

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL THIS DEED TO:

Record and Return to:

Arleen L. Cavanna
529 Tyler Avenue
Livermore, CA 94550

105

MAIL TAX STATEMENTS TO:

Arleen L. Cavanna
529 Tyler Avenue
Livermore, CA 94550

REQUESTED BY
Timeshare Transfer
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JAN 26 PM 12: 15

WERNER CHRISTEN
RECORDER

\$17⁹⁵ PAID *kg* DEPUTY

Affidavit of Death of Trustee by Sole Surviving Trustee

STATE OF CALIFORNIA)
COUNTY OF ALAMEDA)

ARLEEN L. CAVANNA, of legal age, being first duly sworn, says:

On February 11, 1992, CESAR E. CAVANNA and ARLEEN L. CAVANNA, as settlors, by a Declaration of Trust created THE CAVANNA FAMILY TRUST OF 1992;

On June 2, 1992, the said settlors executed a Trust Transfer Deed, recorded July 15, 1992, as Instrument No. 283465 in Book 792, Page 2423 in the Official Records in the office of the Douglas County Recorder, conveying to CESAR E. CAVANNA and ARLEEN L. CAVANNA, as Trustees of the said trust the hereinafter described real property;

On August 12, 2003, CESAR E. CAVANNA, the decedent mentioned in the attached certified copy of Certificate of Death, the same person as CESAR E. CAVANNA, one of the said Trustees, died;

The said Declaration of Trust provides that ARLEEN L. CAVANNA thereupon became the trustee of the said Trust, and having accepted the office of Trustee, is now qualified and acting Trustee of the said trust;



The property hereinabove mentioned, situated in the County of Douglas, State of Nevada, is described as:

FOR FULL LEGAL DESCRIPTION, SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

A.P.N. 41-290-18

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

Dated: 12/29/03
Arleen L. Cavanaugh
ARLEEN L. CAVANNA
Successor Trustee

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of December, 2003,
by ARLEEN L. CAVANNA.

WITNESS my hand and official seal.

Mary M. Wurga
(Signature of Notary Public)

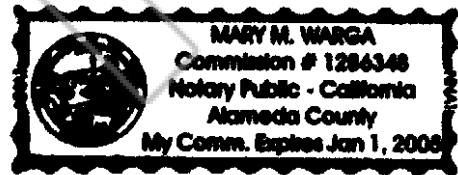


EXHIBIT "A"

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

A Time Share interest comprised of the following:

PARCEL ONE:

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

(a) Condominium Unit No. 46-18, Building B, as set forth in the condominium map of Lot 33, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records of Douglas County, State of Nevada, during ONE (1) "Use Period" within the Winter "Season" as defined in the Declaration of Time Share Covenants, Conditions and Restrictions, originally recorded on April 5, 1983 as Document No. 78473, and as rerecorded May 24, 1983 as Document No. 80819 in the Official Records, Douglas County, State of Nevada, and the Declaration of Time Share Covenants, Conditions and Restrictions recorded on October 24, 1983 as Document No. 89976 and as amended by the First Amendment to Declaration of Time Share Covenants, Conditions and Restrictions recorded on November 10, 1983 as Document No. 090832 in the Official Records of Douglas County, State of Nevada.

(b) An undivided 1/11th interest in and to the common area designated, depicted and described in the condominium map of Lot 33, Building B, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL TWO:

A non-exclusive right to use the "Special Common Area" as defined, and for the purposes and on the terms and conditions set forth, in that certain Declaration of Annexation (Tahoe Summit Village) and Grant, Bargain and Sale Deed recorded May 27, 1987 in Book 587 at Page 2664 as Document No. 155368, Official Records of Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL THREE:

A non-exclusive right to use the real property known as Common Area on the official map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, Official Records of Douglas County, State of Nevada, as amended and modified, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973 as Document No. 63681, Official Records of Douglas County, State of Nevada, and as amended by instruments recorded with said County and State on September 28, 1973 as Document No. 69063 in Book 973, Page 812 and July 2, 1976 as Document No. 01472 in Book 776, Page 87 of Official Records during and for the "Use Period" set forth in subparagraph (a) above.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said Use Period within said Season.

