

RECORDING REQUESTED BY

ELEANOR A. POE

AND WHEN RECORDED MAIL TO

Name ELEANOR A. POE
Street Address P O BOX 276444
City & State Sacramento, CA 95827-6444

Nancy Frey
6855 Fair Oaks Blvd #400
Carmichael, CA 95608

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF CALIFORNIA

County of SACRAMENTO ss.

ELEANOR A. POE, of legal age, being first duly sworn, deposes and says:
That HARLEY RAYMOND POE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HARLEY R. POE named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated 1/15/94 executed by HARICH TAHOE DEVELOPMENTS, by Robert W. Dunbar, Treas, CFO to HARLEY R. POE and ELEANOR A. POE, H/W as JT w/ ROS as joint tenants, recorded as Instrument No 28309, on 1/25/94, in book 0194, page 4490, of Official Records of Douglas County, California, covering the following described property situated in the NV, County of Douglas, State of California.

See EXHIBIT "A" attached hereto, incorporated herein in full by this reference.

A portion of APN: 42-254-33

I declare under penalty of perjury, that the foregoing statement is true and correct.

ELEANOR A. POE
Print Name ELEANOR A. POE

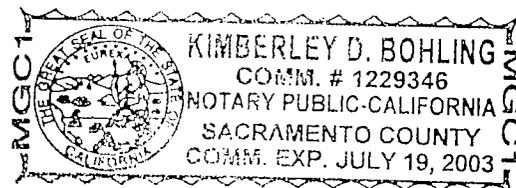
Eleanor A Poe
Sign Name ELEANOR A. POE

Dated September 21, 2000

SUBSCRIBED AND SWORN TO before me this

21st day of September, 2000

Signature Kimberley D Bohling
Notary Public



(Notarial Seal)

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The printer does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of these forms in any specific transaction.

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EXHIBIT "A"

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 33 as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the 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 Phase 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: 42-254-33

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/97)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

| | | | | | | |
|--|--|--|--|---|--|--|
| DECEDENT PERSONAL DATA | 1. NAME OF DECEDENT—FIRST (GIVEN) HARLEY | | 2. MIDDLE RAYMOND | | 3. LAST (FAMILY) POE | |
| | 4. DATE OF BIRTH M/M/D/D/C/CYY 11/09/1933 | | 5. AGE YRS. 65 | | 6. SEX M | |
| | 7. DATE OF DEATH M/M/D/D/C/CYY 09/08/1999 | | 8. HOUR 1426 | | | |
| | 9. STATE OF BIRTH Oklahoma | | 10. SOCIAL SECURITY NO. -0707 | | 11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| USUAL RESIDENCE | 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 Senator Salon | |
| | 17. OCCUPATION Owner | | 18. KIND OF BUSINESS Beauty Shop | | 19. YEARS IN OCCUPATION 31 | |
| | 20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2508 Stansberry Way | | | | | |
| INFORMANT | 21. CITY Sacramento | | 22. COUNTY Sacramento | | 23. ZIP CODE 95826 | |
| | 24. YRS IN COUNTY 39 | | 25. STATE OR FOREIGN COUNTRY California | | | |
| SPOUSE AND PARENT INFORMATION | 26. NAME, RELATIONSHIP Eleanor Poe: Wife | | | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2508 Stansberry Way, Sacramento, CA. 95826 | | |
| | 28. NAME OF SURVIVING SPOUSE—FIRST Eleanor | | 29. MIDDLE A. | | 30. LAST (MAIDEN NAME) Olivera | |
| | 31. NAME OF FATHER—FIRST William | | 32. MIDDLE C. | | 33. LAST Poe | |
| | 34. BIRTH STATE OK | | 35. NAME OF MOTHER—FIRST Lona | | 36. MIDDLE M. | |
| DISPOSITION(S) | 37. LAST (MAIDEN) Cossey | | 38. BIRTH STATE AR | | | |
| | 39. DATE M/M/D/D/C/CYY 09/11/1999 | | 40. PLACE OF FINAL DISPOSITION East Lawn Memorial Park, 43rd & Folsom Blvd., Sacramento, CA. 95819 | | | |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | 41. TYPE OF DISPOSITION(S) BU | | 42. SIGNATURE OF EMBALMER Not Embalmed | | 43. LICENSE NO. - | |
| | 44. NAME OF FUNERAL DIRECTOR Nicoletti, Culjis & Herberger | | 45. LICENSE NO. FD 355 | | 46. SIGNATURE OF LOCAL REGISTRAR Shannah J. Trickett, M.D. | |
| | | | | | 47. DATE M/M/D/D/C/CYY 09/10/1999 ej | |
| PLACE OF DEATH | 101. PLACE OF DEATH Sutter Memorial Hospital | | 102. IF HOSPITAL, SPECIFY ONE: <input checked="" 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 Sacramento | | 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 52nd & F Street | | | |
| CAUSE OF DEATH | 106. CITY Sacramento | | 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) | | TIME INTERVAL BETWEEN ONSET AND DEATH | |
| | IMMEDIATE CAUSE (A) Arrhythmia | | Sudden | | 108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | DUE TO (B) Arteriosclerotic Heart Disease | | 10 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 Urinary Tract Infection | | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No | | | | | | |
| PHYSICIAN'S CERTIFICATION | 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 M/M/D/D/C/CYY 02/27/1995 | | 115. SIGNATURE AND TITLE OF CERTIFIER Jonathan R. Beck | | 116. LICENSE NO. C 33875 | |
| | DECEDENT LAST SEEN ALIVE M/M/D/D/C/CYY 09/08/1999 | | 117. DATE M/M/D/D/C/CYY 09/09/1999 | | | |
| CORONER'S USE ONLY | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Jonathan R. Beck, M.D., 1201 Alhambra Blvd., Sacramento, CA. 95816 | | | | | |
| | 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 type="checkbox"/> NO | | 121. INJURY DATE M/M/D/D/C/CYY | |
| | 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 | | | 127. DATE M/M/D/D/C/CYY | | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER | |

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STATE REGISTRAR } CERTIFIED COPY OF VITAL RECORDS } H } FAX AUTH. # 5808 } CENSUS TRACT }
STATE OF CALIFORNIA } } } } }
COUNTY OF SACRAMENTO } } } } }

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **September 14, 1999**

Shannah J. Trickett M.D.
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
Nancy J Frey
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 NOV 27 AM 11:29

LINDA SLATER
RECORDER

\$10⁰⁰ PAID kg DEPUTY

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