

9/ DUNN, ROGASKI, PROVOLOS & WEBER, PO BOX 1072, VALLE JO, CA 94590 ✓
RECORDING REQUESTED BY

JULIA D. ROBERTS

AND WHEN RECORDED MAIL TO

Name Julia D. Roberts
Street Address P.O. Box 523
City & State Dixon, CA 95620

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name Julia D. Roberts
Street Address P.O. Box 523
City & State Dixon, CA 95620

Affidavit - Death of Joint Tenant

AJT 873 IB

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

STATE OF ~~CA~~ NEVADA

COUNTY OF DOUGLAS } ss.

Julia D. Roberts

of legal age, being first duly sworn, deposes and says:

That Mack C. Roberts the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as Mack C. Roberts

named as one of the parties in that certain Grant Bargain Sale Deed dated June 6, 1989, executed by Jack K. Sievers

to Mack C. Roberts and Julia D. Roberts, husband and wife,

as joint tenants, recorded as Instrument No. 209192 on August 22, 1989 in

book 889, page 3128 of Official Records of Douglas County, Nevada,

~~Book 889, page 3128~~ covering the following described property situated in the

County of Douglas State of ~~California~~ Nevada:

SEE EXHIBIT "A" ATTACHED HERETO

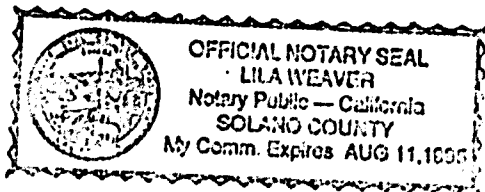
Dated 9/20/93

Julia D. Roberts
JULIA D. ROBERTS

SUBSCRIBED AND SWORN TO before me

this 20th day of September 1993

Signature *Lila Weaver*
Lila Weaver
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. _____ Escrow, Loan or Attorney File No. 320971

MAIL TAX STATEMENTS AS DIRECTED ABOVE BK 1093 PG 4605

PARCEL
PAGE
MAP BOOK
Assessors Identification Number:

RIDGE CREST LEGAL

A Timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

(a) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at page 711, Douglas County, Nevada, as Document No. 183624.

(b) Unit No. 206 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above, during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "use week" as more fully set forth in the CC&R's.

A Portion of APN 40-370-15

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST (GIVEN) MACK		1B. MIDDLE C.	1C. LAST (FAMILY) ROBERTS		2A. DATE OF DEATH—MO. DAY, YR February 11, 1991	2B. HOUR 1805	3. SEX M
4. RACE Caucasian		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR February 20, 1932	7. AGE IN YEARS 58	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8. STATE OF BIRTH MS	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Unknown		10B. STATE OF BIRTH UNK	11A. FULL MAIDEN NAME OF MOTHER Unknown		11B. STATE OF BIRTH UNK
12. MILITARY SERVICE? 19 52 TO 19 55 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 0403		14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Julia D. Gordon		
16A. USUAL OCCUPATION Custodian		16B. USUAL KIND OF BUSINESS OR INDUSTRY School Dist.		16C. USUAL EMPLOYER D.U.S.D.	16D. YEARS IN OCCUPATION 16	17. EDUCATION—YEARS COMPLETED Unknown	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 815 Camelia Drive				18B. CITY Dixon	18C. ZIP CODE 95620		
18D. COUNTY Solano County		18E. NUMBER OF YEARS IN THIS COUNTY 23	18F. STATE OR FOREIGN COUNTRY CA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Julia D. Roberts - Wife 815 Camelia Drive Dixon, CA 95620		
19A. PLACE OF DEATH Usual Residence		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA - -		19C. COUNTY Solano County		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 815 Camelia Drive		19E. CITY Dixon		TIME INTERVAL BETWEEN ONSET AND DEATH		23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Lung Cancer		DUE TO (B)		DUE TO (C)		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None				26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.			
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 10-7-80		27B. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 2-8-91		27C. PHYSICIAN'S LICENSE NUMBER 6-036340		27D. DATE SIGNED 2/12/91	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Joseph E. Scherger, M.D., 255 N. Lincoln, Dixon, CA		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>				28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
30D. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) CR/RES		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 815 Camelia Drive Dixon, CA		34C. DATE MO. DAY, YEAR 2/16/91		35A. SIGNATURE OF EMBALMER Not Embalmed	
35B. LICENSE NUMBER - -		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Vaca Hills Chapel		36B. LICENSE NO. FD-1297		37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
38. REGISTRATION DATE 2-12-91		A.		B.		C.	
D.		E.		F.		CENSUS TRACT	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THE SOLANO COUNTY DEPARTMENT OF PUBLIC HEALTH, VALLEJO, CALIFORNIA

Thomas Chanderma

HEALTH OFFICER AND LOCAL REGISTRAR

DATE: FEB 14 1991

SEAL

320971

BK 1093PG4607

REQUESTED BY
Dann Fogaski et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

93 OCT 25 AM 1:41

SUZANNE BEAUCREAU
RECORDER
900
\$ PAID *[Signature]* DEPUTY