

RECORDING REQUESTED BY:  
STEWART TITLE COMPANY  
WHEN RECORDED MAIL TO:

ESCROW NO. TS09003835/AH  
A.P.N. # A portion of 42-281-05

Elizabeth Stuart  
641 13th St.  
Manhattan Beach, CA 90266

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
                                  } ss.  
COUNTY OF Douglas }

Bethania Elizabeth Stuart, of legal age, being first duly sworn, deposes and says: That Martin A. Denni, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Martin A. Denni named as one of the parties in that certain Joint Tenancy Deed dated February 16, 1995 executed by MARTIN A. DENNI, aka MARTIN ALFRED DENNI, an unmarried man to MARTIN A. DENNI, an unmarried man and BETHANIA ELIZABETH STUART, an as joint tenants, recorded as Instrument No. 358725, on March 27, 1995 unmarried woman in Book 395, Page 3934, of Official Records of Douglas County, Nevada, covering the following described property situated in the Douglas County, State of Nevada:

The Ridge Tahoe, Plaza Building, Prime Season, Week #37-043-12-03, Stateline, NV 89449

See Exhibit 'A' attached hereto and by this reference made a part hereof.

DATE: April 18, 2001

Bethania Elizabeth Stuart  
Bethania Elizabeth Stuart



STATE OF Nevada }  
                                  } ss.  
COUNTY OF Douglas }

This instrument was acknowledged before me on April 18, 2001, by, Bethania Elizabeth Stuart

