When Recorded Mail To: Anna-Maria K. Chambers 2176 Creekside Dr. Solvang, CA 93463

Declaration [or Affidavit] of Death of Joint Temat
State of California
County of
I, Anna-Maria K. Chambers, ["being duly sworn," if Declaration is to be
notarized] say:
I am 18 years of age or over; Jobie W. Chamber, the decedent mentioned in the
attached certified copy of Certificate of Death, is the same person as Jobie W. Chamber
named as one of the parties in the deed dated
County of <u>Douglas</u> , State of Nevada, described as follows:
Timeshare No. 01-004-21
A.P.N. 42-230-20 Oummerin & Chain
Subscribed and sworn to before me if notarized On 1928 Notary Public - California San Luis Obispo County My Comm. Exp. Jan. 28, 2001 (Seaf-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.

SANTA BARBARA COUNTY HEALTH CARE SERVICES

	1. NAME OF DECEDENT—PIRST (GIV		INK ONLY/NO ERASURES, WHI VS-II (REV. 7/97	,	3. LAST (PAN	IFA)	REGISTRATION	
DECEDENT PERSONAL DATA	JOBIE	CYY S. AGE YR	WILLARD	n 24 HOURS fl.		BERS	MM/00/CCY	Y B. HOUR
	04/02/1935	63	MONTHS DAYS HOURS	HINUTES		7/1998	M M / O D / C C Y	1655
	CA	A721		ICE	12. MARITAL	STATUS	13. COUCATION	YEARS COMP
	14. RACE	4731	-BPECIPY	O L UNX	MRD	LOYER	16	
	White			No	Self em	oloyed		The state of the s
	Restaurateur	1.47	Restaurant	, w.	2042-9	-	19. YEARS IN C	CCUPATION
	20, RESIDENCE-(STREET AND P			,	- 2*		30	The state of the s
USUAL	2176 Creekside Di	· · · · · · · · · · · · · · · · · · ·	COUNTY	23. ZIP COD	- 134	-	INTY (25, STATE	
	Solvang		anta Barbara 🌌	93463		18	CA	OF POSEIGN CO
FORMANT	Anna Manda Chamb				FREET AND NUMBER	OR RUBAL HO	UTE HUMBER, CITY	
	Anna Marie Chambe	ers, Wite	21/6	Creeksio	de Drive	Olvang	,CA 9346	3
	Anna Marie	(C)	Kristina		Sandberg	\		_
AND PARENT	Herbert		Henry		LAST			34. BIRTH
ORMATION	35. NAME OF MOTHER-FIRST		36. MIDDLE		hambers	+-		MO 38. BIRTH
	Catherine		Clara	1	Jarvis	/	Alas A	MT
POSITION(S)	07/31/1998	the state of the s		ird, CA			Cylinia a	,
UNERAL	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EME	ALMER	W		43. LIC	ENSE NO.
AND LOCAL	BU 44. NAME OF FUNERAL DIRECTO	in the second of	AB. LICENSE NO. 46. SIG		CAL REGISTRAR	_/		E M M/D D/C
GISTRAR	Loper Funeral Cha	the state of the s						
	Lober raneral cut	apel	1294	West St	lehe		1. 22 3	
	Santa Vnez Valles	v	1294	ONE: 103. 7	ACILITY OTHER THA		07/:	30/1998
PLACE OF DEATH	Santa Vnez Valles	v	1294	ONE: 103. 7	Weber	OTHE?	07/:	30/1998
	Santa Ynez Vâlley Cottage Hospital 103. street Address—(Street 700 Alamo Pintado	y TAND NUMBER OR	1294 DER/OP DE	ONE: 103.7	ACILITY OTHER THA	OTHE?	07/: 104. COUNTY Santa Bar 106. CITY Solvang	30/1998 rbara
