

RECORDING REQUESTED BY
✓ WHEN RECORDED MAIL TO
Michael J. Anderson, Esq.
425 University Ave Suite 210
Sacramento, CA 95825

MAIL TAX STATEMENTS TO:
Kimanh A. Davis
1781 Whispering Wind Drive
Placerville, Ca. 95667

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF CALIFORNIA }
County of Sacramento } ss.

KIMANH A. DAVIS, of legal age, being first duly sworn, deposes and says: That **ROY G. DAVIS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain The Ridge Tahoe Grant, Bargain, Sale Deed dated June 24, 1996, executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada General Partnership, to **KIMANH A. DAVIS** and **ROY G. DAVIS**, wife and husband as Joint Tenants, with right of survivorship, recorded as Instrument No. 391941, on July 15, 1996, in book 0796, page 1950, of Official Records of **DOUGLAS** County, **NEVADA**, covering the real property situated in the County of **DOUGLAS**, State of **NEVADA**, described as follows:

SEE THE ATTACHED EXHIBIT "A"

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$100,000.00

I declare under penalty of perjury under the law of the State of California that I have read the foregoing affidavit and know the contents thereof and that the facts stated therein are true.

Dated: April 24, 2003

Kimanh A. Davis
KIMANH A. DAVIS

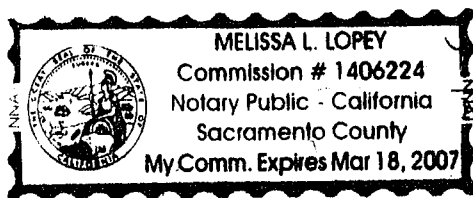
0577289

BK0503PG09429

STATE OF CALIFORNIA)
COUNTY sacramento

On April 24, 2003, before me, Melissa L. Lopey, a Notary Public in and for said State, personally appeared KIMANH A. DAVIS, personally known to me (or 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.



Melissa L. Lopey
NOTARY PUBLIC

0577289

BK0503PG09430

EXHIBIT ``A``
LEGAL DESCRIPTION

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. 276 as shown and defined on said map; 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 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 to 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 Declarations; 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.

APN:42-276-40-01

A portion of APN: 42-010-40

0577289

BK0503PG09431

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) Roy		2. MIDDLE Glenn		3. LAST (FAMILY) Davis			
4. DATE OF BIRTH M/M/D/D/C/C/Y/Y 12/23/1934		5. AGE YRS. 67	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	6. SEX M	7. DATE OF DEATH M/M/D/D/C/C/Y/Y 12/07/2002	8. HOUR 0030
9. STATE OF BIRTH AR		10. SOCIAL SECURITY NO. 5412		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	13. EDUCATION—YEARS COMPLETED 16
14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER Sunrise Technologies		
17. OCCUPATION Management Consultant		18. KIND OF BUSINESS Information Technology			19. YEARS IN OCCUPATION 35		
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1781 Whispering Wind Dr.							
21. CITY Placerville		22. COUNTY El Dorado		23. ZIP CODE 95667		24. YRS IN COUNTY 5	25. STATE OR FOREIGN COUNTRY CA
26. NAME, RELATIONSHIP Kimanh Davis - Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWNSHIP, STATE, ZIP) 1781 Whispering Wind Dr., Placerville, CA 95667			
28. NAME OF SURVIVING SPOUSE—FIRST Kimanh		29. MIDDLE Aratha		30. LAST (MAIDEN NAME) Nguyen			
31. NAME OF FATHER—FIRST Roy		32. MIDDLE Jefferson		33. LAST Davis		34. BIRTH STATE AR	
35. NAME OF MOTHER—FIRST Ethel		36. MIDDLE Mary		37. LAST (MAIDEN) Duncan		38. BIRTH STATE AR	
39. DATE M/M/D/D/C/C/Y/Y 12/13/2002		40. PLACE OF FINAL DISPOSITION Mt. Vernon Memorial Park - 8201 Greenback Ln. Fair Oaks, CA 95628					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Mt. Vernon Mortuary		45. LICENSE NO. FD 1154	46. SIGNATURE OF LOCAL REGISTRAR <i>Shahnaz Iqbal M.D.</i>			47. DATE M/M/D/D/C/C/Y/Y 12/12/2002 TP	
101. PLACE OF DEATH Kaiser Foundation 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 Sacramento	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 6600 Bruceville Road		106. CITY Sacramento					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Pneumonia		TIME INTERVAL BETWEEN ONSET AND DEATH 10 Days		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE		DUE TO (B)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)		DUE TO (D)		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" 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 Cardiovascular Disease, Diabetes Mellitus							
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/D/D/C/C/Y/Y 12/01/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Shahnaz Iqbal</i>		116. LICENSE NO. G 813250		117. DATE M/M/D/D/C/C/Y/Y 12/09/2002	
DECEDENT LAST SEEN ALIVE M/M/D/D/C/C/Y/Y 12/06/2002		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Shahnaz Iqbal M.D. 6600 Bruceville Road, Sacramento, California 95823					
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE M/M/D/D/C/C/Y/Y	122. HOUR	123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
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							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/D/D/C/C/Y/Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		FAX AUTH. #		1372		CENSUS TRACT	

