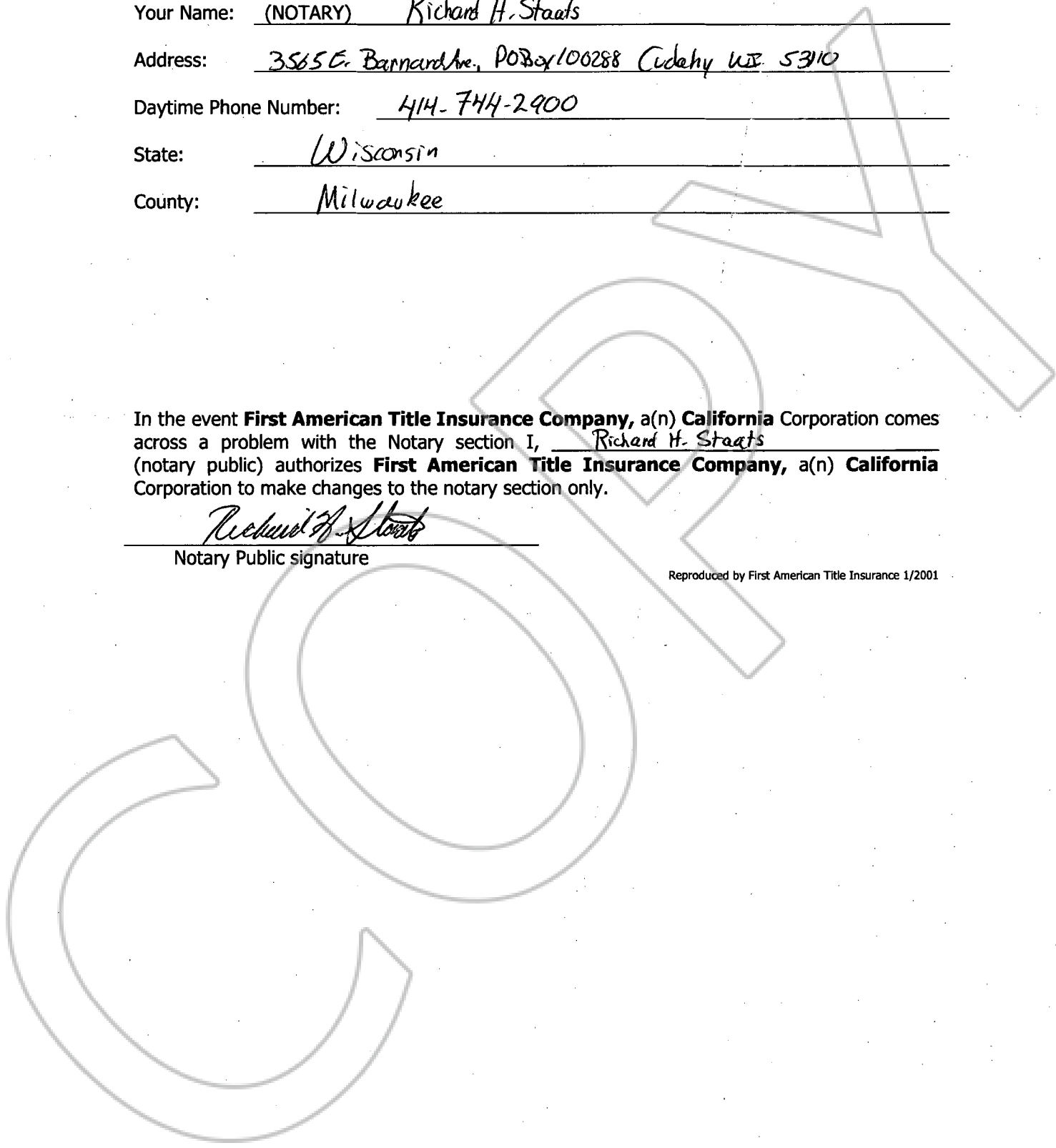
Daytime Phone Number: 414-744-2900

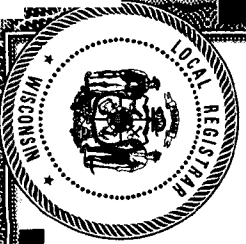
State: Wisconsin

County: Milwaukee

In the event **First American Title Insurance Company**, a(n) **California** Corporation comes across a problem with the Notary section I, Richard H. Staats (notary public) authorizes **First American Title Insurance Company**, a(n) **California** Corporation to make changes to the notary section only.

