



18, 1988, as Document No. 184461 of Official Records of Douglas County, Nevada. Use of one alternate use week within even numbered years in prime season.

PARCEL 1: An Undivided 1/106ths interest 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.

Unit No. 141, as shown and defined on said Condominium Plan.

PARCEL 2: 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 3: 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 4: 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. 63062, 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.

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 5: 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

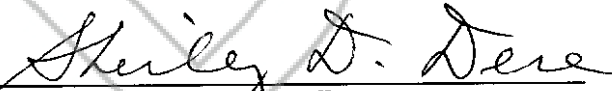


February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE ALTERNATE use week within the EVEN NUMBERED years of the PRIME SEASON, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.


The above 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".

A Portion of APN 42-284-15

Further, that under the terms of said Declaration of Trust, SHIRLEY D. DERE whose address is 2139 Funston Avenue, San Francisco, CA 94116, is the surviving Co-trustee of THE GILBERT AND SHIRLEY DERE REVOCABLE TRUST.

  
SHIRLEY D. DERE, Trustee

Subscribed and sworn to  
before me this 12TH  
day of February, 2003.

  
Signature of Notary Public  
Michelle Lau Lim



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY AND COUNTY OF SAN FRANCISCO**

3 2001 38 0000

1. NAME OF DECEDENT—FIRST (GIVEN) <b>Gilbert</b>		2. LAST (FAMILY) <b>Dere</b>	
4. DATE OF BIRTH M/M/DD/C/YY <b>05/31/1930</b>	5. AGE YRS. <b>70</b>	6. SEX <b>M</b>	7. DATE OF DEATH M/M/DD/C/YY B. HOUR <b>02/20/2001 1730</b>
9. STATE OF BIRTH <b>CA</b>	10. SOCIAL SECURITY NO. <b>██████████1509</b>	11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	12. MARITAL STATUS <b>Married</b>
13. EDUCATION—YEARS COMPLETED <b>16</b>	14. RACE <b>Chinese</b>	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. USUAL EMPLOYER <b>City &amp; County of San Franci</b>
17. OCCUPATION <b>Computer Program Supervisor</b>	18. KIND OF BUSINESS <b>City Government</b>	19. YEARS IN OCCUPATION <b>29</b>	
20. RESIDENCE (STREET AND NUMBER OR LOCATION) <b>2139 Funston Avenue</b>			
21. CITY <b>San Francisco</b>	22. COUNTY <b>San Francisco</b>	23. ZIP CODE <b>94116</b>	24. YRS IN COUNTY <b>70</b>
25. STATE OR FOREIGN COUNTRY <b>CA</b>			
26. NAME, RELATIONSHIP <b>Shirley Dere - Wife</b>		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>2139 Funston Avenue, San Francisco CA 94116</b>	
28. NAME OF SURVIVING SPOUSE—FIRST <b>Shirley</b>		30. LAST (MAIDEN NAME) <b>Dang</b>	
31. NAME OF FATHER—FIRST <b>Wai</b>		33. LAST <b>Dere</b>	
34. BIRTH STATE <b>CA</b>			
35. NAME OF MOTHER—FIRST <b>Dorothy</b>		37. LAST (MAIDEN) <b>Chan</b>	
38. BIRTH STATE <b>CA</b>			
39. DATE M/M/DD/C/YY <b>02/23/2001</b>		40. PLACE OF FINAL DISPOSITION <b>At Sea off Coast of San Francisco County</b>	
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMPALMER <i>Mitchell Katz</i>	43. LICENSE NO. <b>5976</b>
44. NAME OF FUNERAL DIRECTOR <b>Halsted N. Gray-Carew&amp;English</b>		45. LICENSE NO. <b>FD334</b>	46. SIGNATURE OF LOCAL REGISTRAR <i>Mitchell Katz</i>
47. DATE M/M/DD/C/YY <b>02/22/2001</b>			
101. PLACE OF DEATH <b>Calif. Pacific Med. Center</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER
104. COUNTY <b>San Francisco</b>			
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>2333 Buchanan Street</b>		106. CITY <b>San Francisco</b>	
107. DEATH WAS CAUSED BY (ENTER IN FULL IN ONE OR BETTER LINE FOR A, B, C, AND D) <b>(A) Hepatic Failure</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
DUE TO (B) <b>Metastatic Adenocarcinoma</b>		<b>3 Months</b>	109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DUE TO (C)			110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (D)			111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Cirrhosis of the Liver</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Exploratory Laparotomy 02/13/2001</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED. DECEDENT ATTENDED SINCE I DECEDENT LAST SEEN ALIVE M/M/DD/C/YY M/M/DD/C/YY <b>12/21/1982 02/20/2001</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>William Parmer, MD</i>	116. LICENSE NO. <b>G30404</b>
		117. DATE M/M/DD/C/YY <b>02/21/2001</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>William Parmer, MD, 3838 California St., San Francisco CA 94118</b>			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE M/M/DD/C/YY
122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)			

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This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

*Mitchell Katz*  
FAX AUTH. **Mitchell Katz, M.D.**  
Health Officer and Local Registrar

DATE ISSUED **APR 22 2002**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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