

Declaration [or Affidavit] of Death of Joint Tenant

State of California

County of _____

I, Ernest E. Boswell, ["being duly sworn," if Declaration is to be notarized] say:

I am 18 years of age or over; Dorothy L. Boswell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorothy L. Boswell, named as one of the parties in the deed dated March 8, 19 84, executed by Bank of California, NA to Dorothy L. Boswell and the undersigned, as joint tenants, recorded on March 15, 19 84, in Book 384, Page 1421, 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

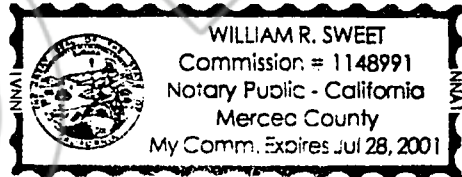
Timeshare No. low season 47-47041407

A.P.N. 07-130-19-8

Ernest E. Boswell
ERNEST E. BOSWELL

if
notarized

Subscribed and sworn to before me
on JULY 31, 19 98



(seal of notary public)

William R. Sweet
see attested acknowledgment

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

Executed on this 31 day of July, in Merced, CA,
California.

William R. Sweet

0446933

BK0898PG2544

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

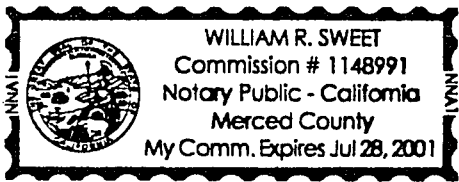
State of CALIFORNIA

County of MERCED

On JULY 31, 1998 before me, "WILLIAM R. SWEET, NOTARY PUBLIC",
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared ERNEST EDWARD BOSWELL..
Name(s) of Signer(s)

~~I personally know the signor~~ - proved to me on the basis of satisfactory evidence to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature (s) on the instrument the person (s), or the entity upon behalf of which the person (s) acted, executed the instrument.



WITNESS my hand and official seal.

William R. Sweet
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer
Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing:

Signer's Name: _____

- Individual
- Corporate Officer
Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing:

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3 89 50 002030

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER									
1A. NAME OF DECEDENT—FIRST (GIVEN) Dorothy			1B. MIDDLE Linn		1C. LAST (FAMILY) Boswell		2A. DATE OF DEATH—MO, DAY, YR, 2B. HOUR August 31, 1989 0500		3. SEX Fe			
4. RACE White			5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO, DAY, YR January 22, 1929		7. AGE IN YEARS 60		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES			
DECEDENT PERSONAL DATA	8. STATE OF BIRTH CA		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Glenn Russel Linn		10B. STATE OF BIRTH OK		11A. FULL MAIDEN NAME OF MOTHER Mildred Jones	11B. STATE OF BIRTH OK		
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE			13. SOCIAL SECURITY NO. 7193		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Ernest E. Boswell					
16A. USUAL OCCUPATION Loan Officer			16B. USUAL KIND OF BUSINESS OR INDUSTRY Banking		16C. USUAL EMPLOYER Bank of America (Gilroy Branch)		16D. YEARS IN OCCUPATION 20		17. EDUCATION—YEARS COMPLETED 14			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 29275 Alpine Dr.							18B. CITY Cold Springs		18C. ZIP CODE 95364			
18D. COUNTY Tuolumne			18E. NUMBER OF YEARS IN THIS COUNTY 6		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ernest E. Boswell, husband P.O. Box 1395 Pinecrest, CA 95364					
19A. PLACE OF DEATH Doctors Medical Center			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Stanislaus		21. TIME INTERVAL BETWEEN ONSET AND DEATH					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1441 Florida Ave.					19E. CITY Modesto		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PLACE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiomyopathy Atrial		DUE TO (B) Hepatic Failure		DUE TO (C) Metastatic Carcinoid		24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAUSE OF DEATH	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. No					
PHYSICIAN'S CERTIFICATION			27A. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Robert L. Levy MD			27C. PHYSICIAN'S LICENSE NUMBER C39275		27D. DATE SIGNED 8/31/89				
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 8/1/89			27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 8/30/89			27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Robert L Levy MD, 1400 Florida #105, Modesto, Ca						
CORONER'S USE ONLY			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 checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)						33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
FUNERAL DIRECTOR AND LOCAL REGISTRAR		34A. DISPOSITION(S) CR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Redding Memorial Cemetery Redding, CA		34C. DATE MO, DAY, YEAR Sept. 1, 1989		35A. SIGNATURE OF EMPALMER Not embalmed		35B. LICENSE NUMBER --		
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Franklin & Downs Funeral Home			36B. LICENSE NO. 1259		37. SIGNATURE OF LOCAL REGISTRAR Jean M. Woods MD			38. REGISTRATION DATE SEP 01 1989				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT					

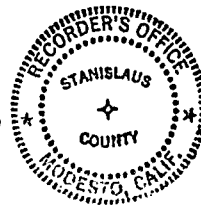
VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

I CERTIFY THIS INSTRUMENT TO BE A TRUE CERTIFIED COPY OF THE RECORD IN THIS OFFICE.
ATTEST: FEB 18 1992

STANISLAUS COUNTY, CALIF.

BY: *Benny Sincivale*



SEAL

0446933

BK0898PG2546

SCHEDULE C

The land referred to in this policy is situated in the State of
County of Douglas

Nevada
and is described as follows:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E., Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 084425 (Declaration), during a "Use Period", within the Low Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Assessment Parcel No. 07-130-19-8

3/15/84
vs
KC/Com 2

REQUESTED BY
Q.M. CORP.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 AUG 12 AM 11:47

Exhibit A 0446933

LINDA SLATER
RECORDER
\$10⁰⁰ PAID KJ DEPUTY

BK0898PG2547