\_\_\_\_\_  
Signature Traci E. Adams  
Notary Public

0513055  
BK0401PG7042

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

LOCAL REGISTRATION NUMBER

|   |  |  |  |                        |   |   |                                       |                                |                               |              |
|---|--|--|--|------------------------|---|---|---------------------------------------|--------------------------------|-------------------------------|--------------|
| STATE FILE NUMBER   |  | USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS |  |                        |   |   |                                       | LOCAL REGISTRATION NUMBER      |                               |              |
| DECEDENT PERSONAL DATA  | 1. NAME OF DECEDENT—FIRST (GIVEN)  |  | 2. MIDDLE  |                        | 3. LAST (FAMILY)  |   |                                       |                                |                               |              |
|   | MARTIN   |  | A.   |                        | DENNI   |   |                                       |                                |                               |              |
|   | 4. DATE OF BIRTH M/M/DD/C/CYY  |  | 5. AGE YRS.  |                        | 6. SEX  |   | 7. DATE OF DEATH M/M/DD/C/CYY         |                                | 8. HOUR                       |              |
|   | 11/30/1927   |  | 73   |                        | M   |   | 03/13/2001                            |                                | 2300                          |              |
|   | 9. STATE OF BIRTH  |  | 10. SOCIAL SECURITY NO.  |                        | 11. MILITARY SERVICE  |   | 12. MARITAL STATUS                    |                                | 13. EDUCATION—YEARS COMPLETED |              |
| NEW JERSEY  |  | 4422   |  | X YES                  |   | MARRIED   |                                       | 14                             |                               |              |
| 14. RACE  |  | 15. HISPANIC—SPECIFY                                     |  |                        | 16. USUAL EMPLOYER  |   |                                       |                                |                               |              |
| CAUCASIAN   |  | X NO   |  |                        | TRW   |   |                                       |                                |                               |              |
| 17. OCCUPATION  |  | 18. KIND OF BUSINESS                                     |  |                        | 19. YEARS IN OCCUPATION   |   |                                       |                                |                               |              |
| MANAGER   |  | AEROSPACE  |  |                        | 26  |   |                                       |                                |                               |              |
| USUAL RESIDENCE   | 20. RESIDENCE—(STREET AND NUMBER OR LOCATION)  |  |  |                        |   |   |                                       |                                |                               |              |
|   | 641 13TH STREET  |  |  |                        |   |   |                                       |                                |                               |              |
|   | 21. CITY   |  | 22. COUNTY   |                        | 23. ZIP CODE  |   | 24. YRS IN COUNTY                     | 25. STATE OR FOREIGN COUNTRY   |                               |              |
| MANHATTAN BEACH   |  | LOS ANGELES  |  | 90266                  |   | 41  | CALIFORNIA                            |                                |                               |              |
| INFORMANT   | 26. NAME, RELATIONSHIP   |  |  |                        | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) |   |                                       |                                |                               |              |
|   | ELIZABETH STUART/WIFE  |  |  |                        | 641 13TH STREET, MANHATTAN BEACH, CA. 90266   |   |                                       |                                |                               |              |
| SPOUSE AND PARENT INFORMATION   | 28. NAME OF SURVIVING SPOUSE—FIRST   |  | 29. MIDDLE   |                        | 30. LAST (MAIDEN NAME)  |   |                                       |                                |                               |              |
|   | ELIZABETH  |  |  |                        | STUART  |   |                                       |                                |                               |              |
|   | 31. NAME OF FATHER—FIRST   |  | 32. MIDDLE   |                        | 33. LAST  |   | 34. BIRTH STATE                       |                                |                               |              |
|   | ALFRED   |  |  |                        | DENNY   |   | NEW YORK                              |                                |                               |              |
| 35. NAME OF MOTHER—FIRST  |  | 36. MIDDLE   |  | 37. LAST (MAIDEN)      |   | 38. BIRTH STATE   |                                       |                                |                               |              |
| MARIE   |  |  |  | GIANI                  |   | NEW JERSEY  |                                       |                                |                               |              |
| DISPOSITION(S)  | 39. DATE M/M/DD/C/CYY  |  | 40. PLACE OF FINAL DISPOSITION   |                        |   |   |                                       |                                |                               |              |
|   | 03/21/2001   |  | SU: UCLA SCH. MED. DEPT. PATH. 10833 LE CONTE AVE. LOS ANGELES, CA. 90095  |                        |   |   |                                       |                                |                               |              |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR  | 41. TYPE OF DISPOSITION(S)   |  | 42. SIGNATURE OF EMBALMER  |                        |   |   | 43. LICENSE NO.                       |                                |                               |              |
|   | SU   |  | NOT EMBALMED   |                        |   |   |                                       |                                |                               |              |
|   | 44. NAME OF FUNERAL DIRECTOR   |  | 45. LICENSE NO.  |                        | 46. SIGNATURE OF LOCAL REGISTRAR  |   | 47. DATE M/M/DD/C/CYY                 |                                |                               |              |
| CEDAR HILL MORTUARY   |  | FD-1500  |  | <i>[Signature]</i>     |   | 03/20/2001  |                                       |                                |                               |              |
| PLACE OF DEATH  | 101. PLACE OF DEATH  |  | 102. IF HOSPITAL, SPECIFY ONE:   |                        |   | 103. FACILITY OTHER THAN HOSPITAL:  |                                       | 104. COUNTY                    |                               |              |
|   | RESIDENCE  |  | IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/>  |                        |   | CONV. HOSP. <input type="checkbox"/> RES. CARE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> |                                       | LOS ANGELES                    |                               |              |
| 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)   |  |  |  |                        |   |   |                                       |                                |                               |              |
| 641 13TH STREET   |  |  |  |                        |   |   |                                       |                                |                               |              |
| 106. CITY   |  |  |  |                        |   |   |                                       |                                |                               |              |
| MANHATTAN BEACH   |  |  |  |                        |   |   |                                       |                                |                               |              |
| CAUSE OF DEATH  | 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 |                               |              |
|   | IMMEDIATE CAUSE (A) PANCREATIC CANCER  |  |  |                        |   |   | 1 YEAR                                | X NO                           |                               |              |
|   | DUE TO (B)   |  |  |                        |   |   |                                       | 109. BIOPSY PERFORMED          |                               |              |
|   |  |  |  |                        |   |   |                                       | X YES                          |                               |              |
|   | DUE TO (C)   |  |  |                        |   |   |                                       | 110. AUTOPSY PERFORMED         |                               |              |
|   |  |  |  |                        |   |   | X YES                                 |                                |                               |              |
| DUE TO (D)  |  |  |  |                        |   |   | 111. USED IN DETERMINING CAUSE        |                                |                               |              |
|   |  |  |  |                        |   |   | X YES                                 |                                |                               |              |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107               |  |  |  |                        |   |   |                                       |                                |                               |              |
| NONE  |  |  |  |                        |   |   |                                       |                                |                               |              |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. |  |  |  |                        |   |   |                                       |                                |                               |              |
| PANCREATIC BIOPSY 01/15/2000  |  |  |  |                        |   |   |                                       |                                |                               |              |
| 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/DD/C/CYY |  | 115. SIGNATURE AND TITLE OF CERTIFIER  |                        | 116. LICENSE NO.  |   | 117. DATE M/M/DD/C/CYY                |                                |                               |              |
|   | 05/11/2000 03/01/2001  |  | <i>[Signature]</i>   |                        | G21727  |   | 03/15/2001                            |                                |                               |              |
| CORONER'S USE ONLY  | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP   |  | 119. MANNER OF DEATH   |                        |   |   |                                       |                                |                               |              |
|   | S. LEMKIN, M. D. 3340 LOMITA BL#252, TORRANCE, CA. 90505   |  | <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE<br><input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED |                        |   |   |                                       |                                |                               |              |
|   | 120. INJURY AT WORK  |  | 121. INJURY DATE M/M/DD/C/CYY  |                        | 122. HOUR   |   | 123. PLACE OF INJURY                  |                                |                               |              |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |                        |   |   |                                       |                                |                               |              |
|   | 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/DD/C/CYY |   | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER   |                                       |                                |                               |              |
|   |  | <i>[Signature]</i>                                       |  |                        |   |   |                                       |                                |                               |              |
| STATE REGISTRAR   | A  | B  | C  | D                      | E   | F   | G                                     | H                              | FAX AUTH. #                   | CENSUS TRACT |
|   |  |  |  |                        |   |   |                                       |                                |                               | 270096169    |

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

*[Signature]* **DATE ISSUED MAR 20 2001**

Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0513055

BK0401PG7043

# AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

**DEATHS AFTER 1-1994**  
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

|                                |    |    |    |
|--------------------------------|----|----|----|
| STATE/LOCAL REGISTRAR USE ONLY | 1. | 2. | 3. |
|--------------------------------|----|----|----|

## PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

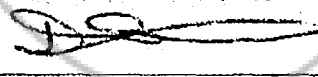
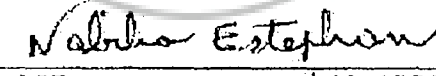
|   |   |  |   |  |   |  |
|---|---|--|---|--|---|--|
| NAME AS IT APPEARS ON RECORD            | 1. NAME—FIRST (GIVEN)<br><b>MARTIN</b>                        |  | 2. MIDDLE<br><b>A.</b>                          |  | 3. LAST (FAMILY)<br><b>DENNI</b>              |  |
|   | 4. SEX<br><b>M</b>  | 5. DATE OF EVENT—MM/DD/CCYY<br><b>03/13/2001</b> | 6. CITY OF OCCURRENCE<br><b>MANHATTAN BEACH</b> |  | 7. COUNTY OF OCCURRENCE<br><b>LOS ANGELES</b> |  |
| ADDITIONAL INFORMATION TO LOCATE RECORD | 8. FATHER'S NAME AS STATED ON ORIGINAL<br><b>ALFRED DENNY</b> |  |   | 9. MOTHER'S NAME AS STATED ON ORIGINAL<br><b>MARIE GIANI</b> |   |  |

## PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

| LIST ONE ITEM PER LINE | 10. CERTIFICATE ITEM NUMBER | 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 12. INFORMATION AS IT SHOULD APPEAR |
|------------------------|-----------------------------|--|-------------------------------------|
|                        | 24                          | 41   | 35                                  |
|                        | 33                          | DENNY  | DENNI                               |
|                        |                             |  |                                     |
|                        |                             |  |                                     |
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|                       |                               |
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| REASON FOR CORRECTION | 13. INFORMATION IS INCORRECT. |
|-----------------------|-------------------------------|

**AFFIDAVITS AND SIGNATURES** We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above fact and that the information given above is true and correct.

|                                 |   |  |  |
|---------------------------------|---|--|--|
| TWO PERSONS MUST SIGN THIS FORM | 14. SIGNATURE OF FIRST PERSON<br>  | 15. TITLE/RELATIONSHIP TO PERSON IN PART I<br><b>MORTUARY REPRESENTATIVE</b>     | 16. DATE SIGNED—MM/DD/CCY<br><b>04/06/2001</b> |
|                                 | 17. AGE<br><b>42</b>  | 18. ADDRESS (STREET, CITY, STATE, ZIP)<br><b>451 AVE 64. PASADENA, CA. 91105</b> |  |
| USE BLACK INK ONLY              | 19. SIGNATURE OF SECOND PERSON<br> | 20. TITLE/RELATIONSHIP TO PERSON IN PART I<br><b>MORTUARY REPRESENTATIVE</b>     | 21. DATE SIGNED—MM/DD/CCY<br><b>04/06/2001</b> |
|                                 | 22. AGE<br><b>32</b>  | 23. ADDRESS (STREET, CITY, STATE, ZIP)<br><b>451 AVE 64. PASADENA, CA. 91105</b> |  |

|                                |  |  |
|--------------------------------|--|--|
| STATE/LOCAL REGISTRAR USE ONLY | 24. SIGNATURE OF STATE OR LOCAL REGISTRAR<br> | 25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCY |
|--------------------------------|--|--|

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PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS  
USE BLACK INK ONLY

STATE FILE NUMBER LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER  
1. 2. 3.

PART I INFORMATION TO LOCATE RECORD  
NAME AS IT APPEARS ON RECORD: 1. NAME—FIRST (GIVEN) MARTIN, 2. MIDDLE A., 3. LAST (FAMILY) DENNI, 4. SEX M  
ADDITIONAL INFORMATION TO LOCATE RECORD: 5. DATE OF EVENT—MM/DD/CCYY 03/13/2001, 6. CITY OF OCCURRENCE MANHATTAN BEACH, 7. COUNTY OF OCCURRENCE LOS ANGELES

PART II STATEMENT OF CORRECTIONS  
8. CERTIFICATE ITEM NUMBER 113  
9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD PANCREATIC BIOPSY 01/15/2000  
10. INFORMATION AS IT SHOULD APPEAR PANCREATIC BIOPSY 05/08/2000

LIST ONE ITEM PER LINE

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER  
11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER [Signature] 12. DATE SIGNED—MM/DD/CCYY 04/10/2001 13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFYING PHYSICIAN OR CORONER CHESTER W. GOTTLIEB, M.D.  
14. ADDRESS—STREET AND NUMBER 3440 LOMITA BL#252. 15. CITY TORRANCE 16. STATE CA 17. ZIP CODE 90505

STATE/LOCAL REGISTRAR USE ONLY  
18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR 19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY

0513055 BK0401PG7045

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

EXHIBIT "A" (37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 043 as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-281-05

REQUESTED BY  
STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

2001 APR 27 AM 10: 52

LINDA SLATER  
RECORDER

\$ 11.00 PAID BC DEPUTY

0513055

BK0401PG7046