OF	Santa Ynez Vâlley Cottage Hospital	y TAND NUMBER OR	1294 DER/OP DE	ONE: 103.7	ACILITY OTHER THA	OTHE?	O7/: Santa Bat Too. cirv Solvang	30/1998 rbara
OF	Santa Ynez Valley Santa Ynez Valley Soutage Hospital 105. STREET ADDRESS—STREET 700 Alamo Pintado 107. Death was Caused by 18	y T AND NUMBER OR O ROAD ENTER ONLY ONE C.	1294 DER/OP DE	ONE: 103.7	ACILITY OTHER THA	TIME INTERVA RETWEEN ONS AND DEATH	07/: 104. COUNTY Santa Bar 106. CITY Solvang	30/1998 rbara
OF	Santa Ynez Valle Santa Ynez Valle Cottage Hospital Tos. BYREET ADDRESS—GYPEET TOS. BYREET ADDRESS—GYPEET TOS. BYREET ADDRESS BY (8	y T AND NUMBER OR O ROAD ENTER ONLY ONE C.	1294 DER/OP DE	ONE: 103.7	ACILITY OTHER THA	STHE INTERVA	O7/: Santa Bat Too. cirv Solvang	30/1998 rbara FPORTED TO CORE MAL NUMBER NO
OF DEATH	Santa Ynez Valley Santa Ynez Valley Sontage Hospital 109. STREET ADDRESS—STREET 700 Alamo Pintado 107. DEATH WAS CAUSED BY: (8 CAUSE AND AND CAUSE	y TAND NUMBER OR O ROAD INTER ONLY ONE C. ac Arrest	1294 DER/OP DE	ONE: 103. F	ACILITY OTHER THA DAY, RES. CARE	TIME INTERVA RETWEEN ONS AND DEATH	O7/: Santa Bai 106. CITY SOl Vang L 106. DEATH AI TT 109. BIOPSY VES	ON 1998 Thara THORIED TO CORE MAL NUMBER PERFORMED
OF DEATH	Santa ynez Valley Santa ynez Valley Santa ynez Valley Cottage Hospital 103. STREET ADDRESS—(STREET 700 Alamo Pintado 107. DEATH WAS CAUSED BY: (8 IMMEDIATE CAUSE	y T AND NUMBER OR O ROAD ENTER ONLY ONE C. AC Arrest ed Congesti	1294 102. IF HOSPITAL SPECIFY IP REPUBLIE FOR A. B. C. A. Ve Cardiomyopath	ONE: 103. F	ACILITY OTHER THA	TIME INTERVAL SETWIEN ONS AND OLATH MINS MONS	104. COUNTY Santa Bai 106. CITY Sol Vang LI 100. DEATH RI TOP BIOPSY 100. AUTOPS	PERFORMED Y PERFORMED Y PERFORMED
OF DEATH	Santa Ynez Valley Santa Ynez Valley Soutage Hospital 105. STREET ADDRESS—STREET 700 Alamo Pintado 107. DEATH WAS CAUSED BY: (6) IMMEDIATE CAUSE LANGUE CARDIS DUE TO (B) Dilate DUE TO (C) Idiopa	y T AND NUMBER OR O ROAD ENTER ONLY ONE C. AC Arrest ed Congesti	1294 102. IF HOSPITAL SPECIFY IP REPUBLIE FOR A. B. C. A. Ve Cardiomyopath	ONE: 103. F	ACILITY OTHER THA DAY, RES. CARE	TIME INTERVAL SETWEEN ONS AND DEATH	O7/: Santa Bai 100. city Sol vang 100. orann ai 100. biopsy 100. biopsy 100. diopsy 100. diopsy yes 110. diopsy	PERFORMED Y PERFORMED X No.
