

19-
1318-26-101-006 (PTN)

APN 07-139-19 (portion)

Recording requested by and when
Recorded mail to:

✓Mable Chew
2365 Pine Knoll Dr. #3
Walnut Creek, CA 94595

This is a transfer from Husband (deceased) to Wife and therefore no Transfer Tax is due.

AFFIDAVIT-DEATH OF JOINT TENANT

MABLE CHEW, being of legal age, being first duly sworn, deposes and says:

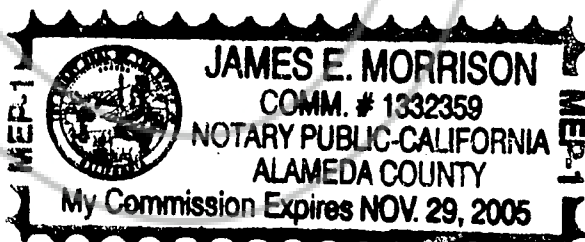
That WARREN CHEW, the decedent mentioned in the attached certified copy of Certificate of Vital Record Certificate of Death, is the same person as WARREN CHEW, named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED executed by CAPRI RESORTS, INC., A Nevada Corporation Grantors to WARREN CHEW & MABLE C. CHEW, Husband and Wife, as joint tenants and recorded on June 4, 1992 as Instrument 280215, Book 692, Page 758, Douglas County, Nevada Records, conveying an interest in the real property described in Exhibit "A" attached hereto.

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property above described did not then exceed the sum of \$1,000,000.00.

I declare under penalty of perjury under the laws of the State of California that the foregoing is correct, and if called as a witness in this matter I could testify competently as to those matters hereinabove stated from my own personal knowledge; I further declare that this declaration was executed at Alameda County, California on the date set forth below.

DATED: 12/23/02

Mable C. Chew
MABLE C. CHEW



James E. Morrison

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Exhibit "A"

County of Douglas, Nevada:

an undivided one three thousand two hundred and thirteenth (1/3213) interest as tenant in common in the following described real property (The Real Property):

A portion of the North one half of the Northwest one quarter of Section 25, Township 13 North, Range 18 East, MDB&M described as:

PARCEL 3 as shown on that certain Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981 in Book 281 of Official Records at page 172, Douglas County, Nevada as Document 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain Map for John S. Michelsen and Walter Cox, recorded February 10, 1978 in Book 278 of Official Records at page 591, Douglas County, Nevada as Document No 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the Declaration of Timeshare Use, as amended.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.5 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a unit as defined in the Declaration of Timeshare Use recorded February 16, 1983 in Book 283 at Page 1341 as Document No 75233 of Official Records of the County of Douglas, Nevada, and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No 78917, second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records a page 1688, Douglas County, Nevada as Document No 84425, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Document no 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 at page 3987, Official Records of Douglas County, Nevada, Document No 161309 (Declaration) during a "Use Period" within the High Season within the "Owner's Use Year" as defined in the Declaration,

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together with a non exclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights of way of record. A portion of APN 07-139-19.

COPY

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

3199701

002450

STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT—FIRST (GIVEN) **WARREN** 2. MIDDLE _____ 3. LAST (FAMILY) **CHEW**

4. DATE OF BIRTH M/M/DD/C.C.Y. **05/06/1936** 5. AGE YRS. **60** 6. SEX **M** 7. DATE OF DEATH M/M/DD/C.C.Y. **04/01/1997** 8. HOUR **1430**

9. STATE OF BIRTH **CA** 10. SOCIAL SECURITY NO. **4115** 11. MILITARY SERVICE YES NO 12. MARITAL STATUS **MARRIED** 13. EDUCATION—YEARS COMPLETED **16**

14. RACE **CHINESE** 15. HISPANIC—SPECIFY YES NO 16. USUAL EMPLOYER **CITY OF OAKLAND**

17. OCCUPATION **RECREATION SUPERVISOR** 18. KIND OF BUSINESS **RECREATION AND PARKS DEPARTMENT** 19. YEARS IN OCCUPATION **32**

20. RESIDENCE—STREET AND NUMBER OR LOCATION **23541 MATTHEW CT.**

21. CITY **HAYWARD** 22. COUNTY **ALAMEDA** 23. ZIP CODE **94541** 24. YRS. IN COUNTY **60** 25. STATE OR FOREIGN COUNTRY **CA**

26. NAME, RELATIONSHIP **MABLE CHIN CHEW - WIFE** 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) **23541 MATTHEW CT., HAYWARD, CA. 94541**

