

APN of
APN: 1319-30-644-012
RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

✓ Name DONALD E. TREMBLEY
Street 16906 MARK RIDGE
Address
City,State SPRING TEXAS
Zip 77379

Order No.

REQUESTED BY
Donald Trembley
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 OCT 12 AM 10:12

WERNER CHRISTEN
RECORDER

\$18⁰⁰ PAID KJ DEPUTY

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT


DONALD E. TREMBLEY, of legal age, being first duly sworn, deposes and says:

That MARIE TREMBLEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARIE TREMBLEY named as one of the parties in that certain GRANT BARGAIN AND SALE DEED dated OCTOBER 13, 1997 executed by LEO F. TREMBLEY AND MARGARET I. TREMBLEY to DONALD E. TREMBLEY AND MARIE TREMBLEY as joint tenants, recorded as instrument No.0423942, on OCTOBER 14, 1997, in Book 1097, Page 2573, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the N/A, County of DOUGLAS, State of Nevada:

0626422
BK1004PG04330

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 0.

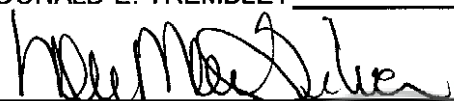
Dated OCTOBER 12, 2004



Surviving Joint Tenant

STATE OF NEVADA }
COUNTY OF DOUGLAS } ss

This instrument was acknowledged before me
on OCTOBER 12, 2004
by DONALD E. TREMBLEY _____.



Notary Public



EXHIBIT "A" (37)

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

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

- (A) An undivided 1/106ths interest as tenants-in-common, in and to Lot 37 of Tahoe Village Unit No. 3 as shown on the Ninth Amended Map Recorded July 14, 1988 as Document No. 182057, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan Recorded as Document No. 182057, Official Records of Douglas County, Nevada.
- (B) Unit No. 049 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modifications thereof recorded September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada and such recreational areas as may become a part of said timeshare project, for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East,
- and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use weeks within the Swing SEASON, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

0626422

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

3200443002182

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
Marie		TREMBLEY	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
-		05/24/1944	
5. AGE Yrs.		6. SEX	
59		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
03/18/2004		2152	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		8650	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION — Highest Level (Degrees) (see worksheet on back)		14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	
CAUCASIAN		EXECUTIVE SECRETARY	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
COMPUTER		10	
20. DECEDENT'S RESIDENCE (Street and number or location)			
1575 PINWOOD WAY			
21. CITY		22. COUNTY/PROVINCE	
MILPITAS		SANTA CLARA	
23. ZIP CODE		24. YEARS IN COUNTY	
95035		45	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		DONALD TREMBLEY — SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE — FIRST	
1575 PINWOOD WAY MILPITAS CA 95035		DONALD	
29. MIDDLE		30. LAST (Maiden Name)	
EDMUND		TREMBLEY	
31. NAME OF FATHER — FIRST		32. MIDDLE	
FRED		-	
33. LAST		34. BIRTH STATE	
LA RIVIERE		CO	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
IRENE		-	
37. LAST (Maiden)		38. BIRTH STATE	
MC GLAUGLIN		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
03/25/2004		SANTA CLARA MISSION CEMETERY 490 LINCOLN ST SANTA CLARA CA	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
LIMA FAMILY SANTA CLARA MORTUARY		FD 93	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
<i>Martin D. Fenstersheib MD</i>		03/24/2004 EM	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Own Residence		<input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
Santa Clara		1575 Pinwood Way	
106. CITY		107. CAUSE OF DEATH	
Milpitas		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 venipuncture (indication without knowing the etiology). DO NOT abbreviate.	
108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
AMENDED 1 OF 2		<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.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		116. LICENSE NUMBER	
(a) mm/dd/yyyy (b) mm/dd/yyyy		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. 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 checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)	
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	
<i>Judy Melinek</i>		03/19/2004	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
		Judy Melinek, MD/Med. Examiner	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		09915	
		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

SS DATE ISSUED
By JUN 18 2004

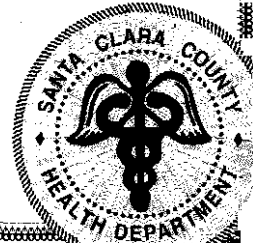


This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD

MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEDOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

3200443002182

STATE FILE NUMBER	1.	2.	3.
STATE/LOCAL REGISTRAR USE ONLY			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION TO LOCATE RECORD			
NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Marie	2. MIDDLE -	3. LAST (FAMILY) TREMBLEY
			4. SEX F
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY 03/18/2004	6. CITY OF OCCURRENCE Milpitas	7. COUNTY OF OCCURRENCE Santa Clara

PART II STATEMENT OF CORRECTIONS		8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE		107A	Pending	Acute Intoxication Due to the Combined Effects of Citalopram and Alprazolam
		107AT	Blank	Hours
		112	Blank	None
		113	Blank	No
		119	Pending	Suicide
		120	Blank	No
		121	Blank	03/18/2004
		122	Blank	Unknown
		123	Blank	Own residence
		124	Blank	Took lethal combination of medications
	125	Blank	1575 Pinewood Way Milpitas, CA 95035	
			2 of 2	

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	12. DATE SIGNED—MM/DD/CCYY	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER	
	<i>Judy Melinek</i>	05/19/2004	Judy Melinek, MD/Med. Examiner	
STATE/LOCAL REGISTRAR USE ONLY	14. ADDRESS—STREET AND NUMBER	16. CITY	16. STATE	17. ZIP CODE
	850 Thornton Way	San Jose	CA	95128
	18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY		
	<i>Martin D. Fenstersheib</i>	05/27/2004		

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 284 (Rev. 1/95)
94 27733

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STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA }

SS DATE ISSUED
By JUN 18 2004



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Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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