

**Recording Requested By and
When Recorded Mail To:**

✓ Robin L. Klomprens, Esq.
Weintraub Genshlea Chediak Sproul,
A Law Corporation
400 Capitol Mall, 11th Floor
Sacramento, California 95814

MAIL TAX STATEMENTS TO:

Kathleen M. Weeks
10091 Silver Meadow Court
Sacramento, CA 95829

APN: 1319-30-645-003

AFFIDAVIT - DEATH OF TRUSTEE

I, KATHLEEN M. WEEKS, declare as follows:

1. DAVID E. WEEKS and KATHLEEN M. WEEKS were the Trustees and Trustors of the David E. Weeks and Kathleen M. Weeks Declaration of Trust dated June 5, 1997, amended March 7, 2000, and restated in its entirety on August 12, 2002 ("Trust"). DAVID E. WEEKS died on August 20, 2002. He is the same person as DAVID EDWARD WEEKS, the decedent named in the certified copy of the "Certificate of Death" which is attached hereto as Exhibit A and incorporated herein by reference.

2. KATHLEEN M. WEEKS is the successor Trustee under the terms of the Trust. The Trust has not been recorded.

3. The Trust is in full force and effect and continues to hold as an asset of the Trust the real property in the County of Douglas, State of Nevada, described as The Ridge Tahoe, Cascade Building, Every Year Use, Week #42-291-24-01, Stateline, Nevada 89449, and legally described in Exhibit B attached hereto and incorporated herein by reference.

4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 11/20/02

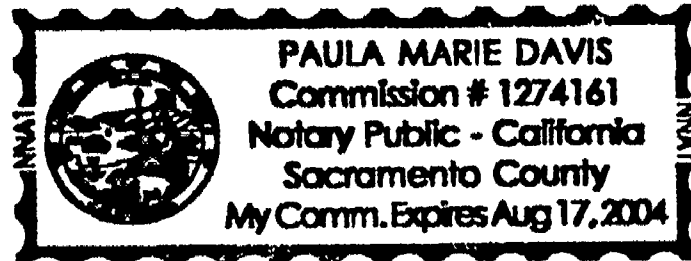
Kathleen M. Weeks
KATHLEEN M. WEEKS

State of California)
County of Sacramento)

On Nov. 20, 2002, before me Paula Marie Davis personally appeared Kathleen M. Weeks, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Paula Marie Davis
Notary Public



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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) David		2. MIDDLE Edward		3. LAST (FAMILY) Weeks			
4. DATE OF BIRTH M/M/DD/CCYY 04/10/1942		5. AGE YRS. 60		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 08/20/2002	
9. STATE OF BIRTH California		10. SOCIAL SECURITY NO. 3031		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SPBM INC.			
17. OCCUPATION Subcontractor		18. KIND OF BUSINESS Rough Cleanup		19. YEARS IN OCCUPATION 20			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 10091 Silver Meadow Ct.							
21. CITY Sacramento		22. COUNTY Sacramento		23. ZIP CODE 95829		25. STATE OR FOREIGN COUNTRY California	
26. NAME, RELATIONSHIP Kathleen Weeks - Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 10091 Silver Meadow Ct. Sacramento, CA 95829			
28. NAME OF SURVIVING SPOUSE—FIRST Kathleen		29. MIDDLE Mary		30. LAST (MAIDEN NAME) Klein			
31. NAME OF FATHER—FIRST Walter		32. MIDDLE Alonso		33. LAST Weeks		34. BIRTH STATE Unk	
35. NAME OF MOTHER—FIRST Marie		36. MIDDLE -		37. LAST (MAIDEN) DeBar		38. BIRTH STATE CA	
39. DATE M/M/DD/CCYY 08/23/2002		40. PLACE OF FINAL DISPOSITION Oak Hill Memorial Park, 300 Curtner Ave, San Jose, CA					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR Mount Vernon Mortuary		45. LICENSE NO. FD 1154		46. SIGNATURE OF LOCAL REGISTRAR <i>Shannah J. Trickett, M.D.</i>		47. DATE M/M/DD/CCYY 08/22/2002 SLR	
101. PLACE OF DEATH Residence - Own		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		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) 10091 Silver Meadow Ct.		106. CITY Sacramento					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							
IMMEDIATE CAUSE (A) Cardio-Respiratory Arrest		TIME INTERVAL BETWEEN ONSET AND DEATH Mins.		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NUMBER 02-3963			
DUE TO (B) Metastatic Melanoma of the Thumb		Weeks		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input 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 checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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/CCYY 11/01/2001 DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 08/06/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Shannah J. Trickett</i>		116. LICENSE NO. G 064347		117. DATE M/M/DD/CCYY 08/21/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Bayard Chang M.D. 3939 J St. Sacramento, CA 95819		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
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		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							

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EXHIBIT A



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: **August 26, 2002** LOCAL REGISTRAR *Shannah J. Trickett M.D.*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT B

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 291 as shown and defined on said map; together 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment of Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as document No. 363815, and subject to said Declaration; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13 - foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43° 19' 06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office; thence S. 52° 20' 29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map; thence S. 14° 00'00" W., along said Northerly line, 14.19 feet; thence N. 52° 20'29" W., 30.59 feet; thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of APN: 1319-30-645-003

"Per NRS 111.313, this legal description was prepared by Robin L. Klomprens, whose mailing address is 400 Capitol Mall, 11th Floor, Sacramento, CA 95814"

REQUESTED BY
Weintraub et al/s
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 FEB 12 AM 8:47

WERNER CHRISTEN
RECORDER

s/16 PAID *K2* DEPUTY

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