

A.P.N. # A ptn of 1319-30-631-022
 ESCROW NO. TS09004741/AH
 RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

Patricia Turnpaw
 6590 Knoxville Rd.
 Napa, CA 94558

REQUESTED BY
Stewart Title of Douglas County
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

2003 DEC 23 AM 10:43

WERNER CHRISTEN
 RECORDER

\$16⁵⁰ PAID kg DEPUTY

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
 COUNTY OF Douglas }

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.

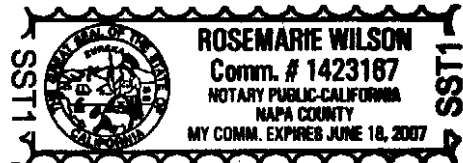
STEWART TITLE OF DOUGLAS COUNTY

Patricia Turnpaw, of legal age, being first duly sworn, deposes and says: That Thomas C. Turnpaw the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas C. Turnpaw named as one of the parties in that certain Grant Deed dated September 22, 1992 executed by JACK K. SIEVERS, a married man to THOMAS C. TURNPAW and PATRICIA TURNPAW, husband and wife as joint tenants, recorded as Instrument No. 289563, on September 30, 1992 in Book 992, Page 5468, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:
The Ridge Crest, One Bedroom, Every Year Use, Week #49-304-47-01, Stateline, NV 89449. See Exhibit 'A' attached here to and by this reference made a part hereof.

DATE: October 08, 2003

Patricia Turnpaw
 Patricia Turnpaw

STATE OF California }
 } ss.
 COUNTY OF Napa }



This instrument was acknowledged before me on 12-8-03 by Patricia Turnpaw

Signature Rosemarie Wilson
 Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

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BK1203PG10797

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS
COUNTY OF NAPA
NAPA, CALIFORNIA 94559-3721

CERTIFICATE OF DEATH

3 1998 28 000126

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) THOMAS		2. MIDDLE CALVIN		3. LAST (FAMILY) TURNPAW	
4. DATE OF BIRTH M/M/D/D/C/C/Y 08/26/1932		5. AGE YRS. 65		6. SEX M	
7. DATE OF DEATH M/M/D/D/C/C/Y 01/29/1998		8. HOUR 0525			
9. STATE OF BIRTH WA		10. SOCIAL SECURITY NO. 2792		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF	
17. OCCUPATION OWNER		18. KIND OF BUSINESS RESTAURANT		19. YEARS IN OCCUPATION 15	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 6590 KNOXVILLE ROAD					
21. CITY NAPA		22. COUNTY NAPA		23. ZIP CODE 94558	
24. YRS. IN COUNTY 18		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP PATRICIA TURNPAW - WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6590 KNOXVILLE ROAD NAPA CA 94558			
28. NAME OF SURVIVING SPOUSE—FIRST PATRICIA		29. MIDDLE ARMSTRONG		30. LAST (MAIDEN NAME) ARMSTRONG	
31. NAME OF FATHER—FIRST ORVILLE		32. MIDDLE CALVIN		33. LAST TURNPAW	
34. BIRTH STATE ID		35. NAME OF MOTHER—FIRST HAZEL		36. MIDDLE -	
37. LAST (MAIDEN) WOLFE		38. BIRTH STATE WA			
39. DATE M/M/D/D/C/C/Y 01/30/1998		40. PLACE OF FINAL DISPOSITION RES. PATRICIA TURNPAW - 6590 KNOXVILLE ROAD NAPA CA 94558			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR CLAFFEY & ROTA FUNERAL HOME		45. LICENSE NO. FD 969		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M/M/D/D/C/C/Y 01/30/1998					
101. PLACE OF DEATH ST. HELENA HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" 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 NAPA		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 650 SANITARIUM ROAD		106. CITY DEER PARK	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) SUBARACHNOID HEMORRHAGE		MINS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER C98-071	
DUE TO (B) RUPTURED INTERNAL CAROTID MIDDLE CEREBRAL ANEURYSM		MINS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input 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/D/D/C/C/Y		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO.	
117. DATE M/M/D/D/C/C/Y		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
119. MANNER OF DEATH <input checked="" 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 checked="" type="checkbox"/> NO		121. INJURY DATE M/M/D/D/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 <i>[Signature]</i>		127. DATE M/M/D/D/C/C/Y 01/30/1998		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Stephen Sprengel Meyer, Dep. Coroner	
STATE REGISTRAR		FAX AUTH. # 5366		CENSUS TRACT	

F 1203 PR 10798
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF NAPA

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA HEALTH AND HUMAN SERVICE, AGENCY.

DATE ISSUED

06/19/1998

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Registrar.

[Signature]
Robert S. Hill M.D.
NAPA County Registrar



EXHIBIT "A"

(49)

A timeshare estate comprised of:

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

- (A) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.
- (B) Unit No. 304 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: a non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-631- 022

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STEWART TITLE OF DOUGLAS COUNTY

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