

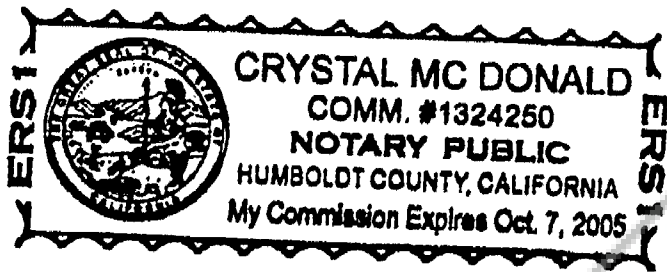
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Humboldt } ss.

On January 31, 2003 before me, Crystal McDonald
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Ingrid L. Byers
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Crystal McDonald
Signature of Notary Public

OPTIONAL

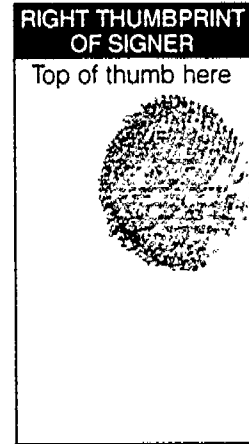
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Joint Tenant
Document Date: January 2, 2003 Number of Pages: 2
Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer

Signer's Name: Ingrid L. Byers
 Individual
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Attorney-in-Fact
 Trustee
 Guardian or Conservator
 Other: N/A
Signer Is Representing: N/A



0567475

BK0203PG07182



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200237 018021

STATE FILE NUMBER _____ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 100) LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT—FIRST (GIVEN) WALTER		2. MIDDLE BENJAMIN		3. LAST (FAMILY) BYERS	
4. DATE OF BIRTH M/M/D/CYY 05/01/1915		5. AGE YRS. 87		6. SEX M	
7. DATE OF DEATH M/M/DD/CYY 12/01/2002		8. HOUR 1150			
9. STATE OF BIRTH IL		10. SOCIAL SECURITY NO. [REDACTED] 0463		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 13			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED	
17. OCCUPATION FINANCIAL PLANNER		18. KIND OF BUSINESS FINANCING		19. YEARS IN OCCUPATION 43	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3546 TICONDEROGA STREET					
21. CITY SAN DIEGO		22. COUNTY SAN DIEGO		23. ZIP CODE 92117	
24. YRS IN COUNTY 43		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP INGRID L. BYERS - WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3546 TICONDEROGA STREET, SAN DIEGO, CA 92117		
28. NAME OF SURVIVING SPOUSE—FIRST INGRID		29. MIDDLE LOUISE		30. LAST (MAIDEN NAME) SODERSTROM	
31. NAME OF FATHER—FIRST JUDSON		32. MIDDLE WALTER		33. LAST BYERS	
34. BIRTH STATE IL		35. NAME OF MOTHER—FIRST EFFIE		36. MIDDLE -	
37. LAST (MAIDEN) FOSTER		38. BIRTH STATE UT			
39. DATE M/M/D/D/CYY 12/07/2002		40. PLACE OF FINAL DISPOSITION SAINT GEORGE CEMETERY - 237 NORTH BLUFF STREET, SAINT GEORGE, UT 84770			
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER <i>Daniel R. Williams</i>		43. LICENSE NO. 8215	
44. NAME OF FUNERAL DIRECTOR GREENWOOD MORTUARY		45. LICENSE NO. FD 843		46. SIGNATURE OF LOCAL REGISTRAR <i>Nancy L Bowen MD</i>	
47. DATE M/M/DD/CYY 12/05/2002		48. SIGNATURE OF LOCAL REGISTRAR <i>Nancy L Bowen MD</i>			
101. PLACE OF DEATH SCRIPPS MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" 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 SAN DIEGO		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 9888 GENESEE AVENUE		106. CITY LA JOLLA	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) BACTEREMIA		TIME INTERVAL BETWEEN ONSET AND DEATH 5 DAYS		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) URINARY TRACT INFECTION CAUSE UNKNOWN		5 DAYS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" 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 NO					
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/CYY 10/02/2002 DECEDENT LAST SEEN ALIVE M/M/DD/CYY 12/01/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. A70019	
117. DATE M/M/DD/CYY 12/04/2002		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP PATRICK WOLCOTT, M.D. 9850 GENESEE AVENUE, SUITE#780, LA JOLLA, CA, 92037			
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/CYY	
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/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR					

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A895283

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: January 17, 2003

Nancy L Bowen MD
NANCY L BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

SEAL

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

A Timeshare Estate comprised of:

PARCEL ONE:

An undivided 1/51st interest in and to that certain condominium described as follows:

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 31 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records, Douglas County, State of Nevada. Except therefrom units 81 to 100 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. 088 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173 Page 229 of Official Records and in modification thereof recorded September 28, 1973, as Document No. 69063 in book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (a) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, -and-
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL FIVE:

The Exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and Four above during ONE "use week" within the WINTER "use season", as said quoted terms are defined in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said use week within said use season.

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

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2003 FEB 19 AM 10:20

WERNER CHRISTEN
RECORDER

PAID 17.00 KG DEPUTY

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