

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

Declaration [or Affidavit] of Death of Joint Tenant

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. Chambers, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jobie W. Chambers, named as one of the parties in the deed dated _____, 19 89, executed by Harlesk Management, Inc. to Jobie W. Chambers and the undersigned, as joint tenants, recorded on _____, 19 89, in Book _____, Page _____, 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. 01-004-21

A.P.N. 42-230-20

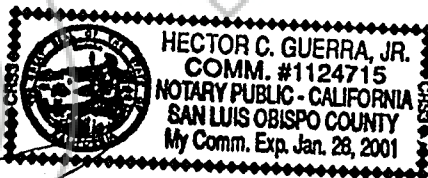
Anna-Maria K. Chambers
ANNA-MARIA K. CHAMBERS

if
notarized

Subscribed and sworn to before me

on 10/2, 19 98

Hector C. Guerra, Jr.
(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.

0451354
BK1098PG1727

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
HEALTH CARE SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VR-11 (REV. 7/97)						LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JOBIE			2. MIDDLE WILLARD			3. LAST (FAMILY) CHAMBERS			
4. DATE OF BIRTH M/M/DD/CY 04/02/1935		5. AGE YRS. 63		6. SEX M		7. DATE OF DEATH M/M/DD/CY 07/27/1998		8. HOUR 1655	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 4731		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MRD		13. EDUCATION—YEARS COMPLETED 16	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self employed					
17. OCCUPATION Restaurateur			18. KIND OF BUSINESS Restaurant			19. YEARS IN OCCUPATION 30			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2176 Creekside Drive									
21. CITY Solvang			22. COUNTY Santa Barbara		23. ZIP CODE 93463		24. YRS IN COUNTY 18	25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Anna Marie Chambers, Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2176 Creekside Drive Solvang, CA 93463					
28. NAME OF SURVIVING SPOUSE—FIRST Anna Marie			29. MIDDLE Kristina		30. LAST (MAIDEN NAME) Sandberg				
31. NAME OF FATHER—FIRST Herbert			32. MIDDLE Henry		33. LAST Chambers		34. BIRTH STATE MT		
35. NAME OF MOTHER—FIRST Catherine			36. MIDDLE Clara		37. LAST (MAIDEN) Jarvis		38. BIRTH STATE MT		
39. DATE M/M/DD/CY 07/31/1998		40. PLACE OF FINAL DISPOSITION Oak Hill Cemetery Ballard, CA							
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER not embalmed					43. LICENSE NO. -		
44. NAME OF FUNERAL DIRECTOR Loper Funeral Chapel		45. LICENSE NO. 1294		46. SIGNATURE OF REGISTRAR <i>W. B. Van Valin</i>			47. DATE M/M/DD/CY 07/30/1998		
101. PLACE OF DEATH Santa Ynez Valley Cottage Hospital		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" 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 Santa Barbara		
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 700 Alamo Pintado Road				106. CITY Solvang					
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		
IMMEDIATE CAUSE (A) Cardiac Arrest						mins			
DUE TO (B) Dilated Congestive Cardiomyopathy						mons	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (C) Idiopathic vs Hypertension						yrs	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 Massive Ascites & probable Portal System Etiology									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO									
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 DECEASED LAST SEEN ALIVE M/M/DD/CY 07/23/1998 07/27/1998			115. SIGNATURE AND TITLE OF CERTIFIER <i>W. B. Van Valin, MD</i>			116. LICENSE NO. A056365		117. DATE M/M/DD/CY 07/29/1998	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP W. B. Van Valin, MD 2027 Village Lane Solvang, CA 93463			120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			121. INJURY DATE M/M/DD/CY		122. HOUR	
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			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
123. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)									
120. SIGNATURE OF CORONER OR DEPUTY CORONER			127. DATE M/M/DD/CY			128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A		B		C		D	
E		F		G		H		FAX AUTH. #	CENSUS TRACT

54618

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

SS

DATE ISSUED

JUL 30 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 Services, County of Santa Barbara, California.

0451354

BK 1098 PG 1728 (0451354)

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

W. B. Van Valin
HEALTH OFFICER
HEALTH CARE SERVICES
COUNTY OF SANTA BARBARA, CALIFORNIA



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. 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 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

REQUESTED BY
A.M. Chambers
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 OCT -9 P12:19

0451354

BK1098PG1729

LINDA SLATER
RECORDER

\$9⁰⁰ PAID *28* DEPUTY