

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0305 PG- 8185 RPIT: 0.00



RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Legal Production Service
1965 Yosemite Avenue, Suite 118
Simi Valley, CA 93063

ABOVE SPACE RESERVED FOR RECORDER

AFFIDAVIT - DEATH OF TRUSTEE

APN: 42-010-20

VICKI LEE BARKAN, of legal age, being duly sworn, deposed and says that SHIRLEY BARKAN, the decedent mentioned in the attached Certificate of Death, is the same person as SHIRLEY BARKAN, named as a Trustee in that certain Trust Transfer Deed dated January 25, 1995, executed to SHIRLEY BARKAN and VICKI LEE BARKAN, TRUSTEES, recorded as Document No. 355670, of Official Records of Douglas County, Nevada, covering the following described real property in the County of Douglas, State of Nevada:

For complete legal description refer to EXHIBIT "A", attached hereto and made a part hereof.

Dated 2/18, 2005

Vicki Lee Barkan

State of California)
)SS.
County of Ventura)

SUBSCRIBED AND SWORN TO before me this 18 day of February, 2005.

WITNESS MY HAND AND OFFICIAL SEAL

THERON MURPHY (Seal)

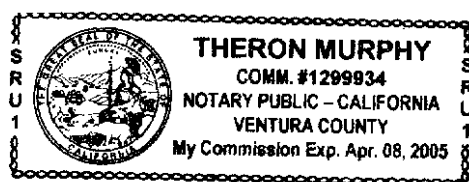


EXHIBIT "A"

PARCEL ONE:

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

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 33 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981 as Document No. 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 121 to 140 as shown and defined on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305 of Official Records.
- (b) Unit No. 125 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 use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40 and 41 as shown on said Tahoe Village Unit No. 3, Fifth Amended Map and as corrected by said Certificate of Amendment.

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, M.O.M.

(b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the 5th amended map of Tahoe Village No. 3, recorded October 29, 1981 as Document No. 61612 and amended by Certificate of Amendment recorded November 23, 1981 as Document No. 62661, Official Records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use said UNIT 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 during ONE "use week" within the summer "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982, as Document No. 71000 of said Official Records. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said use week within said season.

APN

42-010-20



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF VENTURA
VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

3200456004076

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
SHIRLEY		BARKAN	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
-		01/24/1920	
5. AGE Yrs.		6. SEX	
84		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)	
11/28/2004		2023	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
ILLINOIS		[REDACTED] 0177	
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		DIVORCED	
13. EDUCATION — Highest Level/Degree (Use worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (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	
WHITE		ESCROW OFFICER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
REAL ESTATE		30	
20. DECEDENT'S RESIDENCE (Street and number or location)			
2294 NORTH BIGELOW AVENUE			
21. CITY		22. COUNTY/PROVINCE	
SIMI VALLEY		VENTURA	
23. ZIP CODE		24. YEARS IN COUNTY	
93065		17	
25. STATE/FOREIGN COUNTRY			
CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or location, city, or town, state, ZIP)	
BRUCE BARKAN — SON		1652 CALLE ZOCALO THOUSAND OAKS, CA 91360	
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE	
-		-	
30. LAST (Maiden Name)		31. NAME OF FATHER — FIRST	
-		PETER	
32. MIDDLE		33. LAST	
-		STEIN	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST	
RUSSIA		TILLIE	
36. MIDDLE		37. LAST (Maiden)	
-		GUSS	
38. BIRTH STATE		39. MIDDLE	
RUSSIA		-	
40. PLACE OF FINAL DISPOSITION			
MOUNT SINAI MEMORIAL PARK 5950 FOREST LAWN DR. LOS ANGELES, CA 90068			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
BURIAL		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		MOUNT SINAI MORTUARY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD-1010		[Signature]	
47. DATE mm/dd/yyyy		101. PLACE OF DEATH	
11/30/2004		RESIDENCE	
102. IF OTHER THAN HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOL <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOL <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)	
VENTURA		2294 NORTH BIGELOW AVENUE	
106. CITY		107. CAUSE OF DEATH	
SIMI VALLEY		LUNG CANCER	
108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. BIOPSY 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			
HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
113. WAB OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
RIGHT UPPER LUNG RESECTION 07/17/1998			
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. LICENSE NUMBER	
[Signature]		G53724	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
11/30/1998		JOANNE MOGANNAM M.D. 4950 SUNSET BL.L.A.CA. 90027	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?	
JOANNE MOGANNAM M.D. 4950 SUNSET BL.L.A.CA. 90027		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
-		-	
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		129. FAX AUTH. #	
-		62364	
130. CENSUS TRACT		131. CENSUS TRACT	
-		-	

* 000592631 *

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF VENTURA } SS

DATE ISSUED 12/03/2004

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

[Signature]
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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



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PG- 8187
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