0577289
BK0503PG09432

STATE OF CALIFORNIA } SS
COUNTY OF SACRAMENTO }
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.
December 16, 2002
DATE ISSUED: _____ LOCAL REGISTRAR
Shahnaz Iqbal M.D.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, OR ALTERATIONS

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) Roy, 2. MIDDLE Glenn, 3. LAST (FAMILY) Davis. 4. SEX M, 5. DATE OF EVENT—MM/DD/CCYY 12/07/2002, 6. CITY OF OCCURRENCE Sacramento, 7. COUNTY OF OCCURRENCE Sacramento. 8. FATHER'S NAME AS STATED ON ORIGINAL Roy Jefferson Davis, 9. MOTHER'S NAME AS STATED ON ORIGINAL Ethel Mary Duncan.

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: 40, Mt. Vernon Memorial Park - 8201 Greenback Ln. Fair Oaks, CA 95628, 1/2 Cremated Remains - Mt. Vernon Memorial Park 8201 Greenback Ln. Fair Oaks, CA 95628. Row 2: 41, CR/BU, 1/2 CR/BU 1/2 CR/RES.

REASON FOR CORRECTION: 13. To Correct A 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 Death Certificate Clerk, 16. DATE SIGNED—MM/DD/CCYY 12/12/2002. 17. AGE Adult, 18. ADDRESS (STREET, CITY, STATE, ZIP) 8201 Greenback Ln. Fair Oaks, CA 95628. 19. SIGNATURE OF SECOND PERSON (Signature), 20. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director, 21. DATE SIGNED—MM/DD/CCYY 12/12/2002. 22. AGE Adult, 23. ADDRESS (STREET, CITY, STATE, ZIP) 8201 Greenback Ln. Fair Oaks, CA 95628.

24. SIGNATURE OF STATE OR LOCAL REGISTRAR (Signature), 25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 12/12/2002.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR. CERTIFIED COPY OF VITAL RECORDS. 15 24(1) (Rev. 1/95)

STATE OF CALIFORNIA } COUNTY OF SACRAMENTO } SS

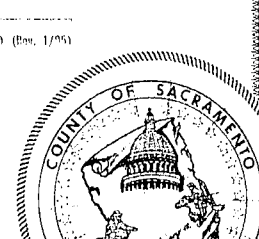
This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: December 16, 2002 LOCAL REGISTRAR (Signature)

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0577289 PK0503PG09433



COPY

REQUESTED BY
Michael Anderson
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2003 MAY 19 AM 11:45

WENNER CHRISTEN
RECORDER

\$ *19.00* PAID *K2* DEPUTY

0577289
BK0503PG09434