OF DEATH	IGN. BLOCK PY DEATH OF THE PARTY OF THE PARTY NOT THE PART	y rand number on o Road NTER DNLY ONE C. ac Arrest ed Congesti athic vs Hy	1294 102. IF HOSPITAL SPECIFY IP REPOP CLOCATION AUSSE PER LINE FOR A. B. G. A Ve Cardiomyopath /pertension	ONE: 103. / ONE: 103. / ODA CH	ACILITY OTHER THA	TIME INTERVAL SETWIEN ONS AND OLATH MINS MONS	O7/: Santa Bai 100. city Sol vang 100. orann ai 100. biopsy 100. biopsy 100. diopsy 100. diopsy yes 110. diopsy	PERFORMED Y PERFORMED X NO DETERMINING CAL
OF DEATH	IGI. BLOCK OF DEATH OF THE SANTA OF THE SANT	y T AND NUMBER OR O O ROAD ONTER ONLY ONE C. AC Arrest Ed Congesti athic vs Hy ITIONE CONTRIBUTION TO Probable	1294 D O O O O O O O O O	ONE: 103. r	ACILITY OTHER THAN DAY. RES. CARE	THE MILENAME THE M	104. COUNTY Santa Bai 106. CITY Solvent Air In Inc. Autors 110. Autors 110. Autors 111. Usto M	PERFORMED Y PERFORMED X NO DETERMINING CAL
OF DEATH	IGI. PLACE OF DEATH OF SAITS O	y T AND NUMBER OR O O ROAD ONTER ONLY ONE C. AC Arrest Ed Congesti athic vs Hy ITIONE CONTRIBUTION TO Probable	1294 D O O O O O O O O O	ONE: 103. r	ACILITY OTHER THAN DAY. RES. CARE	THE MILENAME THE M	104. COUNTY Santa Bai 106. CITY Solvent Air In Inc. Autors 110. Autors 110. Autors 111. Usto M	ON 1998 Thara THORIED TO CORE MAL NUMBER PERFORMED
CAUSE OF DEATH	IGI. PLACE OF DEATH SAILE SAIL	T AND NUMBER OR ON TO ROad NOTER ONLY ONE C. AC Arrest Ed Congesti Athic vs Hy TIONS CONTRIBUTING D Probable ED FOR ANY CONDITIONS OF MY KNOW.	1294 D O O O O O O O O O	ONE: 103.7	ACILITY OTHER THAN DAY. RES. OSP. CARE	THE MILENAME THE M	O7/: Santa Bai 106. city Solvang Ves 109. biopsy 110. autops 111. usto mi	PERFORMED V PERFORMED V PERFORMED NO DETERMINING CAL
OF DEATH CAUSE OF DEATH PHYSI- CIAN'S	IGI. PLACE OF DEATH SAILE SAIL	T AND NUMBER OR O O ROAD O ROAD NOTER DNLY ONE C. CATTEST ED CONGESTI ATTIONS CONTRIBUTING D PODABLE ED POR ANY CONDITION OF MY KNOWN. INTER MOUNT, DATE OF CAUSES SYATED.	1294 102. IF HOSPITAL SPECIFY 102. IF NOSPITAL SPECIFY 102. IF HOSPITAL SPECIFY 102. IF HOSPI	ONE: 103. r	GIVEN IN 107	THE INTERVAL THE I	O7/: Santa Bai 106. city Solvang VES 109. BIOPSY 110. AUTOPS 1111. USEO MI VES	PERFORMED V PERFORMED V PERFORMED NO DETERMINING CAL
OF DEATH CAUSE OF DEATH PPHYSI- CIAN'S	IGI. PLACE OF DEATH SAID SAID SAID SAID SAID SAID SAID SAID	T AND NUMBER OR ON ROAD O ROA	1294 102. IF HOSPITAL SPECIFY 1102. IF HOSPITAL SPECIFY 1102. IF HOSPITAL SPECIFY 1102. IF HOSPITAL SPECIFY 1103. IF HOSPITAL SPECIFY 1104. IT HOSPITAL SPECIFY 1105. SIGNATURE AND LILLE 1115. SIGNATURE AND LILLE 1116. TYPE ATTEMBING PHYSIC	ONE 103. F	GIVEN IN 107 GOF OFERATION AGILING ADDRESS AGILING ADDRESS AGILING ADDRESS AGILING ADDRESS	THE INTERNAL STATE OF T	104. COUNTY Santa Bat 106. CITY Sorting La 106. DEATH RI TO SORTING 109. BIOPSY YES 110. AUTOPS YES 111. USEO IN I	PERFORMED Y PERFORMED NO DETERMINIST CALL TE M M / DD / C 1/1998
