

16

Recording requested by &
when recorded mail this deed to:

Joyce E. Jensen
14701 Cole Drive
San Jose, CA 95124

Mail Tax Statements to:
Same as above

REQUESTED BY
Joyce E Jensen
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2004 MAR 23 AM 9:47

WERNER CHRISTEN
RECORDER

6/6 PAID KJ DEPUTY

NEW 1319-30-644-062
APN#42-285-12

AFFIDAVIT - DEATH OF TRUSTEE

Joyce E. Jensen, of legal age being first duly sworn, deposes and says that: Charles G. Jensen and Joyce E. Jensen, naming themselves as trustees on June 13, 1991, established a revocable living trust titled:

Jensen Family Trust created on June 13, 1991

~~Concurrent with~~ ^{Subsequent to} the establishment of the living trust, ^{on April 9, 1992} Charles G. Jensen & Joyce E. Jensen executed a notarized deed formally & validly transferring ownership interest of the real property to the above named living trust. Said deed was recorded on April 20, 1992 as Document # 276498, in Book 492, page 3703. Said property is described as follows:
Douglas County, State of Nevada

The RIDGE TAHOE TIME SHARE WEEK #37-154-42-81, more particularly described on the attached Exhibit "A", which is incorporated herein and made a part hereof.

Unfortunately, due to death ^{Gilbert} (verified by the attached copy of the death certificate - the decedent being Charles G. Jensen), the duty for managing the trust now falls to Joyce E. Jensen, the successor trustee - who now has rightful signature power for transferring or encumbering all the property owned by the trust including said real property.

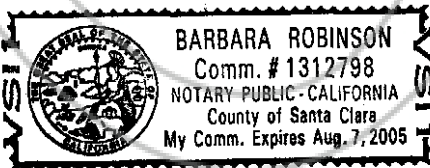
SUCCESSOR TRUSTEE STATEMENT

This is to verify that I am the named and rightful successor trustee of the above referenced trust, and that all the statements and exhibits are true and correct.

Dated: Mar. 18, 2004 Signed: Joyce E. Jensen
Joyce E. Jensen

State of California
County of Santa Clara

Subscribed and sworn to before me, the undersigned a Notary Public in and for the State of California on 3/18/04
Witness my hand and official seal.



Barbara Robinson
Notary Public

0608010
BK 0304 PG 10753

EXHIBIT "A" (37)

An undivided 1/102nd 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. 154 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 every other year in even-numbered years in the swing "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-285-12

0608010
BK0304PG10754

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY; NO ERASERS, MARKERS OR ALTERATIONS
09-11 (REV. 1/03)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		2. MIDDLE	
Charles		Gilbert	
3. LAST (Family)		Jensen	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
07/25/1930		73	
6. SEX		7. DATE OF DEATH mm/dd/yyyy	
M		02/09/2004	
8. HOUR (24 Hours)		9. BIRTH STATE/FOREIGN COUNTRY	
1750		CA	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
-0837		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. EDUCATION -- Highest Level/Degree (see worksheet on back)	
Married		HS Graduate	
14. WAS DECEDENT SPANISH/SPANIOLATINO? (If yes, see worksheet on back)		15. DECEDENT'S RACE -- Up to 9 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Caucasian	
16. USUAL OCCUPATION -- Type of work, for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Butcher		Grocery	
18. YEARS IN OCCUPATION		19. DECEDENT'S RESIDENCE (Street and number or location)	
41		14701 Cole Dr.	
20. CITY		21. COUNTY/PROVINCE	
San Jose		Santa Clara	
22. ZIP CODE		23. YEARS IN COUNTY	
95124		53	
24. STATE/FOREIGN COUNTRY		25. INFORMANT'S NAME, RELATIONSHIP	
CA		Joyce Jensen--Wife	
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
14701 Cole Dr. San Jose, CA 95124		14701 Cole Dr. San Jose, CA 95124	
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE	
Joyce		-	
30. LAST (Maiden Name)		31. NAME OF FATHER -- FIRST	
Cox		Gilbert	
32. MIDDLE		33. LAST	
-		Jensen	
34. BIRTH STATE		35. NAME OF MOTHER -- FIRST	
CA		Isolina	
36. MIDDLE		37. LAST (Maiden)	
-		Lauritzen	
38. BIRTH STATE		39. BIRTH STATE	
-		CA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
Oak Hill Memorial Park 300 Curtner Ave. San Jose, CA 95125		CR/BU	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
Not Embalmed		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
Neptune Society of Central CA		FD1322	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE	
<i>Martin D. Fenstersheib</i>		02/13/2004	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Good Samaritan Hospital		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> OGA	
103. CITY		104. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Santa Clara		<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
2425 Samaritan Dr.		San Jose	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events -- disease, 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.		Time Interval (between Onset and Death)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(A) Electromechanical Dissociation		109. BIOPSY PERFORMED?	
(B) Massive Acute Myocardial Infarction		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) Coronary Thrombosis		110. AUTOPSY PERFORMED?	
(D) Severe Coronary Artery Disease		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Ventricular Tachycardia	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. IF FEMALE, PREGNANT IN LAST YEAR?	
C.A.B.G. --/--/1986, Catheter Ablation for Ventricular Tachycardia 02/09/2004		<input type="checkbox"/> YES <input 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.		115. SIGNATURE AND TITLE OF CERTIFIER	
116. DATE mm/dd/yyyy		117. LICENSE NUMBER	
02/09/2004		G058266	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
Dwain L. Coggins 555 Knowles Dr. Ste.200 Los Gatos, CA 95032		02/12/2004	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		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	
-		-	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
-		-	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

0608010
BK0304PG10755

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED
By **FEB 13 2004**



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.

