

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

2004 JUL -1 AM 10:48

WERNER CHRISTEN
RECORDER

\$ 18⁰⁰ PAID HL DEPUTY

Order No. 04-005211 Acct. No. 479929057

AFFIDAVIT-DEATH OF JOINT TENANT

TAX PARCEL NO. 1-318-261-01-006 (PTN)

STATE OF NEW YORK

SS.

COUNTY OF NASSAU

Edward Swantek, of legal age, being duly sworn, deposes and says

This document is recorded as an
ACCOMMODATION ONLY and without liability
for the consideration therefor, or
as to the validity or sufficiency
of said instrument, or for the effect
of such recording on the title of the
property involved.

That Grace Swantek, the decedent mentioned in the attached Certificate of Death, is the same person as Grace Swantek named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED executed by THE BANK OF CALIFORNIA, N.A., a National Banking Association, as Co-Trustee of the Kingsbury Crossing Trust to EDWARD SWANTEK & GRACE SWANTEK, husband and wife as joint tenants, recorded in Book 785 Page 2458 Inst. No. 120804 on July 31, 1985, of Official Records of Douglas County, covering the following described property situated in the County of Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO FOR COMPLETE LEGAL DESCRIPTION

Dated: June 10, 2004

X Edward Swantek
Edward Swantek

STATE OF NEW YORK
COUNTY OF NASSAU

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 20th DAY OF June 2004

SIGNATURE [Signature] Seal
NOTARY PUBLIC

NOTARY EXPIRATION DATE: _____

ROBERT H. ROZAKIS
NOTARY PUBLIC, State of New York
No. 01R06095266
Qualified in Nassau County
My Commission Expires July 7, 2007

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Exhibit "A"

LEGAL DESCRIPTION
FOR
KINGSBURY CROSSING

The land referred to herein is situated in the

State of **Nevada**

County of **Douglas**

and is described as follows:

An undivided one-three thousand two-hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (the Real Property):

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 03, 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 and 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, of 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. 084425 (Declaration), during a "Use Period", within the **LOW** 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.

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NEW YORK STATE
DEPARTMENT OF HEALTH

STATE FILE NUMBER

CERTIFICATE
OF DEATH

123

RECORDED DISTRICT
5154
REGISTER NUMBER

RESIDENCE

1. NAME: FIRST MIDDLE LAST GRACE M. SWANTEK
2. SEX: MALE FEMALE
3A. DATE OF DEATH: MONTH DAY YEAR Mar 29 1995
3B. HOUR: 12:15 p m

4A. PLACE OF DEATH: (Check only one)
HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify)
 1 2 3 4
4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR Mar 2 1995

4C. NAME OF FACILITY: (If not facility give address) Good Samaritan Hospital
4D. LOCALITY: (Check one and specify) CITY OF VILLAGE OF TOWN OF Islip Suffolk
4E. COUNTY OF DEATH: Suffolk

4F. MEDICAL RECORD NO. 7198062
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) YES NO

5. DATE OF BIRTH: MONTH DAY YEAR Apr 25 1921
6. AGE: 73 yrs.
7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) Brooklyn, N.Y.
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? NO YES
9. RACE: (Black, White, etc.) White
10. HISPANIC ORIGIN? (If yes, specify) NO YES
11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th College (1-4 or 5+)

12. SOCIAL SECURITY NUMBER: -9056
13. MARITAL STATUS: NEVER MARRIED MARRIED OR SEPARATED WIDOWED DIVORCED 1 2 3 4
14. SURVIVING SPOUSE: (If wife, provide maiden name) Edward

15A. USUAL OCCUPATION: (Do not enter retired) Beautician
15B. KIND OF BUSINESS OR INDUSTRY: Hairdressing
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Not Available

16A. RESIDENCE, STATE: New York
16B. COUNTY: Nassau
16C. LOCALITY: (Check one and specify) CITY OF VILLAGE OF TOWN OF Elmont
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO YES NO IF NO, SPECIFY TOWN: Hempstead

16D. STREET AND NUMBER OF RESIDENCE: Warwick Rd. #61
16E. ZIP CODE: 11003

17. NAME OF FATHER: FIRST MI LAST Thomas Totten
18. MAIDEN NAME OF MOTHER: FIRST MI LAST Grace A. Sheridan

19A. NAME OF INFORMANT: Edward Swantek
19B. MAILING ADDRESS: (Include zip code) 61 Warwick Rd. Elmont, N.Y. 11003

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) Burial
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Calverton National Cem.
20C. LOCATION: (City or town and state) Calverton, N.Y.

21A. NAME AND ADDRESS OF FUNERAL HOME: KRAUSS FUNERAL HOME, Inc. 1097 Hempstead Tpke. Franklin Sq. NY 11010
21B. REGISTRATION NUMBER: 01081

22A. NAME OF FUNERAL DIRECTOR: Glenville A. Rogers Jr.
22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature]
22C. REGISTRATION NUMBER: 64357

23A. SIGNATURE OF REGISTRAR: [Signature]
23B. DATE FILLED: MONTH DAY YEAR Mar 31 1995
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature]
24B. DATE ISSUED: MONTH DAY YEAR Mar 31 1995

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.
SIGNATURE: Moshe Dekel MD
MONTH DAY YEAR 3 29 95

25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH DAY YEAR 2 10 95 TO MONTH DAY YEAR 3 28 95
25C. LAST SEEN ALIVE: MONTH DAY YEAR 3 28 95

