

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 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: 42-254-19

Dated: 1/22/98

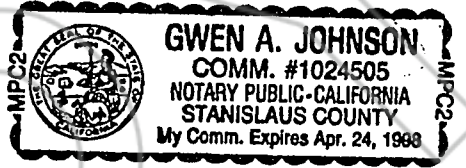
Stephen Y. Platt
STEPHEN Y. PLATT

SUBSCRIBED AND SWORN TO before me

this 22 day of January, 1998

Signature Gwen A. Johnson
Gwen A. Johnson

Name (Typed or Printed)



MAIL TAX STATEMENTS TO: STEPHEN Y. PLATT, 720 GINGER WAY, MODESTO, CA 95356

0431195

BK0198PG3804

CERTIFICATION OF VITAL RECORD

STANISLAUS COUNTY

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY/NO ERASURES, WHITE OUTS OR ALTERATIONS
 VS-11 (REV. 11/98)

STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER **170491**

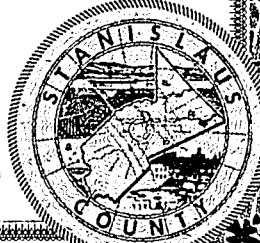
1. NAME OF DECEDENT—FIRST (GIVEN) Pamela		2. MIDDLE Colborn		3. LAST (FAMILY) Platt	
4. DATE OF BIRTH M/M/DD/CCYY 02/27/1944		5. AGE YRS. 53		6. SEX F	
7. DATE OF DEATH M/M/DD/CCYY 03/22/1997		8. HOUR 1756			
9. STATE OF BIRTH OH		10. SOCIAL SECURITY NO. -4430		11. MILITARY SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12			
14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER Self-Employed	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 10	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 720 Ginger Way					
21. CITY Modesto		22. COUNTY Stanislaus		23. ZIP CODE 95356	
24. YRS IN COUNTY 5		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Stephen Y. Platt - Husband					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 720 Ginger Way, Modesto, CA 95356					
28. NAME OF SURVIVING SPOUSE—FIRST Stephen		29. MIDDLE Y.		30. LAST (MAIDEN NAME) Platt	
31. NAME OF FATHER—FIRST George		32. MIDDLE D.		33. LAST Colborn	
34. BIRTH STATE PA		35. NAME OF MOTHER—FIRST Babette		36. MIDDLE M.	
37. LAST (MAIDEN) Schuneman		38. BIRTH STATE MA			
39. DATE M/M/DD/CCYY 03/25/1997					
40. PLACE OF FINAL DISPOSITION Res. of Stephen Y. Platt, 720 Ginger Way, Modesto, CA					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not embalmed		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Franklin & Downs Funeral Home		45. LICENSE NO. 1259		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M/M/DD/CCYY 03/25/1997					
101. PLACE OF DEATH Own 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. CARE <input type="checkbox"/> OTHER	
104. COUNTY Stanislaus		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 720 Ginger Way			
106. CITY Modesto					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) CHRONIC RENAL FAILURE		TIME INTERVAL BETWEEN ONSET AND DEATH 1 YR.		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER #1067	
DUE TO (B) SYSTEMIC LUPUS ERYTHEMATOSIS		20 YRS.		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 ATHEROSCLEROTIC VASCULAR DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. AV FISTULA 04/22/1996; HEMODIALYSIS 04/22/1996					
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 M/M/DD/CCYY 12/30/1992 03/20/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G42561	
117. DATE M/M/DD/CCYY 03/24/1997		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP PAUL MCGREW, M.D., 1444 FLORIDA AVE., MODESTO, CA 95350			
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 checked="" type="checkbox"/> NO		121. INJURY DATE M/M/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, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER 170491	
STATE REGISTRAR					

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Public Health.

[Signature]
 ALVARO GARZA, M.D.
 LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
03/25/1997 0431195

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

REQUESTED BY
Crabtree Schmidt et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 JAN 26 AM 1:20

LINDA SLATER
RECORDER
\$10⁰⁰ PAID Ka DEPUTY

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