OF DEATH CAUSE OF DEATH PHYSISILIANS ETIFICA-	IGI. PLACE OF DEATH SAITE OF S	T AND NUMBER OR ON ROAD O ROAD ONTER ONLY ONE C. AC Arrest Ed Congesti Athic vs Hy ITIONS CONTRIBUTING D POBABle ED POR ANY CONDITION OF MY KNOW (FOR ANY CONDITION OF MY	1294 102. IF HOSPITAL SPECIFY 102. IF NOSPITAL SPECIFY 102. IF HOSPITAL SPECIFY 102. IF HOSPI	ED TO CAUSE (ilology YES, LIST TYPE W CATUYES AND 2027	GIVEN IN 107 GIVEN IN 107 GO OPERATION AAILING ADDRESS Village	THE WELL AND DEATH MINS MONS YES AND DEATH MINS MOSS AND DATE. B. LICENSE A. 1056365 . ZIP Lane S	104. COUNTY Santa Bat 106. CITY SOLUTION 109. BIOPSY 109. BIOPSY 111. USEO INI 117. DA 07/25 Solvang, (PERFORMED Y PERFORMED NO TE H H / D D / C 9/ 1998 CA 93463
GAUSE OF DEATH	ITI. PLACE OF DEATH SANTA OF THE SANTA YNCZ VĀILOS SANTA YNCZ VĀILOS SANTA OF THE S	T AND NUMBER OR OR OR OR OAC ATTEST CATTEST CA	1294 102. IF HOSPITAL SPECIFY 102. IF HOSPITAL SPECIFY 11 P REPORT CONTROL LOCATION AUSE PER LINE FOR A. B. C. A VE Cardiomyopath Portal System Et TION IN ITEM 107 OR 1121 IF 118. SIGNATURE AND ITEC W. B. Van Valin, 120. INJURY AT WORK 151. IN. YES NO	ED TO CAUSE OF CAUSE	GIVEN IN 107 GOODS OF OPERATION AMILING ADDRESS VITAGE VITAGE VD / CCYV 12	TIME INTERNAL BERNAL DEATH MINS MONS Yrs AND DATE. 6. LICENBE N. 0.056365. 21P Lane S. 2. HOUR 12	104. COUNTY Santa Bai 106. CITY Solopay 109. BIOPBY 110. AUTOPS 111. USEO HI YES 107/25 COIVAND, (177. DA COIVAND, (COIVAND,	PERFORMED X No. Y PERFORMED X No. X N
GAUSE OF DEATH PHYSI- CIAN'S IRTIFICA- TION	IGI. PLACE OF DEATH SAILE SAIL	T AND NUMBER OR OR OR OR OAC ATTEST CATTEST CA	1294 102. IF HOSPITAL SPECIFY IP ERVOP C LOCATION! AUSE PER LINE FOR A. B. G. A Ve Cardiomyopath Pertension NG TO DEATH BUT NOT RELAY POrtal System Et TION IN ITEM 107 OR 1121 IF 115. BIGNATURE AND ITEM W. B. Van Valin, 120. INJURY AT WORK 1231. IN.	ED TO CAUSE OF CAUSE	GIVEN IN 107 GOODS OF OPERATION AMILING ADDRESS VITAGE VITAGE VD / CCYV 12	TIME INTERNAL BERNAL DEATH MINS MONS Yrs AND DATE. 6. LICENBE N. 0.056365. 21P Lane S. 2. HOUR 12	104. COUNTY Santa Bai 106. CITY Solopay 109. BIOPBY 110. AUTOPS 111. USEO HI YES 107/25 COIVAND, (177. DA COIVAND, (COIVAND,	PERFORMED X No. Y PERFORMED X No. X N
