

APN 139-30-644-073 (ptn)
RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET
ADDRESS
CITY,
STATE
ZIP

✓ Mrs. Carroll M. Pearson
1069 Rockefeller Drive
Sunnyvale, CA 94087-2010

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

} ss.

CARROLL M. PEARSON, of legal age, being first duly sworn, deposes and says:

That JAMES L. PEARSON, the decedent mentioned in the attached certified

copy of Certificate of Death, is the same person as JAMES L. PEARSON

named as one of the parties in that certain THE RIDGE TAHOE GRANT BARGAIN SALE DEED dated NOV. 14, 1992,

executed by HARICH TAHOE DEVELOPMENTS

to JAMES L. PEARSON AND CARROLL M. PEARSON

as joint tenants, recorded as Instrument No. 293902, on NOV 23, 1992, in

Book 1192, Page 4313, of the Official Records in the Office of the County Recorder of DOUGLAS

County, State of ~~California~~ NEVADA, concerning the following described real property situated in the

City of STATELINE, County of DOUGLAS, State of ~~California~~ NEVADA

TIMESHARE OF ONE PRIME WEEK.

lomp That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ TIMESHARE PURCHASE PRICE \$18,500

Dated 4-29 2003 Carroll M Pearson

(Signature of Joint Tenant)

CARROLL M PEARSON

(Type or Print Full Name of Joint Tenant)

N/A

(Signature of Joint Tenant)

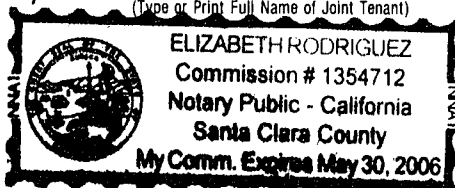
N/A

(Type or Print Full Name of Joint Tenant)

State of California
County of Santa Clara
SUBSCRIBED AND SWORN TO BEFORE ME

this 29 day of April, 2003

Elizabeth Rodriguez
(Signature of Notary)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH
2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)						LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) James			2. MIDDLE Lee			3. LAST (FAMILY) Pearson			
4. DATE OF BIRTH M/M/D/D/C/C/Y 11/24/1933		5. AGE YRS. 66		6. SEX Male		7. DATE OF DEATH M/M/D/D/C/C/Y 03/12/2000		8. HOUR 1200	
9. STATE OF BIRTH WA	10. SOCIAL SECURITY NO. ██████-7977		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK		12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 16		
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER G.T.E. Sylvania				
17. OCCUPATION Engineer			18. KIND OF BUSINESS Environmental Testing			19. YEARS IN OCCUPATION 25			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1069 Rockefeller Drive									
21. CITY Sunnyvale		22. COUNTY Santa Clara		23. ZIP CODE 94087		24. YRS IN COUNTY 39	25. STATE OR FOREIGN COUNTRY CA		
26. NAME, RELATIONSHIP Carroll Pearson Spouse				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1069 Rockefeller Dr., Sunnyvale, CA 94087					
28. NAME OF SURVIVING SPOUSE—FIRST Carroll			29. MIDDLE Mae		30. LAST (MAIDEN NAME) Christmon				
31. NAME OF FATHER—FIRST Wilton		32. MIDDLE Ernest		33. LAST Pearson		34. BIRTH STATE ND			
35. NAME OF MOTHER—FIRST Eva		36. MIDDLE Laverne		37. LAST (MAIDEN) Ludtke		38. BIRTH STATE WA			
39. DATE M/M/D/D/C/C/Y 03/20/2000		40. PLACE OF FINAL DISPOSITION RES" Carroll Pearson, 1069 Rockefeller Dr, Sunnyvale, CA							
41. TYPE OF DISPOSITION(S) CR/RES			42. SIGNATURE OF EMBALMER Not embalmed			43. LICENSE NO. -			
44. NAME OF FUNERAL DIRECTOR BYRGAN			45. LICENSE NO. FD 1279		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Fenstersheib MD</i>		47. DATE M/M/D/D/C/C/Y 03/15/2000		
101. PLACE OF DEATH VA Health Care System		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 Santa Clara			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3801 Miranda Avenue		106. CITY Palo Alto		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH Mths		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) Metastatic Adenocarcinoma Of Unknown Primary		DUE TO (B)		DUE TO (C)		DUE TO (D)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
								110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
								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 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/D/D/C/C/Y 02/14/2000		DECEDENT LAST SEEN ALIVE M/M/D/D/C/C/Y 03/12/2000		115. SIGNATURE AND TITLE OF CERTIFIER <i>J. H. Halberstam</i>		116. LICENSE NO. G054335	117. DATE M/M/D/D/C/C/Y 03/13/2000		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP JAMES HALLENBECK, M.D., 3801 Miranda Ave., Palo Alto, CA 94304				120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/C/Y		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 <i>Martin D. Fenstersheib MD</i>		127. DATE M/M/D/D/C/C/Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER MARTIN D. FENSTERSHEIB	
STATE REGISTRAR		A		B		C		D	
E		F		G		H		FAX AUTH. # 08606	
CENSUS TRACT									

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By

03/21/2000

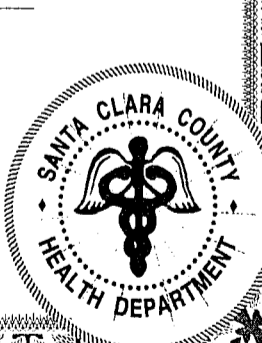
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

BK0503PG05909
0576527

11268398



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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. 164 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: 42-286-06

REQUESTED BY
STEWART TITLE & DOUGLAS COUNTY
 IN OFFICIAL RECORDS OF
 DOUGLAS COUNTY, NEVADA

'92 NOV 24 AM 10:39

REQUESTED BY
Carroll Pearson
 IN OFFICIAL RECORDS OF
 DOUGLAS COUNTY, NEVADA

STEWART TITLE & DOUGLAS COUNTY
 00 RECORDER 293902
 \$6.00 PAID *KJ* DEPUTY
 BOOK 1192 PAGE 4314

2003 MAY 13 AM 8:34

WERNER CHRISTEN
 RECORDER

00
 \$16 PAID *KJ* DEPUTY

0576527

BK 0503 PG 05910