

Declaration [or Affidavit] of Death of Joint Tenant

State of California

County of STANISLAUS

I, Shelley R. Miller, ["being duly sworn," if Declaration is to be notarized] say:

I am 18 years of age or over; Donald M. Miller, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Donald M. Miller, named as one of the parties in the deed dated _____, 19 89, executed by Donald M. Miller and Shelley R. Miller, Donald M. Miller and the undersigned, as joint tenants, recorded & Raymond Frenklin Woodruff on March 28, 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. 04-028-41

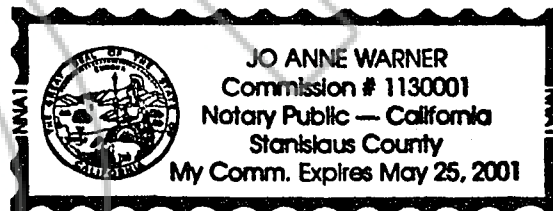
A.P.N. 40-360-02

Shelley R. Miller
SHELLEY R. MILLER

Subscribed and sworn to before me

if
notarized

on January 19, 2004
by Shelley R. Miller



Jo Anne Warner

(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.

0507991

BK0201P60085

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY
STANISLAUS COUNTY
 PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
 VS-11 (REV. 1/00)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) DONALD		2. MIDDLE M.	
3. LAST (FAMILY) MILLER			
4. DATE OF BIRTH M/M/DD/C.C.Y.Y. 07/13/1949		5. AGE YRS. 50	
6. SEX M		7. DATE OF DEATH M/M/DD/C.C.Y.Y. 02/13/2000	
8. HOUR 1910			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED] 3189	
11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
13. EDUCATION—YEARS COMPLETED 15			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER DOCTORS MEDICAL CENTER			
17. OCCUPATION COMPUTER ENGINEER		18. KIND OF BUSINESS MEDICAL	
19. YEARS IN OCCUPATION 5			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2112 JEFF CT.			
21. CITY MODESTO		22. COUNTY STANISLAUS	
23. ZIP CODE 95350		24. YRS IN COUNTY 14	
25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP SHELLEY RAE MILLER - WIFE			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2112 JEFF CT., MODESTO, CA 95350			
28. NAME OF SURVIVING SPOUSE—FIRST SHELLEY		29. MIDDLE RAE	
30. LAST (MAIDEN NAME) WOODRUFF			
31. NAME OF FATHER—FIRST ROBERT		32. MIDDLE MILLER	
33. LAST ID			
35. NAME OF MOTHER—FIRST ILARAE		36. MIDDLE MCPHEETERS	
37. LAST (MAIDEN) CO			
39. DATE M/M/DD/C.C.Y.Y. 02/17/2000		40. PLACE OF FINAL DISPOSITION LAKEWOOD MEMORIAL PARK, HUGHSON, CA	
41. TYPE OF DISPOSITION(S) BU			
42. SIGNATURE OF EMBALMER NOT EMBALMED			
43. LICENSE NO.			
44. NAME OF FUNERAL DIRECTOR FRANKLIN & DOWNS FUNERAL HOME		45. LICENSE NO. FD1259	
46. SIGNATURE OF LOCAL REGISTRAR <i>JCP</i>		47. DATE M/M/DD/C.C.Y.Y. 02/15/2000	
101. PLACE OF DEATH RESIDENCE - OWN		102. IF HOSPITAL, SPECIFY ONE: <input 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 STANISLAUS	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2112 JEFF CT.		106. CITY MODESTO	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) END STAGE METASTATIC MELANOMA		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C) DISTAL LEFT LEG		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 NO			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. 12/23/1998 CRANIOTOMY TO REMOVE BRAIN TUMOR			
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 [DATE] DECEDENT LAST SEEN ALIVE [DATE] 01/05/1999 02/13/2000		115. SIGNATURE AND TITLE OF CERTIFIER <i>Robert W. D'Acquisto</i>	
116. LICENSE NO. G 35641		117. DATE M/M/DD/C.C.Y.Y. 02/14/2000	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ROBERT W. D'ACQUISTO, M.D., 830 SCENIC DR., MODESTO, CA 95350			
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/DD/C.C.Y.Y.		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 <i>Alvaro Garza</i>		127. DATE M/M/DD/C.C.Y.Y.	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER ALVARO GARZA, M.D.			
STATE REGISTRAR		CENSUS TRACT	

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 0507991

JCP SEAL
myb

234340

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Public Health.

Alvaro Garza
 ALVARO GARZA, M.D.
 LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
 02/15/2000

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



EXHIBIT "A"

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 1/6th interest as tenants in common, in and to the Common Area of Lot 20 of Tahoe Village Unit No. 1, as shown on the map recorded December 27, 1983, as Document No. 93406, 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. B1. as shown and defined on said condominium map recorded as Document No. 93406, 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. 93406, 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 Swing "use season" as that term is defined in the First Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No. 134786, 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.

A Portion of APN 40-360-02

REQUESTED BY
Shelley Miller
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 FEB -1 AM 10: 25

LINDA SLATER
RECORDER

\$ 9.00 PAID K2 DEPUTY

0507991

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