

RECORDING REQUESTED BY
ATTORNEY

APN: 07-130-19-8

WHEN RECORDED MAIL TO

c/o James W. Duffy
700 Frederick Street, #306
Santa Cruz, CA 95062

REQUESTED BY
Law Office James Duffy
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 MAR 15 AM 11:28

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID BC DEPUTY

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO: Mrs. Rosalie A. Tehlirian
286 Hampshire Court
Daly City, CA 94015-2838

AFFIDAVIT - DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA)
)ss.
COUNTY OF SAN MATEO)

The undersigned being of legal age, being first duly sworn, deposes and states that the trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect:

Avedis Tehlirian, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as the party named as ONE OF THE Trustees under the Restatement of Trust 1993 TEHLIRIAN LIVING TRUST dated October 19, 1993 in which Avedis Tehlirian and Rosalie Tehlirian are the original Grantors and Trustees in that certain Individual Grant Deed recorded on March 30, 1988 as Instrument No. 175254 in BOOK 388 at PAGE 3775 in the Official Records of Douglas County, Nevada, covering that certain real property situated in the County of Douglas, State of Nevada, and more particularly described on Exhibit "A" attached hereto and incorporated by reference.

I hereby certify under penalty of perjury that I have read the foregoing and know the contents to be and correct.

Dated: 3-10-04

Rosalie Tehlirian
ROSALIE TEHLIRIAN

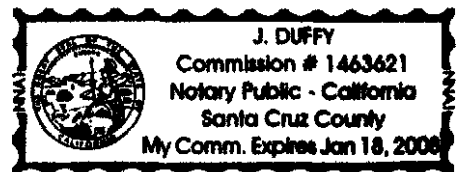
SUBSCRIBED AND SWORN TO before me this 10 day of March, 2004

Signature

J. Duffy
JAMES W. DUFFY

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A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981,, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6, and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the _____ Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

EXHIBIT A
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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH DEPARTMENT
SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH **3200341 003844**

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Avedis		3. LAST (Family) Tehirian	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 09/04/1924	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 79	
9. BIRTH STATE/FOREIGN COUNTRY Yugoslavia		10. SOCIAL SECURITY NUMBER -4690	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Married	
13. EDUCATION - Highest level/degree (See worksheet on back) Bachelor's		7. DATE OF DEATH mm/dd/yyyy 10/28/2003	
14. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) 1050	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) Caucasian		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Real Estate Investor	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Real Estate		19. YEARS IN OCCUPATION 48	
20. DECEDENT'S RESIDENCE (Street and number or location) 286 Hampshire Court			
21. CITY Daly City		25. STATE/FOREIGN COUNTRY California	
22. COUNTY/PROVINCE San Mateo		24. YEARS IN COUNTY 33	
23. ZIP CODE 94015		26. INFORMANT'S NAME, RELATIONSHIP Rosalie A. Tehirian - Wife	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 286 Hampshire Court, Daly City, CA 94015		28. NAME OF SURVIVING SPOUSE - FIRST Rosalie	
29. MIDDLE Anne		30. LAST (Maiden Name) Yoghoonian	
31. NAME OF FATHER - FIRST Misak		33. LAST Tehirian	
32. MIDDLE -		34. BIRTH STATE Armenia	
35. NAME OF MOTHER - FIRST Nazeli		36. LAST (Maiden) Sarkisian	
37. BIRTH STATE Armenia		38. DISPOSITION DATE mm/dd/yyyy 11/3/2003	
39. PLACE OF FINAL DISPOSITION Cypress Lawn Memorial Park, Colma, CA		40. TYPE OF DISPOSITION(S) Burial	
41. NAME OF FUNERAL ESTABLISHMENT Duggan's Serra Mortuary		42. SIGNATURE OF EMPLOYER <i>James E. Salas</i>	
43. LICENSE NUMBER 8849		44. SIGNATURE OF LOCAL REGISTRAR <i>Scott Morrow</i>	
45. LICENSE NUMBER FD 1098		46. DATE mm/dd/yyyy 10/31/2003	
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 <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other	
103. COUNTY San Mateo		104. CITY South San Francisco	
104. COUNTY San Mateo		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1200 El Camino Real	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) Brain Death Anoxia (B) Gastrointestinal Bleed Secondary to Rectal Ulcers (C) Gram Positive Line Sepsis (D) Spontaneous Splenic Rupture - etiology unknown		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Anemia, End Stage Kidney Disease		110. PROBY 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. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) None		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Misak Avedis Decedent: Last Seen Above		115. SIGNATURE AND TITLE OF CORONER <i>Lucille Mercado</i>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Lucille Mercado, MD, 1200 El Camino Real, SSF, CA 94080		117. LICENSE NUMBER AS0640	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. DATE mm/dd/yyyy 10/28/2003	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER <i>Scott Morrow</i>		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER SCOTT MORROW, M.D. HEALTH OFFICER AND REGISTRAR		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. # EX41-A09-1924	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN MATEO } SS

DATE ISSUED

NOV 05 2003

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

Scott Morrow
SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR



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This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.



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BK 0304 PG 06 / 40
PG 6440