

APN# 42-010-40 (Portion)



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Sandra L. Howard

Address: 3773 Vineyard Ave.

City/State/Zip: Pleasanton, CA 94566

Mail Tax Statements to:

Name: Sandra L. Howard

Address: 3773 Vineyard Ave.

City/State/Zip: Pleasanton, CA 94566

Affidavit - Death of Joint Tenant

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Sandra L. Howard

Signature

Sandra L. Howard

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

EXHIBIT "A"

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map, and (B) Unit No. 257 as shown and defined on said map; 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 in the Declaration of Annexation of The Ridge Tahoe Phase Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13 - foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06", E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;
thence S. 14°00'00" W., along said Northerly line, 14.19 feet;
thence N. 52°20'29" W., 30.59 feet;
thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

Per NRS 111.312, this legal description was previously recorded at Document No. 0454219, Book 1198, Page 3586, on 11/17/1998.
A portion of APN 42-010-40

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200701004095

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) GEORGE		2. MIDDLE DALEY		3. LAST (Family) HOWARD	
AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH m/m/dd/yyyy 11/20/1944		5. AGE Yrs 62	
9. BIRTH STATE/FOREIGN COUNTRY MS		10. SOCIAL SECURITY NUMBER 3594		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH m/m/dd/yyyy 06/14/2007		8. HOUR (24 Hours) 1022	
13. EDUCATION — Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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 PLUMBER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COMMERCIAL AND RESIDENTIAL PLUMBING		19. YEARS IN OCCUPATION 34	
20. DECEDENT'S RESIDENCE (Street and number or location) 844 GRACE ST					
21. CITY LIVERMORE		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94550	
24. YEARS IN COUNTY 57		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP SANDRA HOWARD, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 844 GRACE ST, LIVERMORE, CA 94550		
28. NAME OF SURVIVING SPOUSE — FIRST SANDRA		29. MIDDLE LEE		30. LAST (Maiden Name) HOWARD	
31. NAME OF FATHER — FIRST HARRY		32. MIDDLE -		33. LAST HOWARD	
34. BIRTH STATE UNK		35. NAME OF MOTHER — FIRST MAUDE		36. MIDDLE ELIZABETH	
37. LAST (Maiden) WARBRITON		38. BIRTH STATE AR			
39. DISPOSITION DATE m/m/dd/yyyy 06/21/2007		40. PLACE OF FINAL DISPOSITION ST. MICHAEL'S CATHOLIC CEMETERY 3885 EAST AVE, LIVERMORE, CA 94550			
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER JAMES CARVALHO		43. LICENSE NUMBER 7748	
44. NAME OF FUNERAL ESTABLISHMENT CALLAGHAN MORTUARY		45. LICENSE NUMBER FD416		46. SIGNATURE OF LOCAL REGISTRAR ANTHONY ITON, M.D.	
47. DATE m/m/dd/yyyy 06/20/2007					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		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 ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 844 GRACE ST		108. CITY LIVERMORE	
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 knowing the etiology. DO NOT ABBREVIATE. (A) CHOLANGIOCARCINOMA (B) _____ (C) _____ (D) _____ 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <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 CONGESTIVE HEART FAILURE					
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	
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 RAAFAT KAISER ZAMARY M.D.		116. LICENSE NUMBER A46583	
(A) m/m/dd/yyyy 01/01/2000		(B) m/m/dd/yyyy 05/31/2007		117. DATE m/m/dd/yyyy 06/20/2007	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RAAFAT KAISER ZAMARY M.D. 1258 CONCANNON BLVD, LIVERMORE, CA 94550					
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"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending 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 m/m/dd/yyyy	
122. 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 m/m/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					

STATE REGISTRAR A B C D E *01200700525006* FAX AUTH. # CENSUS TRAIL *000609106*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **06/25/2007**

Anthony Iton M.D.
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE