

### AFFIDAVIT - DEATH OF JOINT TENANT

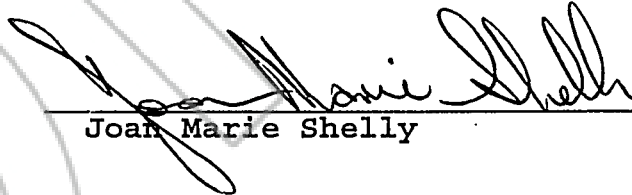
STATE OF NEVADA }  
  } ss.  
COUNTY OF Douglas }

Joan Marie Shelly, of legal age, being first duly sworn, deposes and says:  
That William R. Shelly, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as William R. Shelly  
named as one of the parties in that certain Grant Deed dated June 20, 1984  
executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership  
to WILLIAM R. SHELLY and JOAN MARIE SHELLY, husband and wife  
as joint tenants, recorded as Instrument No. 102716, on June 26, 1984  
in Book 684, Page 2673, of Official Records of Douglas  
County, Nevada, covering the following described property situated in the Douglas  
County, State of Nevada:

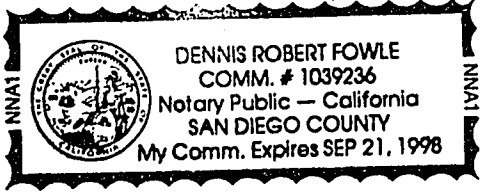
The Ridge Tahoe, Naegle Building, Summer Season, Week #31-090-02-01,  
Stateline, NV 89449

See Exhibit 'A' attached hereto and by this reference made a part  
hereof.

DATE: August 21, 1997

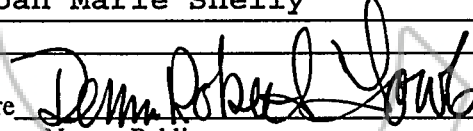
  
Joan Marie Shelly

STATE OF California }  
  } ss.  
COUNTY OF San Diego }



(This area above for official notarial seal)

This instrument was acknowledged before me on AUGUST 22, 1997  
Joan Marie Shelly

Signature   
Notary Public

SEAL!

RECORDING REQUESTED BY:  
STEWART TITLE COMPANY  
WHEN RECORDED MAIL TO:

Joan Marie Shelly  
3625 Vista Oceana #28  
Oceanside, CA 92057

0420828

BR0997PG0386

**CERTIFICATE OF DEATH**


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

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>William</b>		2. MIDDLE <b>Richard</b>		3. LAST (FAMILY) <b>Shelly</b>					
	4. DATE OF BIRTH MM/DD/CCYY <b>03/25/1928</b>		5. AGE YRS. <b>66</b>	IF UNDER 1 YEAR MONTHS    DAYS	IF UNDER 24 HOURS HOURS    MINUTES	6. SEX <b>Male</b>	7. DATE OF DEATH MM/DD/CCYY <b>05/10/1994</b>		8. HOUR <b>0830</b>	
	9. STATE OF BIRTH <b>NY</b>	10. SOCIAL SECURITY NO. <b>0662</b>		11. MILITARY SERVICE IS <b>45</b> TO <b>47</b> <input type="checkbox"/> NONE		12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>14</b>		
	14. RACE <b>Caucasian</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>Southern California Gas Co.</b>				
	17. OCCUPATION <b>Senior Rep.</b>			18. KIND OF BUSINESS <b>Utility</b>			19. YEARS IN OCCUPATION <b>32</b>			
<b>USUAL RESIDENCE</b>	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>1031 N.Sidney St.</b>									
	21. CITY <b>Oak Harbor</b>		22. COUNTY <b>Island</b>		23. ZIP CODE <b>98277</b>	24. YRS IN COUNTY <b>2</b>	25. STATE OR FOREIGN COUNTRY <b>WA</b>			
<b>INFORMANT</b>	26. NAME, RELATIONSHIP <b>Joan Marie Shelly-Wife</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>1031 N. Sidney St. Oak Harbor, WA 98277</b>					
	28. NAME OF SURVIVING SPOUSE—FIRST <b>Joan</b>		29. MIDDLE <b>Marie</b>		30. LAST (MAIDEN NAME) <b>Solah</b>			34. BIRTH STATE <b>NY</b>		
<b>SPOUSE AND PARENT INFORMATION</b>	31. NAME OF FATHER—FIRST <b>William</b>		32. MIDDLE <b>Richard</b>		33. LAST <b>Shelly</b>		38. BIRTH STATE <b>Hungary</b>			
	35. NAME OF MOTHER—FIRST <b>Irma</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>Allred</b>					
	39. DATE MM/DD/CCYY <b>05/20/1994</b>		40. PLACE OF FINAL DISPOSITION <b>3 Miles off Whidbey Island, WA</b>							
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	41. TYPE OF DISPOSITION(S) <b>CR/TR/SEA</b>			42. SIGNATURE OF EMBALMER <b>▶ Not Embalmed</b>			43. LICENSE NO. <b>-</b>			
	44. NAME OF FUNERAL DIRECTOR <b>Inglewood Mortuary</b>			45. LICENSE NO. <b>FD905</b>	46. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Mates</i>		47. DATE MM/DD/CCYY <b>05/12/1994</b>			
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>Daniel Freeman Hospital</b>		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 <b>Los Angeles</b>		
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>333 N.Prairie Ave.</b>						106. CITY <b>Inglewood</b>			
<b>CAUSE OF DEATH</b>	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		
	IMMEDIATE CAUSE	(A) <b>METASTATIC CARCINOMA OF LUNG</b>						<b>9mos</b>		
	DUE TO (B)	—							109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C)	—							110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (D)	—							111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>NONE</b>										
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>										
<b>PHYSICIAN'S CERTIFICATION</b>	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 <b>05/08/1994</b>			115. SIGNATURE AND TITLE OF CERTIFIER <i>Robert C. Mates MD</i>			116. LICENSE NO. <b>G39345</b>	117. DATE MM/DD/CCYY <b>05/11/1994</b>		
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>05/10/1994</b>			118. TYPE ATTENDING PHYSICIAN'S NAME—MAILING ADDRESS + ZIP <b>01u Oredugba MD 301 N. Prairie Ave. Inglewood, CA 90301</b>						
<b>CORONER'S USE ONLY</b>	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 <i>[Signature]</i>			127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
<b>STATE REGISTRAR</b>	A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.


**MAY 13 1994**  
 53 *[Signature]*  
 Director of Health Services and Registrar

0420828

BK0997PG0387

EXHIBIT "A"

A Timeshare Estate comprised of:

Parcel One:

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

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 31 of 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, all of Official Records Douglas County, State of Nevada. Except therefrom units 081 to 100 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. 090 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

Parcel Two:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173 Page 229 of Official Records and in modification thereof recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

Parcel Three:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots, 29, 39, 40, and 41 as shown on said Tahoe Village Unit No. 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

Parcel Four:

- (a) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, M.D.M., - and -
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612, and amended by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, Official Records, Douglas County, State of Nevada.

Parcel Five:

The Exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and Four above during ONE "use week" within the Summer "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said use week within said season.

A PORTION OF APN: 42-180-10

SPACE BELOW FOR RECORDER'S USE

REQUESTED BY  
Stewart Title of Douglas County  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'97 SEP -3 A9:48

0420828

BK0997PG0388

LINDA SLATER  
RECORDER  
PAID 9.00 K2 DEPUTY