Pm 1319-30-712-001 RECORDING REQUESTED BY

And when recorded mail to:

Sunterra Corporation Reconveyance Department 3865 West Cheyenne North Las Vegas, NV 89032 REQUESTED BY

Say tera

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 DEC - 1 AM 11: 37

WERNER CHRISTEN RECORDER

SPAID DEPUTY

AFFIDAVIT – DEATH OF JOINT TENANT

State of Nevada

County of Douglas

Mary A. Jacobs, aka Mary A. Marano, of legal age, being first duly sworn, deposes, and says:

That Vincent F. Marano, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person Vincent F. Marano named as one of the parties in that certain **Deed Of Trust** dated 07/18/1999, executed by Ridge Pointe LTD Partnership to Vincent F. Marano and Mary A. Jacobs, at time of recording an unmarried man as to an undivided ½ interest and an unmarried woman as to ½ interest whom are now Husband and Wife as joint tenants with right of survivorship recorded as Doc No., 0473978 on 08/061999, in Book 0899, Page 1204, of Official Records of **Douglas** County, Nevada, covering the following described property situated in the **Douglas** County of ,State of Nevada.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$__10.00____.

Dated 6/8/04

Mary A. Jacobs S Mary A. Jacobs Jaka, Mary A. Marano

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for said County and State, this day of , 2004.

Notary Signature

Notary Printed or Typed Name

0630745

BK 1204PG00250



STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA **DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH**

DEATH NO. 2003 - 035941

NAME OF	A. FIRST	B. MIDDLE	C. LAST		SEX	DATE O	F MONTH	DAY YEA	P
DECEASED 1	VINCENT	FRANK	MARANO		₂ MALE	DEATH	NOVEMBER	· - · ·	
RACE (e.g., white, b	black, American Indian, (specify tribe) etc.	WAS DECEDENT OF HISP (SPECIFY YES OR NO)	ANIC ORIGIN:	IF YES, INDICATE	MEXICAN, SPANISH, P	UERTO RICAN,	WAS DECEASED EVER	IN U.S. ARMED FORCES	3?
7/1.	WHITE B. NO			C. The Part of the					
PLACE OF DEATH	A. COUNTY	B. TOWN OR CITY		C. HOSPITAL OR (IF RESIDENCE, GIVE STRE			[[] DOA		
ъ	MARICOPA	GLENDALE		ARROWHEAD COMMUNITY HO			XI IN PATIENT		
7. OCTO	BER 11,1937	BA 66 B.	C	MARRIED, NEVE WIDOWED, DIVO	νED -	SURVIVING SPOUSE 10.		EMAIDEN NAME)	
STATE AND CITY OF BIRTH	(if not in USA, name country)	COUNTRY?	SPECIFY SOCIAL SECU	75.0	done most of	UPATION (Give kin working life, even	f rotirod)	BUGINESS OR INDUSTR	_
	AGO, ILL INOIS	U.S.A.	MN OR CITY	-759	114A.	JKER		ESALE PRO	DULL
RESIDENCE ARIZI	ONA MARI	COPA F	EORÍA	D. ZIP GODE = 85382	- 16	YEARS	HIGHEST (DUCATION SPACE COMPLETED	
IDE.	W.ROSE PILAR CT.	INSIDE CITY LIMITS? (SPECIFY Yes or No) YES	ON RESERVATION (SPECIFY Yes of No.)	PREVIOUS STATI OF RESIDENCE- 18	ILLINOI	S	ELEMENTARY-SECONDA (0-12) 12	RY COLLEGE (1-4 or 5 +) B.	
FATHER'S NAME 19.	ONOFRIO	8. MIDDLE	CLAST MARAND	MOTHER'S MAID NAME	- 188 T	FIRST ROSE	B. MIDDLE	clast CONJEMI	
INFORMANT'S SIG 21. MARY		total	PIELATIONSHIP TO DECEASED 22 CAREGIVER	ADDRESS 8530	STREET NO W.ROSE PI	A Part of the second	CITY AND STATE PEORIA, A	ZIP CODE RIZONA 853	
BURIAL, CREMATIC REMOVAL, OTHER 2CREMATI	(Specify)	DHOENT	TY MORTUARY S X ARIZONA	SERVICES	EMBAL. ≥27A. ▶	MER'S SIGNATUR NOT EN	BALMED	CERT.	NO.
FUNERAL HOME	NAME	STREET ADDRES	SS CITY	AND STATE	FUNER	AL DIRECTOR or	erson ating as such (SIG		NO.
	MORTUARY 9850			ITY,AZ.E	35351 📗 29A 🕨	1	AND GOLD	BERG B 89	98
be completed by CERTIFYING IYSICIAN ONLY	TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED 30. SIGNATURE AND TITLE DATE SIGNED (Mo. Day, Year) 31. NAME OF ATTENDING PHYSICIAN IF C	919dle -03 132	DURIOF DEATH 9:35 A.M.	To be completed by IEDICAL EXAMINER OF TRIBAL LAW ENFORCEMENT ALTHORITY ONLY	AT THE TIME, DATE 34. SIGNATURE AND TITLE DATE SIGNED (Mo. 38. PRONOUNCED DE	, Day, Year)		MY OPINION DEATH OC MANNER STATED. HOUR OF DEATH 36. PRONOUNCED DEAD	
	33.			.≥ \	37. ON	_/	1:	38. AT	
(Type or Print) GEF	ESS OF CERTIFIER, PHYSICIAN; MEDIC RALD L.OLDHAM.M.D.1	3640 PLAZA DE	AW ENFORCEMENT AUTHORI RIO BLVD PEORI	A AZ 81 AU	HORIZED FOR CHEMA ECIFY) X Yes		L EXAMINER'S SIGNATU	RE	
NOV 2 6	2003 ₄₃ 22700	REGISTRAR'S SIGNATUR	E COLUMN DECTOR (ENTER THE CENTER	140 7 V		REG DISTRICT	DATE REC'D	IN STATE OFFICE	<u>,</u>
DUENTIALLY LIST NOTIONS, IF ANY, ING TO IMMEDIATE SAUSE, ENTER DERLYING CAUSE REASE OR INJURY INITIATED EVENTS	Acari	te pryva EQUENCE OF: VARIJ NR	padroling has	P. (17)			Acu / y	int BE o	PROXI- MATE FERVAL TWEEN INSET
FE S S FE	S S S S S S S S S S S S S S S S S S S	Luotinoi pi							DEATH
48.	significant conditions contributing to	-distri			Juditali.	AUTOPSY (Specify Yes or No) 49. NO	(Specify Yes or No) 50.YES, FiOR	ED TO MEDICAL EXAMIN	
MANNER OF DEAT	HOMICIDE 52.	MO DAY Y	53 M	INJURY AT WORK (Specify Yes or No.)	P DESCRIBE HOW I	NJURY OCCUÁRI	ED .		
ACCIDEN	PENDING INVESTIGATION PLACE OF SPECIFY UNDETERMINED 56.	INJURY (At home, farm, str	eet, factory, office building, etc.)	WHERE LOC		REET ADDRESS	CITY OR TOV	VN STATE	
SUPPLEMENTARY 58.	(ENTRIES								

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA

COUNTY OF MARICOPA

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of

0630745

This copy not valid unless prepared on engraved border displaying county seal in Ric and Ris half fis an ingress 1