0602842

BK0104PG08255

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

Record and Return to:
Arleen L. Cavanna
529 Tyler Avenue
Livermore, CA 94550

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY. NO SIGNATURES, WHITEOUTS OR ALTERATIONS
03-11 (REV 1/03)

3200301005464

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		3200301005464	
1. NAME OF DECEDENT - FIRST (Given) CESAR		3. LAST (Family) CAVANNA	
2. MIDDLE E.		6. SEX M	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/01/1932	
5. AGE Yrs 70		7. DATE OF DEATH mm/dd/yyyy 08/12/2003	
9. BIRTH STATE/FOREIGN COUNTRY CA		8. HOUR (24 Hours) 1205	
10. SOCIAL SECURITY NUMBER [REDACTED] 6404		12. MARITAL STATUS (at time of death) Married	
11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		13. EDUCATION - Highest Level/Degree (from worksheet on back) BACHELORS	
14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Mechanical Engineer		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) Mechanical Equipment Manufacturing	
19. YEARS IN OCCUPATION 40		20. DECEDENT'S RESIDENCE (Street and number or location) 529 Tyler Ave	
21. CITY Livermore		22. COUNTY/PROVINCE Alameda	
23. ZIP CODE 94550		24. YEARS IN COUNTY 41	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP Arleen Cavanna, wife	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 529 Tyler Ave Livermore CA 94550		28. NAME OF SURVIVING SPOUSE - FIRST Arleen	
29. MIDDLE -		30. LAST (Maiden Name) Lucchesi	
31. NAME OF FATHER - FIRST Cesar		32. MIDDLE -	
33. LAST Cavanna		34. BIRTH STATE Italy	
35. NAME OF MOTHER - FIRST Emilia		36. MIDDLE -	
37. LAST (Maiden) Luchessa		38. BIRTH STATE SWZ	
39. DISPOSITION DATE mm/dd/yyyy 08/15/2003		40. PLACE OF FINAL DISPOSITION St. Michael Cemetery, 3885 East Ave Livermore CA 94550	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>[Signature]</i>	
43. LICENSE NUMBER 8526		44. NAME OF FUNERAL ESTABLISHMENT Wilson Family Funeral Chapel	
45. LICENSE NUMBER FD-1241		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE mm/dd/yyyy 08/14/2003		101. PLACE OF DEATH Valley Care Medical Center	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY Alameda		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 5555 W. Las Positas Blvd	
106. CITY Pleasanton		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardio Respiratory Arrest		109. TIME INTERVAL BETWEEN ONSET AND DEATH 10 min	
110. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Systemic Candidiasis		111. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Multi System Organ Failure		112. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Anastomotic Leak		113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Colon Cancer with Lymph node metastasis		115. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 114? (If yes, list type of operation and date) Colon Resection 07/03/2003, Re-exploration of Abdomen 08/05/2003		117. IF FEMALE, PRECANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent: Anesthetized State Decedent: Last Seen Alive		119. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Raman Nambisan MD 5555 W. Las Positas Blvd Pleasanton CA 94566		121. LICENSE NUMBER A37212	
122. DATE mm/dd/yyyy 08/12/2003		123. DATE mm/dd/yyyy 08/14/2003	
124. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homocide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		125. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
126. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		127. INJURY DATE mm/dd/yyyy	
128. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		129. HOUR (24 Hours)	
130. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		131. SIGNATURE OF CORONER / DEPUTY CORONER	
132. DATE mm/dd/yyyy		133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. # 25861	

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PK0104 PG8256

CERTIFIED COPY OF VITAL RECORDS

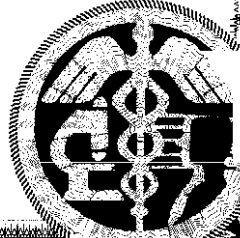
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STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 08/19/2003

[Signature]
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA



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