Richard H. Staats
Notary Public signature





Corrected 4-9-2009
by authority of the Milwaukee
County Register of Deeds
Item(s) #8b per F.H.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
PART I. FACT OF DEATH

Form fields for decedent information: 1. DECEASED'S NAME (Peter P. BURANY), 2. SEX (M), 3. SOCIAL SECURITY NO. (2525), 4. DATE PRONOUNCED DEAD (April 6, 2009), 5. BODY FOUND (M), 6. AGE (71), 7. DATE OF BIRTH (June 29, 1937), 8. DEATH AT HOSPITAL (M), 9. DEATH AT HOME (M), 10. OTHER PLACE (Milwaukee), 11. HOSPITAL/NURSING HOME NAME (Greenfield), 11a. HOME ADDRESS (3227 W. Vogel Avenue), 11b. M.H. LIC. NO., 12. MARITAL STATUS (Married), 13. RESIDENCE COUNTY (Milwaukee), 14. ZIP CODE (53221), 15. STATE OF BIRTH (Wisconsin), 16. FATHER'S NAME (Vince Burany), 17. MOTHER'S NAME (Margit Matosek), 18. SURVIVING SPOUSE (Maria Kovacs), 19. INFORMANT'S NAME (Maria Burany), 20a. FUNERAL SERVICE LICENSEE (5139), 20b. WIFE D LIC. NO., 20c. SIGNATURE (Margit Matosek), 20d. DATE SIGNED (April 6, 2009), 21. MEDICAL CERTIFICATION (Certified cause of death), 22. MANNER OF DEATH (Natural), 23. MEDICAL CERTIFIER'S NAME AND TITLE (Rubina Omar), 24. MEDICAL CERTIFIER'S MAILING ADDRESS (8801 W. K. River Parkway, Suite 520, Milwaukee, WI 53215), 25. DATE SIGNED BY MEDICAL CERTIFIER (4-6-08), 26. DATE SIGNED BY LOCAL REGISTRAR (APR 09 2009).

PART II. EXTENDED FACT OF DEATH AVAILABLE ONLY TO THOSE WITH A DIRECT AND TANGIBLE INTEREST IN THIS RECORD OR FOR A STATE-APPROVED RESEARCH USE (PER S. 69.201). 31. USUAL OCCUPATION (Machinist), 32. KIND OF BUSINESS/INDUSTRY (Water Heating Equipment), 33. DECEASED EVER IN THE ARMED FORCES (No), 34. DECEASED WAS TRIBAL MEMBER (No), 35. METHOD OF DISPOSITION (Burial), 36. PLACE OF DISPOSITION (Arlington Park Cemetery), 37. LOCATION OF CEMETERY OR CREMATORY (Greenfield, Wisconsin), 38. PART I. OTHER SIGNIFICANT CONDITIONS (Hypertension, History of deep venous thromboses, Premature atherosclerosis), 39. IMMEDIATE CAUSE (Mistakenly inhaled small cell lung cancer), 40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED (None), 41. DATE OF INJURY (None), 42. HOURS OF INJURY (None), 43. PLACE OF INJURY (None), 44. INJURY AT WORK (No), 45. LOCATION OF INJURY (None), 46. COUNTY OF INJURY (None).

JOHN LAVFAVE
MILWAUKEE COUNTY REGISTER OF DEEDS

John Lavfave

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

85222835 Date Issued: APR 10 2009