25D. NAME OF ATTENDING PHYSICIAN: Moshe Dekel, MD
25E. ATTENDING PHYSICIAN LICENSE NUMBER: 132814

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A: 401 Montauk Highway West Bay Shore, NY 11706

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 1 2 3 4 5 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 NO 1 YES
29A. AUTOPSY? NO YES 0 1
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES 0 1

CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
PART I. IMMEDIATE CAUSE:
(A) CARDIAC ARREST Secondary to Stage 4 Malignant Adenocarcinoma
DUE TO OR AS A CONSEQUENCE OF:
(B) DUE TO OR AS A CONSEQUENCE OF:
(C) DUE TO OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH DAY YEAR HOUR: m
31B. LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE: 0 1
31E. AT WORK? NO YES 0 1
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES 0 1
33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO YES 0 1
33B. DATE OF DELIVERY: MONTH DAY YEAR

DOH-1961 (1/91)

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NAME OF DECEDENT: For use by physician or institution

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I HEREBY CERTIFY THAT THIS
IS A TRUE AND CORRECT COPY.

Joyce Beckman

DEPUTY REGISTRAR

SEAL

COPY

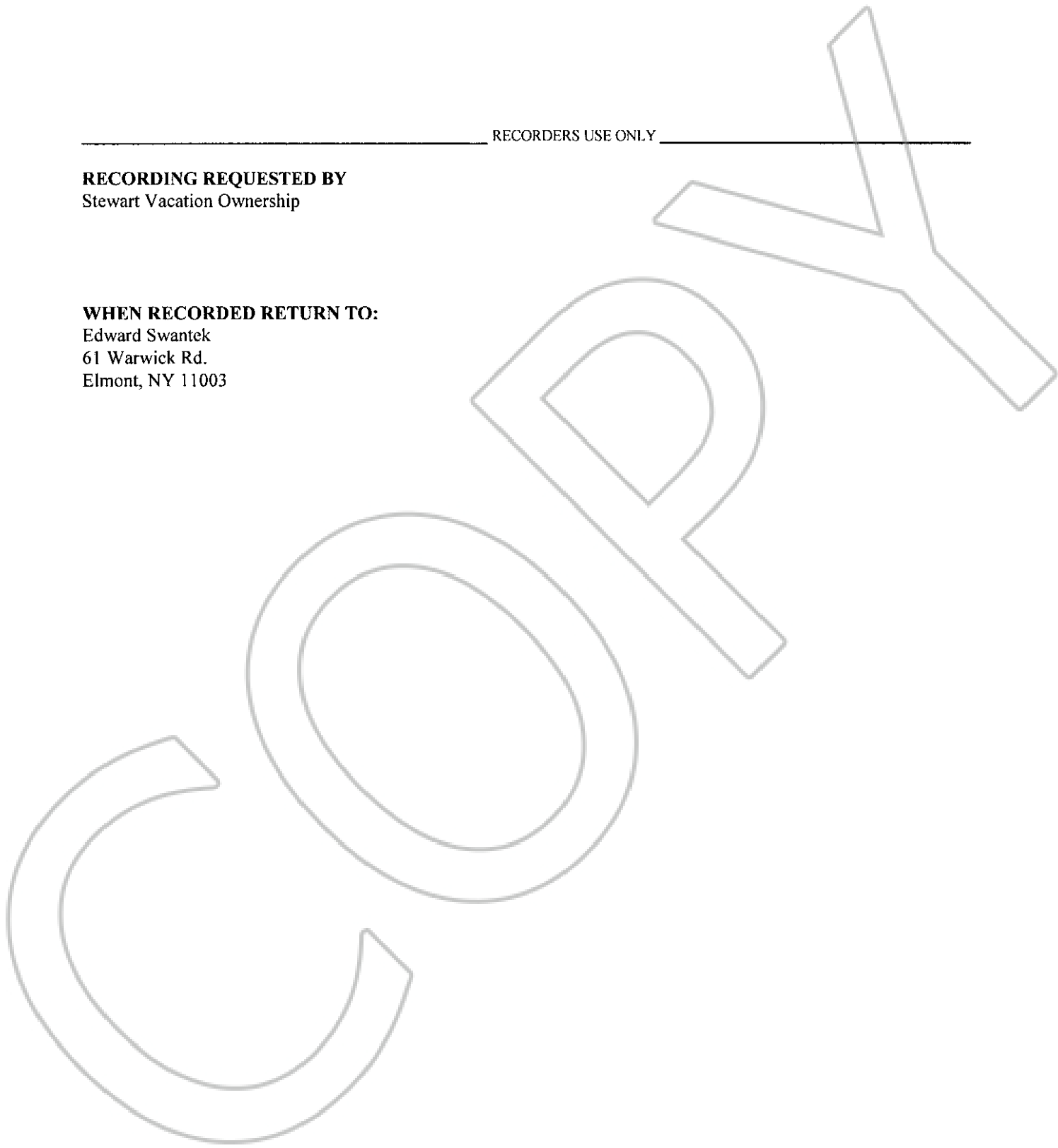
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RECORDERS USE ONLY

RECORDING REQUESTED BY
Stewart Vacation Ownership

WHEN RECORDED RETURN TO:
Edward Swantek
61 Warwick Rd.
Elmont, NY 11003



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