CAUSE OF DEATH PHYSI- CIAN'S RTIFICA- TION RONER'S	IGI. PLACE OF DEATH SAITE SAITE OF PROPERTY OF THE PROPERTY OF	TAND NUMBER OR OF OR ROAD O ROAD O ROAD INTER ONLY ONE C. AC ATTEST ED CONGESTI ATTICLE CONTRIBUTION OF MY KNOWN. ITTOMS CONTRIBUTION OF MY KNOWN.	1294 102. IF HOSPITAL SPECIFY 102. IF HOSPITAL SPECIFY 11 P REPOP C LOCATIONI AUSE PER LINE FOR A. B. C. A EVE Cardiomyopath Pertension NG TO DEATH BUT NOT RELAY PORTAI System Et TION IN ITEM 107 OR 1121 IF 115. BIGNATURE AND ITEM 116. HYPE ATTEMBING PHYSIC W. B. Van Valin, 120. INJURY AT WORK 1221. IN. 124. DESCRIBE HOW INJURY	ED TO CAUSE OF CAUSE	GIVEN IN 107 GOODS OF OPERATION AMILING ADDRESS VITAGE VITAGE VD / CCYV 12	TIME INTERNAL BERNAL DEATH MINS MONS Yrs AND DATE. 6. LICENBE N. 0.056365. 21P Lane S. 2. HOUR 12	104. COUNTY Santa Bai 106. CITY Solopay 109. BIOPBY 110. AUTOPS 111. USEO HI YES 107/25 COIVAND, (177. DA COIVAND, (COIVAND,	PERFORMED Y PERFORMED NO TE H H / D D / C 9/ 1998 CA 93463
CAUSE OF DEATH	IGI. PLACE OF DEATH SAITS OF S	TAND NUMBER OR OF OR ROAD O ROAD O ROAD INTER ONLY ONE C. AC ATTEST ED CONGESTI ATTICLE CONTRIBUTION OF MY KNOWN. ITTOMS CONTRIBUTION OF MY KNOWN.	1294 102. IF HOSPITAL SPECIFY 102. IF HOSPITAL SPECIFY 11 P REPOP C LOCATIONI AUSE PER LINE FOR A. B. C. A EVE Cardiomyopath Pertension NG TO DEATH BUT NOT RELAY PORTAI System Et TION IN ITEM 107 OR 1121 IF 115. BIGNATURE AND ITEM 116. HYPE ATTEMBING PHYSIC W. B. Van Valin, 120. INJURY AT WORK 1221. IN. 124. DESCRIBE HOW INJURY	ED TO CAUSE OF CAUSE	GIVEN IN 107 GOODS OF OPERATION AMILING ADDRESS VITAGE VITAGE VD / CCYV 12	TIME INTERNAL BERNAL DEATH MINS MONS Yrs AND DATE. 6. LICENBE N. 0.056365. 21P Lane S. 2. HOUR 12	104. COUNTY Santa Bai 106. CITY Solopay 109. BIOPBY 110. AUTOPS 111. USEO HI YES 107/25 COIVAND, (177. DA COIVAND, (COIVAND,	PERFORMED X No. Y PERFORMED X No. X N
CAUSE OF DEATH PHYSI- CIAN'S RTIFICA- TION RONER'S	IGI. PLACE OF DEATH SAITE SAITE OF PROPERTY OF THE PROPERTY OF	T AND NUMBER OR ON ROAD O ROAD O ROAD ONTER ONLY ONE C. AC Arrest Ed Congesti Athic vs Hy TITIONS CONTRIBUTING D POBABle ED POB ANY CONDITION OF MY KNOW THE HOUR, DAY (27/1998) ION DEATH STATED. HOMICIDE STATED. HOMICIDE D COULD NOT BE WEER OR LOCATION	1294 102. IF HOSPITAL SPECIFY 102. IF HOSPITAL SPECIFY 11 P REPORT OF CONTROL AUSSEPER LINE FOR A. B. C. A VE Cardiomyopath Pertension NG TO DEATH BUT NOT RELAT PORTAI System Et TION IN ITEM 107 OR 1121 IF 118. SIGNATURE AND ITLES W. B. Van Valin, 120. INJURY AT WORK 131. IN YES NO 124. DESCRIBE HOW INJURY N AND CITY, ZIP,	ED TO CAUSE (IOO TO CAUSE (GIVEN IN 107 GOODS OF OPERATION AMILING ADDRESS VITAGE VITAGE VD / CCYV 12	FINE INTERNAL PROPERTY AND DEATH MINS MONS YES AND DATE. AND DATE. AND DATE. AND DATE. AND DATE. B. LICENSE N. COSEGS5 Z. IPP Lane S. Z. HOUR 12	104. COUNTY Santa Bat 106. CITY Solor DEATH AIL TO SOLOR DEATH	PERFORMED Y PERFORMED NO TE H H / D D / C 9/1998 CA 93463 URY
