

When Recorded Mail To: Karen L. Meyer
4849 Ramondo Dr.
Santa Rosa, CA 95401

Declaration [or Affidavit] of Death of Joint Tenant

State of California

County of Sonoma

I, Karen L. Meyer, ["being duly sworn," if Declaration is to be notarized] say:

I am 18 years of age or over; John H. Meyer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John H. Meyer, named as one of the parties in the deed dated Nov. 6, 1989, executed by Harlesk Mgt. Inc to John H. Meyer and the undersigned, as joint tenants, recorded on Nov. 22, 1989, in Book 1189, Page 2961, of the Official Records of Douglas County, Nevada, covering the property situated in Stateline, County of Douglas, State of Nevada, described as follows:

~~[Legal description of property]~~

See Exhibit A

Timeshare No. 02-012-09

A.P.N. 42-230-12

Karen L. Meyer
KAREN L. MEYER

if
notarized

Subscribed and sworn to before me
on FEBRUARY 18, 1997



(seal of notary public)

I declare under penalty of perjury that the foregoing is true and correct. [Omit this if a notary is used.]

Executed on this _____ day of _____, in _____, California.

0407377

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CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-1996-49-002509

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JOHN		2. MIDDLE HENRY		3. LAST (FAMILY) MEYER			
4. DATE OF BIRTH MM/DD/CCYY 12/11/1934		5. AGE YRS. 61	6. SEX M		7. DATE OF DEATH MM/DD/CCYY 09/21/1996		8. HOUR 1830
9. STATE OF BIRTH MO		10. SOCIAL SECURITY NO. 8900		11. MILITARY SERVICE 19 TO 19 <input type="checkbox"/> NONE		12. MARITAL STATUS MARRIED	13. EDUCATION—YEARS COMPLETED 12
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SEARS			
17. OCCUPATION SHIPPER & RECEIVER		18. KIND OF BUSINESS RETAIL SALES		19. YEARS IN OCCUPATION 30			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 4849 RAMONDO DRIVE							
21. CITY SANTA ROSA		22. COUNTY SONOMA		23. ZIP CODE 95401	24. YRS. IN COUNTY 40	25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP KAY MEYER, WIFE				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 4849 RAMONDO DRIVE, SANTA ROSA, CA 95401			
28. NAME OF SURVIVING SPOUSE—FIRST KAREN		29. MIDDLE LEE		30. LAST (MAIDEN NAME) BOMBERGER			
31. NAME OF FATHER—FIRST HENRY		32. MIDDLE JOHN		33. LAST MEYER		34. BIRTH STATE MO	
35. NAME OF MOTHER—FIRST LUCILLE		36. MIDDLE MARGARET		37. LAST (MAIDEN) DÜREN		38. BIRTH STATE MO	
39. DATE MM/DD/CCYY 09/23/1996		40. PLACE OF FINAL DISPOSITION RES: KAY MEYER, 4849 RAMONDO DRIVE, SANTA ROSA, CA 95401					
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO.			
44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NORTHERN CA		45. LICENSE NO. SANTA ROSA FD-1334		46. SIGNATURE OF LOCAL REGISTRAR <i>Deryk R. Flores MD</i>		47. DATE MM/DD/CCYY 09/23/1996	
101. PLACE OF DEATH SANTA ROSA MEMORIAL HOSP.		102. IF HOSPITAL, SPECIFY ONE: <input checked="" 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 SONOMA	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1165 MONTGOMERY DRIVE		106. CITY SANTA ROSA					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) MULTIPLE MYELOMA		108. TIME INTERVAL BETWEEN ONSET AND DEATH 5 YRS		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
110. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
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: 07/14/1993 DECEDENT LAST SEEN ALIVE: 09/21/1996							
115. SIGNATURE AND TITLE OF CERTIFIER <i>HARRY RICHARDSON MD</i>		116. LICENSE NO. G19242		117. DATE MM/DD/CCYY 09/23/1996			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP HARRY RICHARDSON, MD, 3555 ROUND BARN CIRCLE, SANTA ROSA, CA 95403		119. MANNER OF DEATH <input 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)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

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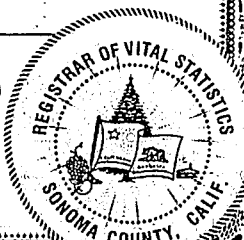
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS **09/24/1996**
COUNTY OF SONOMA } DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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



Deryk R. Flores MD
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County Douglas, State of Nevada, described as follows:

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 1/8th interest as tenants in common, in and to the Common Area of Lot 3 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada.

(b) Unit No. A4 as shown and defined on said condominium map recorded as Document No. 93408, 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 Areas as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary line adjustment map recorded as Document No. 133713, 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" within the "PRIME" use season" as that term is defined in the First Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No. 134786, Official Records, Douglas County, State of Nevada (the "C,C & R's"). The above-described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "use week" in the above referenced "use season" as more fully set forth in the C,C & R's.

A Portion of APN 42-230-12

REQUESTED BY
Kay L Meyer
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA.

'97 FEB 27 AIO:47

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LINDA SLATER
RECORDER
\$ 9.00 PAID ks DEPUTY