

Declaration [or Affidavit] of Death of Joint Tenant

State of ~~XXXXXX~~ Nevada

County of _____

I, G. Muriel Fasold, ["being duly sworn," if Declaration is to be notarized] say:

I am 18 years of age or over; Dean A. Fasold, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dean A. Fasold, named as one of the parties in the deed dated March 29 1983, executed by Helmark to Dean A. Fasold and the undersigned, as joint tenants, recorded on July 27 1984, in Book 784, Page 2657, 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

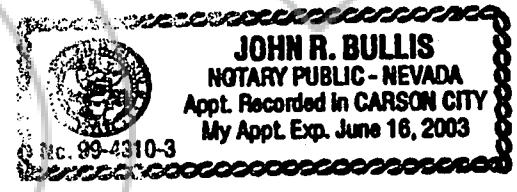
Timeshare No. 01-004-18 and 01-004-19

A.P.N. 42-230-20

G. Muriel Fasold
G. MURIEL FASOLD

if
notarized

Subscribed and sworn to before me
on April 5 2000
by G. Muriel Fasold



John R. Bullis

(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.

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
		1. Albert Dean FASOLD			2. December 8, 1990		3a. Carson City
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Am. Inpatient (Specify)	SEX	
	3b. Carson City		3c. Sierra Convalescent Center		3a. Inpatient	4. Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR—MOS. DAYS	UNDER 1 DAY—HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6.	7a. 80	7b.	7c.	8. February 28, 1910
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education—Specify highest grade completed	MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)
	9a. Iowa		9b. USA	10. 12	11. Married		12. G. Muriel Guire
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
	13. 5831		14a. Mechanic		14b. Aircraft Industry		
L	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15b. Carson City	15c. Carson City	15d. 100 Plantation Dr		15e. Yes
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
	16. Albert J. Fasold			17. Nancy J. Johnston			
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. G. Muriel Fasold			18b. 100 Plantation Drive, Carson City, Nevada 89703			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a. Cremation		19b. Masonic Crematory		19c. Reno Nevada		
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
	20a. <i>William W. ...</i>		20b. 21	20c. 1281 N. Rook Street, Carson City, Nevada 89706			
To be completed by CERTIFYING PHYSICIAN	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.			
	21b. <i>12-10-90</i>			22b. <i>Phillip Aldrich MD</i>			
To be completed by Coroner's Office	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
	21c. 0020				22c.		22d. ON
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)	23a. Phillip Aldrich MD, 412 W. John St., Carson City, Nv. 89703			LICENSE NUMBER			
				23b. 3334			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
	24a. <i>Phillip Aldrich MD</i>		24b. <i>December 10, 1990</i>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
L	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) <i>Respiratory failure</i>						<i>Days</i>
CAUSE OF DEATH	PART I (b) <i>City pneumonia disease</i>						Interval between onset and death
							<i>Days</i>
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)
					26. No		27. No
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
28a.		28b.	28c. M	28d.			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.		28f.		28g.			

STATE REGISTRAR

SEAL No. 020337

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: DEC 10 1990

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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EXHIBIT "A"

Time Interest No. 01-004-18 and 01-004-19

A timeshare estate comprised of:

PARCEL 1:

An undivided ^{2/51st} 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

REQUESTED BY
Muriel Faso/d
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 MAY 19 AM 8:58

LINDA SLATER
RECORDER

\$ 9.00 PAID *KJ* DEPUTY

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