28. NAME OF SURVIVING SPOUSE—FIRST **MABLE** 29. MIDDLE _____ 30. LAST (MAIDEN NAME) **CHIN**

31. NAME OF FATHER—FIRST **WONG** 32. MIDDLE _____ 33. LAST **CHU** 34. BIRTH STATE **CHINA**

35. NAME OF MOTHER—FIRST **LUM** 36. MIDDLE _____ 37. LAST (MAIDEN) **GEE** 38. BIRTH STATE **CHINA**

39. DATE M/M/DD/C.C.Y. **04/04/1997** 40. PLACE OF FINAL DISPOSITION **MT. VIEW CEMETERY OAKLAND, CA. 94611**

41. TYPE OF DISPOSITION(S) **BURIAL** 42. SIGNATURE OF EMBALMER *Clarence E. Pease* 43. LICENSE NO. **7768**

44. NAME OF FUNERAL DIRECTOR **ALBERT BROWN MORTUARY** 45. LICENSE NO. **FD-242** 46. SIGNATURE OF LOCAL REGISTRAR *Albert Brown* 47. DATE M/M/DD/C.C.Y. **04/03/1997**

101. PLACE OF DEATH **OWN RESIDENCE** 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA CONY. HOSP. RES. CARE OTHER 103. FACILITY OTHER THAN HOSPITAL: CONY. HOSP. RES. CARE OTHER 104. COUNTY **ALAMEDA**

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION **23541 MATTHEW CT.** 106. CITY **HAYWARD**

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) **METASTATIC NASOPHARYNGEAL CARCINOMA** 108. DEATH REPORTED TO CORONER YES NO 109. BIOPSY PERFORMED YES NO

DUE TO (B) _____ 110. AUTOPSY PERFORMED YES NO

DUE TO (C) _____ 111. USED IN DETERMINING CAUSE YES NO

DUE TO (D) _____

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 **NONE**

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.C.Y. **02/03/1997** DECEDENT LAST SEEN ALIVE M/M/DD/C.C.Y. **03/27/1997**

115. SIGNATURE AND TITLE OF CERTIFIER *Peter P. Wong* 116. LICENSE NO. **G17444** 117. DATE M/M/DD/C.C.Y. **04/03/1997**

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP **PETER P. WONG, M.D. 5401 NORRIS CANYON RD., SAN RAMON, CA. 94583**

119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

120. INJURY AT WORK YES NO 121. INJURY DATE M/M/DD/C.C.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 _____ 127. DATE M/M/DD/C.C.Y. _____ 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER _____

STATE REGISTRAR **A 8 B X C 2 D E F G H** FAX AUTH. # **79277** CENSUS TRACT _____

DEPARTMENT OF HEALTH SERVICES

1 OF 2

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SEAL

314966

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

S. Kimberly Belshé, Director and State Registrar of Vital Records

by: *Peter Abbott* GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF ACTING STATE REGISTRAR

97 JUN 23 AM 8:35

DATE ISSUED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO AMEND A RECORD

3199701 00245

STATE FILE NUMBER

BIRTH [] DEATH [x] FETAL DEATH [] NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY

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

NAME AS IT APPEARS ON RECORD: 1. NAME—FIRST (GIVEN) WARREN, 2. MIDDLE -, 3. LAST (FAMILY) CHEW. 4. SEX M, 5. DATE OF EVENT—MM/DD/CCYY 04/01/1997, 6. CITY OF OCCURRENCE HAYWARD, 7. COUNTY OF OCCURRENCE ALAMEDA. 8. FATHER'S NAME AS STATED ON ORIGINAL WONG - CHU, 9. MOTHER'S NAME AS STATED ON ORIGINAL LUM - GEE

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

Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR. Row 1: 10, 4115, 8115. Includes a '2 OF 2' stamp.

REASON FOR CORRECTION: 13. TO CORRECT THE RECORD.

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

14. SIGNATURE OF FIRST PERSON: [Signature], 15. TITLE/RELATIONSHIP TO PERSON IN PART I: SECRETARY, 16. DATE SIGNED—MM/DD/CCYY: 04/11/1997. 17. AGE: ADULT, 18. ADDRESS (STREET, CITY, STATE, ZIP): 3476 PIEDMONT AVENUE OAKLAND, CA. 94611. 19. SIGNATURE OF SECOND PERSON: [Signature], 20. TITLE/RELATIONSHIP TO PERSON IN PART I: FUNERAL COUNSELOR, 21. DATE SIGNED—MM/DD/CCYY: 04/11/1997. 22. AGE: ADULT, 23. ADDRESS (STREET, CITY, STATE, ZIP): 3476 PIEDMONT AVENUE OAKLAND, CA. 94611.

24. SIGNATURE OF STATE OR LOCAL REGISTRAR: OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS. 25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY: 06/11/1997

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

93 74420 45 26 (Rev. 1/81)

SEAL

314958

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

S. Kimberly Belshé, Director and State Registrar of Vital Records

by: [Signature] GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF ACTING STATE REGISTRAR

DATE ISSUED

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

97 JUN 23 AM 8:35



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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COPY

REQUESTED BY
Mable Chew
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 DEC 30 PM 2:55

LINDA SLATER
RECORDER

\$ 19.00 PAID 10 DEPUTY

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