

DOUGLAS COUNTY

EXHIBIT 'A' (42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 375 as shown and defined on said map; 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, 1994, as Document No. 056758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;
 thence S. 14°00'00" W., along said Northerly line, 14.19 feet;
 thence N. 52°20'29" W., 30.59 feet;
 thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of APN: 42-010-40

REQUESTED BY
 STEWART TITLE OF DOUGLAS COUNTY
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

36 JUN 14 10:19

LINDA SLATER
 RECORDER
 PAID BY DEPUTY

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO
SAN LUIS OBISPO, CALIFORNIA

CERTIFICATE OF DEATH

3200340001934
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		3200340001934	
1. NAME OF DECEASED - FIRST (Given)		3. LAST (Family)	
ALLEN		DE LOURA	
2. MIDDLE		FOSTER	
4. DATE OF BIRTH: mm/dd/yyyy 5. AGE Yrs 6. UNDER ONE YEAR 7. UNDER 2 YEARS 8. SEX			
10/13/1942 61 Months Days Hours Minutes M			
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		1300	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. OCCUPATION - Highest Level/Degree (Last one listed first)		14. WAS DECEASED SPANISH/SPEAKS/NOT? (If yes, state dialect/accents)	
HS Graduate		<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., specialty store, food establishment, employment agency, etc.)	
Truck Driver		Ennis Business Forms	
17. USUAL RESIDENCE (Street and number or location)		18. YEARS IN OCCUPATION	
5566 High Ridge Road		40	
21. CITY		22. COUNTY/PROVINCE	
Paso Robles		San Luis Obispo	
23. ZIP CODE		24. YEARS IN COUNTRY	
93446		40	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME RELATIONSHIP	
CA		Edie De Loura, Wife	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route, PO box, apt. no., city, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
5566 High Ridge Road, Paso Robles, CA 93446		Edith	
29. MIDDLE		30. LAST (maiden name)	
Adele		Weissgerber	
31. NAME OF FATHER - FIRST		32. MIDDLE	
George		Washington	
33. LAST		34. BIRTH STATE	
De Loura		CA	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
Mary		Isabel	
37. LAST (maiden)		38. BIRTH STATE	
Allen		CA	
39. DEPOSITION DATE: mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
01/03/2004		Paso Robles District Cemetery, Paso Robles, CA 93446	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EXAMINER	
BU		<i>Patricia M. Elliott</i>	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
Chapel of the Roses		FD 290	
45. DATE: mm/dd/yyyy		46. DATE: mm/dd/yyyy	
01/02/2004		01/02/2004	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Twin Cities Community Hospital		<input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other	
103. COUNTY		104. CITY	
San Luis Obispo		Templeton	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. DEATH REPORTED TO CORONER	
1100 Las Tablas Road		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH (Enter the chain of events - structural, injuries, or complications - that directly caused death. DO NOT omit hospital events such as cardiac arrest, respiratory arrest, or transfusion reactions without showing the etiology. DO NOT ABBREVIATE.)		108. DEATH REPORTED TO CORONER (Check one)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. YEARS	
HYPERTENSIVE ASCVD		C-14440	
109. BIOPSY PERFORMED?		110. AUTOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. YES/NO BY UNDERLYING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT ABRASATING IN THE UNDERLYING CAUSE GIVEN BY 107	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Chronic Obstructive Pulmonary Disease	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF PEOPLE PRESENT IN LAST YEAR?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		<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 CHAUSES STATED		115. SIGNATURE AND TITLE OF REGISTRAR	
Decedent: Admitted Status		116. LICENSE NUMBER	
Decedent Last Seen Alive		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 CHAUSES STATED	
		120. INJURED AT WORK?	
		<input type="checkbox"/> YES <input 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 (Cover which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and only, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
		<i>Steven R. Harris</i>	
127. DATE: mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
01/02/2004		Steven R. Harris, Deputy Coroner	
STATE REGISTRAR		FAX AUTH. # 4057	
A B C D E		GENSUS TRACT	

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[Barcode]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY SAN LUIS OBISPO } SS. DATE ISSUED: JUL 27 2004

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY CLERK-RECORDER or this is to certify this document is a true abstract of the official record filed with the County Clerk-Recorder.

Julie L. Rodewald
COUNTY CLERK-RECORDER

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

