

A.P.N.: 1319-30-722-004
File No: 9928-4461363 (RS)

When Recorded return to, and mail Tax Statements to:
Susan M. Leach
1377 MARSEILLE LN
ROSEVILLE, CA 95747

AFFIDAVIT - TERMINATING JOINT TENANCY

Susan M. Leach, of legal age, being first duly sworn, deposes and says:

That **Walter W. Leach II**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Walter W. Leach II** named as one of the parties in that certain **Grant , Bargain , Sale Deed** dated **10-25-12** executed by **Keith V. Leisses and Vicki C. Leisses** to **Susan M. Leach and Walter W. Leach II** as joint tenants, recorded as Document No. **812677** on **11/09/2012** 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** :

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 32 as shown on Tahoe Village Unit No. 3 - 13th 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. 104 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 Summer "Season" as defined in and in accordance with said Declarations.

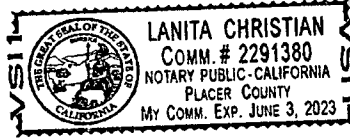
 9/28/19
Susan M. Leach Date

STATE OF California)
COUNTY OF Placer) ss.

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.

This instrument was acknowledged before me on September 28, 2019 by **Susan M. Leach.**

Lanita Christian
Notary Public
(My commission expires: June 3, 2023)



