

Recorded at the Request of:
Return to:

✓ TODD M. PETERSON
Attorney at Law
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(916) 893-2884

A portion Of APN: 42-254-50

AFFIDAVIT - DEATH OF JOINT TENANT

State of California)
County of Butte)

I, VIRGINIA ANN RUSSO, of legal age, declare:

The decedent, DENNIS J. RUSSO, mentioned in the attached Certified copy of Certificate of Death, is the same person as DENNIS J. RUSSO named as one of the parties in that certain RIDGE TAHOE GRANT, BARGAIN, SALE DEED, dated August 8, 1994, executed HARICH TAHOE DEVELOPMENTS, a Nevada general partnership, Grantor, to DENNIS J. RUSSO and VIRGINIA ANN RUSSO, husband and wife, as Joint Tenants, and recorded on August 22, 1994, in Book 894, at page 3620, document No. 34416, in the official records of Douglas County, Nevada, covering the real property described on Exhibit "A" attached hereto.

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 19, 1996.

Virginia Ann Russo

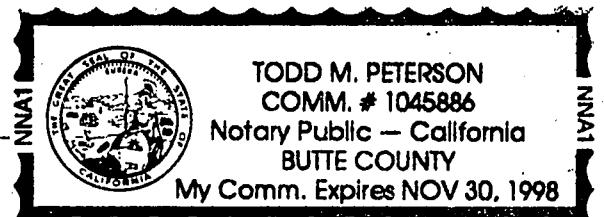
VIRGINIA ANN RUSSO

On this 19th day of June, 1996, before me, the undersigned, a Notary Public in and for said State, personally appeared VIRGINIA ANN RUSSO personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the within AFFIDAVIT and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Todd M. Peterson

TODD M. PETERSON, Notary Public



TODD M. PETERSON
ATTORNEY AT LAW
669 PALMETTO AVENUE
P.O. BOX 7727
CHICO, CALIFORNIA
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EXHIBIT "A"

LEGAL DESCRIPTION

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said Map; and (B) Unit No. 50 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 Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of the Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 Lot 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-50

CERTIFICATE OF DEATH 03 96 04 000951

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) DENNIS		2. MIDDLE JAMES		3. LAST (FAMILY) RUSSO		
	4. DATE OF BIRTH MM/DD/CCYY 09/30/1950		5. AGE YRS. 45		6. SEX M		
	7. DATE OF DEATH MM/DD/CCYY 05/16/1996		8. HOUR 0757				
	9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. -1651		11. MILITARY SERVICE NONE		
	12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12				
USUAL RESIDENCE	14. RACE CAUC		15. HISPANIC—SPECIFY NO		16. USUAL EMPLOYER SELF		
	17. OCCUPATION CARPET CONTRACTOR		18. KIND OF BUSINESS CONSTRUCTION/FLOORING		19. YEARS IN OCCUPATION 20		
	20. RESIDENCE—STREET AND NUMBER OR LOCATION 829 SEQUOYAH AVENUE						
INFORMANT	21. CITY CHICO			22. COUNTY BUTTE		23. ZIP CODE 95926	
	24. YRS IN COUNTY 25		25. STATE OR FOREIGN COUNTRY CA				
SPOUSE AND PARENT INFORMATION	26. NAME, RELATIONSHIP GEORGIANNA RUSSO - MOTHER			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 81 HILO DRIVE, PITTSBURG, CA 94565			
	28. NAME OF SURVIVING SPOUSE—FIRST VIRGINIA		29. MIDDLE UNK		30. LAST (MAIDEN NAME) FROST		
	31. NAME OF FATHER—FIRST SALVATORE		32. MIDDLE BEN		33. LAST RUSSO		34. BIRTH STATE CA
	35. NAME OF MOTHER—FIRST GEORGIANNA		36. MIDDLE MARGARET		37. LAST (MAIDEN) MOORHOUSE		38. BIRTH STATE NY
FUNERAL DIRECTOR AND LOCAL REGISTRAR	39. DATE MM/DD/CCYY 05/21/1996		40. PLACE OF FINAL DISPOSITION HOLY CROSS CEMETERY, ANTIOCH, CA				
	41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF FUNERAL DIRECTOR <i>Bidwell Chapel</i>		43. LICENSE NO. 7287		
PLACE OF DEATH	44. NAME OF FUNERAL DIRECTOR BIDWELL CHAPEL		45. LICENSE NO. 433		46. SIGNATURE OF LOCAL REGISTRAR <i>Michael K. Murphy</i>		
	47. DATE MM/DD/CCYY 05/20/1996		48. TIME INTERVAL BETWEEN ONSET AND DEATH UNK		49. DEATH REPORTED TO CORONER YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	50. REFERRAL NUMBER C96-13711		51. BIOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		52. AUTOPSY PERFORMED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CAUSE OF DEATH	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		
	104. COUNTY BUTTE		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 829 SEQUOYAH AVENUE		106. CITY CHICO		
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. IMMEDIATE CAUSE (A) CEREBRAL EDEMA		109. USED IN DETERMINING CAUSE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	110. DUE TO (B) ACUTE INTRACEREBRAL HEMMORRHAGE		111. DUE TO (C) APPARENT BLEEDING DYSCRASIA		112. DUE TO (D) APPARENT RECENT ONSET LYMPHOCYTIC LEUKEMIA		
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
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 MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Michael K. Murphy</i>		116. LICENSE NO.		
	117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP				
CORONER'S USE ONLY	119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		
	122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)						
STATE REGISTRAR	126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Michael K. Murphy</i>		127. DATE MM/DD/CCYY 05/20/1996		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER MICHAEL K. MURPHY DEPUTY CORONER		
	129. FAX AUTH. # 389		130. CENSUS TRACT				

CERTIFICATION STATEMENT

THIS IS TO CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE VITAL RECORD WHICH IS ON FILE IN THIS OFFICE AND OF WHICH I AM THE LEGAL CUSTODIAN.

Michael A. Murphy MD
SIGNATURE OF CERTIFYING OFFICIAL

SEAL
Michael K. Murphy
REGISTRAR OF VITAL STATISTICS
OFFICIAL TITLE

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH
18B COUNTY CENTER DR., OROVILLE, CALIF. 95965
PLACE OF CERTIFICATION

06/03/1996
DATE OF CERTIFICATION

391694

BK 0796 PG 1309

COPY

REQUESTED BY
Todd Peterson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 JUL 10 AM 1:26

LINDA SLATER
RECORDER

\$10⁰⁰ PAID ke DEPUTY

391694
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