OF DEATH CAUSE OF OF DEATH CIAN'S RTIFICATION RONER'S USE	TITL PLACE OF DEATH SAITS AND ACCIDENT INVESTIGATION INTESTIGATION INTEGRATION INTERTITATION INTERTITATION INTERTITATION INTEGRATION INTEGRATI	T AND NUMBER OR ON ROAD O ROAD O ROAD ONTER ONLY ONE C. AC Arrest Ed Congesti Athic vs Hy TITIONS CONTRIBUTING D POBABle ED POB ANY CONDITION OF MY KNOW THE HOUR, DAY (27/1998) ION DEATH STATED. HOMICIDE STATED. HOMICIDE D COULD NOT BE WEER OR LOCATION	1294 102. IF HOSPITAL SPECIFY 102. IF HOSPITAL SPECIFY 11 P REPORT OF CONTROL AUSSEPER LINE FOR A. B. C. A VE Cardiomyopath Pertension NG TO DEATH BUT NOT RELAT PORTAI System Et TION IN ITEM 107 OR 1121 IF 118. SIGNATURE AND ITLES W. B. Van Valin, 120. INJURY AT WORK 131. IN YES NO 124. DESCRIBE HOW INJURY N AND CITY, ZIP,	ED TO CAUSE (IOO TO CAUSE (GIVEN IN 107 GIVEN IN 107 GOY OPERATION VIllage /DD/CCYV 12 ENTS WHICH RE	MONS WYS AND DATE. B. LICENSE N. 1056365 ZIP Lane S. Z. HOUR 12 BULTED IN IN	104. COUNTY Santa Bat 106. CITY Solor DEATH AIL TO SOLOR DEATH	PERFORMED Y PERFORMED NO TE H H / D D / C 9/1998 CA 93463 URY

54618

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA BARBARA

DATE ISSUED

JUL 3 0 1998

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Health Care Serlices, South, 5 Sept Barbara, California.

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



EXHIBIT "A"

Time Interest No. 01-004-21

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 4 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. $\underline{\quad A4\quad }$, 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 Second Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No. 183661, Official Records, Douglas County, State of Nevada (the "CC&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 CC&R's.

PARCEL 4:

A non-exclusive easement for encroachment, together with the right of ingress and egress for maintenance purposes as created by that certain easement agreement recorded as Document No. 93659, Official Records of Douglas County, State of Nevada.

Ptn. APN 42-230- 20

Lot 4

MOFFICIAL RECORDS OF DOUBLAS CO., NEVADA

'98 OCT -9 P12:19

0451354 BK1098PG1729 LINDA SLATER
RECORDER

\$ 900 PAID L DEPUTY