COPY

NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

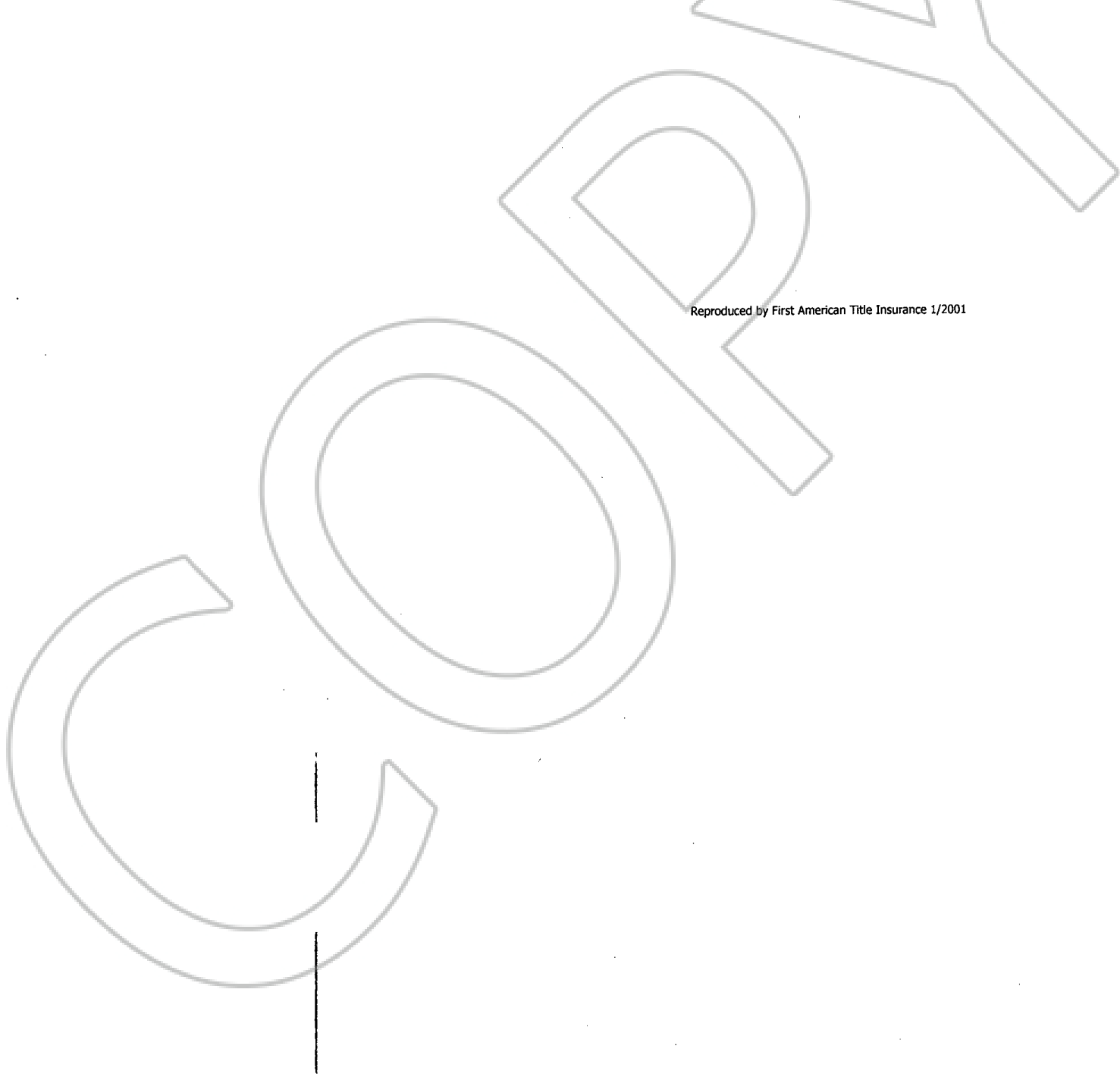
Your Name: (NOTARY) Lanita Christian

Address: 5098 Foothills Blvd #3, Roseville, CA 95747

Daytime Phone Number: 916-773-8091

State: California

County: Placer



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH

3201931000046

STATE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERNATIVES VS-1 (REV. 2/13/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) WALTER		2. MIDDLE WARWICK		3. LAST (Family) LEACH II	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 08/20/1934	5. AGE Yrs. Mths. Days 84
9. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER [REDACTED] 1403	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 01/05/2019
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		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) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED INDUSTRIAL ENGINEER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MANUFACTURER		19. YEARS IN OCCUPATION 45
20. DECEDENT'S RESIDENCE (Street and number, or location) 1377 MARSEILLE LN.					
21. CITY ROSEVILLE		22. COUNTY/PROVINCE PLACER		23. ZIP CODE 95747	24. YEARS IN COUNTY 8
25. STATE/FOREIGN COUNTRY CA					
26. INFORMANT'S NAME, RELATIONSHIP SUSAN LEACH, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1377 MARSEILLE LN., ROSEVILLE, CA 95747		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST SUSAN		30. LAST (BIRTH NAME) MOODY			
31. NAME OF FATHER/PARENT - FIRST WALTER		32. MIDDLE WARWICK		34. BIRTH STATE UNKNOWN	
35. NAME OF MOTHER/PARENT - FIRST MILDRED		37. LAST (BIRTH NAME) RYERSON		38. BIRTH STATE RUSSIA	
33. DISPOSITION DATE mm/dd/yyyy 01/11/2019		40. PLACE OF FINAL DISPOSITION RESIDENCE OF SUSAN LEACH 1377 MARSEILLE LN., ROSEVILLE, CA 95747			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT CREMATION SOCIETY OF PLACER COUNTY		45. LICENSE NUMBER FD2199		46. SIGNATURE OF LOCAL REGISTRAR ▶ ROBERT LEE OLDHAM, MD	
47. DATE mm/dd/yyyy 01/10/2019					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERDP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1377 MARSEILLE LN.		106. CITY ROSEVILLE	
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. IMMEDIATE CAUSE (A) FAILURE TO THRIVE 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 (B) AMYOTROPHIC LATERAL SCLEROSIS		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WKS 0500200		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MONS	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <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 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
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: (A) mm/dd/yyyy 10/17/2011 (B) mm/dd/yyyy 12/07/2018		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ROGER ANG M.D.		116. LICENSE NUMBER A62536	
117. DATE mm/dd/yyyy 01/10/2019		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROGER ANG M.D. 3100 DOUGLAS BLVD., ROSEVILLE, CA 95661			
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"/> Pending <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	

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



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

01/15/2019

Robert L. Oldham MD
ROBERT L. OLDHAM, MD
HEALTH OFFICER AND LOCAL REGISTRAR

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



CAPLACEROJ