

Declaration [or Affidavit] of Death of Joint Tenant

State of ~~California~~ Nevada

County of Washoe

I, Jenny H. Shields, ["being duly sworn," if Declaration is to be notarized] say:

I am 18 years of age or over; James C. Shields, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James C. Shields, named as one of the parties in the deed dated May 18, 19 88, executed by Harlesk Management, Inc. to James C. Shields and the undersigned, as joint tenants, recorded on June 2, 1988, in Book 688, Page 0329, 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. 04-027-38

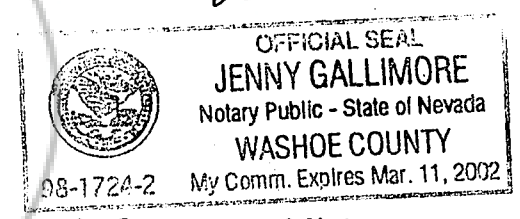
A.P.N. 40-360-05

Jenny H. Shields
JENNY H. SHIELDS

if
notarized

Subscribed and sworn to before me
on _____, ~~19~~ 2001
By Jenny H. Shields

Jenny H. Shields



(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 11 day of May, in _____,
California. Nevada

0516029

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 98 IMAGE 700

2617

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last James Carlisle SHIELDS		2. DATE OF DEATH (Month, Day, Year) November 14, 1999		3a. COUNTY OF DEATH Washoe							
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. Inpatient Inpatient		4. SEX Male					
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 70		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) June 25, 1929	
9a. STATE OF BIRTH (If not U.S.A., name country) Ohio		9b. CITIZEN OF WHAT COUNTRY U.S.A		10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Jenny Boisvert			
13. SOCIAL SECURITY NUMBER 3486		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Security Guard		14b. KIND OF BUSINESS OR INDUSTRY Security							
15a. RESIDENCE—STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN, OR LOCATION Reno		15d. STREET AND NUMBER 7545 S. Claridge Pt.		15e. INSIDE CITY LIMITS (Specify Yes or No) YES			
16. FATHER—NAME First Middle Last Lawrence Shields				17. MOTHER—MAIDEN NAME First Middle Last							
18a. INFORMANT—NAME (Type or Print) Jenny Shields				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 7545 S. Claridge Point Parkway Reno, Nevada 89506							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks, Nevada							
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 70		20c. NAME AND ADDRESS OF FACILITY Reno Memorial 253 E. Arroyo Reno, Nevada 89502							
21a. To be Completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 11/16/99		21c. HOUR OF DEATH 1600		22a. To be completed by Coroner's Office 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. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH					
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) GARY ABRASS		21d.		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. AT					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) GARY ABRASS 85 Kirman Ave Suite 401 Reno NV 89502		23b. LICENSE NUMBER 3747									
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 18, 1999		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) Metastatic Colon Cancer				Interval between onset and death					
PART I		(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
PART II		(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO							
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED							
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28e. STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE			

No.155313

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

STATE REGISTRAR

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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EXHIBIT "A"

Time Interest No. 04-027-38

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. A3, 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.

Ptn. APN 40-360-05

REQUESTED BY
Q.M. CORP.

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 JUN -8 AM 10: 01

LINDA SLATER
RECORDER

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\$ PAID K2 DEPUTY

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