

APN 1319-30-542-004

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0506 PG- 3605 RPTT: 0.00



DECLARATION (OR AFFIDAVIT) OF DEATH OF JOINT TENANT

State of TEXAS

County of Calhoun

I, Richard L. Ramsey, "being duly sworn" say:

I am 18 years of age or over; Helen F. Ramsey the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Helen F. Ramsey, named as one of the parties in the deed dated July 18, 1997, executed by Q.M. Corporation to Helen F. Ramsey and the undersigned, as Joint Tenants, recorded on August 14, 1997, as Instrument # 419364 in Book 897, Page 2394, of the Official Records of Douglas County, Nevada, covering the property situated in Stateline, County of Douglas, State of Nevada, described as follows:

(legal description of property) See Exhibit "A"

Timeshare No. 02-009-35-72

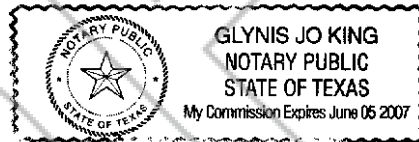
A.P.N. 1319-30-542-004

*Richard L. Ramsey*  
RICHARD L. RAMSEY

Subscribed and sworn to before me  
on 2-3-2006  
by Richard L. Ramsey

*Glynis Jo King*

(seal of notary public)



When Recorded Mail to:

Richard L. Ramsey  
121 Chevy Chase St.  
Port Lavaca, TX 77979

Mail Tax Statements to:

Ridge Sierra  
P.O. Box 859  
Sparks, NV 89432



# CERTIFICATION OF VITAL RECORD

## CITY OF HOUSTON, TEXAS, USA

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (A) FIRST <b>Helen</b>		(M) MIDDLE <b>Faye</b>		(L) LAST <b>Ramsey</b>		(M) MAIDEN <b>Rowers</b>		2. SEX <b>Female</b>		3. DATE OF DEATH <b>May 16, 2004</b>	
4. DATE OF BIRTH <b>July 12, 1944</b>		5. AGE (IN YEARS) <b>59</b>		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>Refugio, Texas</b>		7. SOCIAL SECURITY NO. <b>██████████ 3628</b>					
8. RACE <b>Caucasian</b>		9. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		11. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (9-12) COLLEGE (13-16, 17+) <b>12</b>			
13. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Richard Ramsey</b>		15. DECEASED'S USUAL OCCUPATION <b>Life Coach II</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Mental Rehabilitation</b>					
17a. RESIDENCE STREET ADDRESS <b>121 Chevvy Chase</b>						17b. CITY OR TOWN <b>Port Lavaca</b>					
18a. COUNTY <b>Calhoun</b>		18b. STATE <b>Texas</b>		18c. ZIP CODE <b>77979</b>		18d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
19. FATHER'S NAME <b>George Clifton Powers</b>				19. MOTHER'S MAIDEN NAME <b>Mary Ursula Gerdes</b>							
19. PLACE OF DEATH (CHECK ONLY ONE)											
19. HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ENCOUNTER <input type="checkbox"/> PCA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)											
20. COUNTY OF DEATH <b>Harris</b>		20. CITY OR TOWN IF OUTSIDE CITY LIMITS (TIME FREQUENT) <b>Houston</b>		21. NAME OF HOSPITAL, CLINIC, NURSING HOME, ETC. <b>Methodist Hospital</b>							
22. INFORMANT - SIGNATURE & RELATIONSHIP <b>Richard L. Ramsey Husband</b>				23. MAILING ADDRESS OF INFORMANT <b>121 Chevvy Chase - Port Lavaca, TX 77979</b>							
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, HOSPITAL OR OTHER PLACE) <b>Memory Gardens of Edna</b>		25b. LOCATION (CITY, STATE) <b>Edna, Texas</b>		26. NAME & ADDRESS OF FUNERAL HOME <b>Oaklawn Funeral Home 900 Navidad Edna, Texas 77957</b>		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Robert [Signature]</i>		28. DATE OF DISPOSITION <b>May 19, 2004</b>	
30. CERTIFIER											
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN		TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.									
<input type="checkbox"/> MEDICAL EXAMINER		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.									
<input type="checkbox"/> JUSTICE OF THE PEACE											
31. SIGNATURE & TITLE OF CERTIFIER <i>George M. Gonzalez</i>				32. DATE SIGNED <b>5 17 04</b>		33. TIME OF DEATH <b>6:35 a. M.</b>					
34. PRINTED NAME & ADDRESS OF CERTIFIER <b>George M. Gonzalez, M.D. 6550 Fannin #2317 Houston, TX 77030</b>											
35. PART 1. ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.											
IMMEDIATE CAUSE (Final disease or condition resulting in death)		→ <b>Metastatic Adenocarcinoma</b>								Approximate Interval Between Onset and Death <b>1 mo. th</b>	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Cause of injury that initiated process resulting in death) LAST		DUE TO (OR AS A LIKELY CONSEQUENCE OF):									
		DUE TO (OR AS A LIKELY CONSEQUENCE OF):									
		DUE TO (OR AS A LIKELY CONSEQUENCE OF):									
36. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)						36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN				38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN				39. WAS DECEASED PREGNANT AT TIME OF DEATH WITHIN LAST 12 MO. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY		41c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)			
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)									
		41f. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. <b>02-07365</b>				42b. DATE RECEIVED BY LOCAL REGISTRAR <b>MAY 24, 2004</b>				42c. SIGNATURE OF LOCAL REGISTRAR <i>Greg M. Hinton</i>			

Texas Department of Health - Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 995, 1989)

VS-112 REV. 9/95

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DATE ISSUED **MAY 25 2004**

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Section 191.051, Health and Safety Code of Texas. This copy not valid without engraved border displaying seal and signature of the Registrar.

*Greg M. Hinton*  
Greg M. Hinton, Registrar  
BUREAU OF VITAL STATISTICS

100474674

EXHIBIT "A"

(Sierra '02- alternate) 02-009-35-72

A timeshare estate comprised of:

PARCEL 1: An undivided 1/102nd interest in and to that certain condominium estate described as follows:

(A) An undivided 1/8<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 3 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada.

(B) Unit No. A1 as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2: a non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "alternate use week" in ODD-numbered years within the Prime "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "use week" in the above referenced "use season" as more fully set forth in the CC&R's.

PARCEL 4: A non-exclusive easement for encroachment together with the right of ingress and egress for maintenance purposes as created by that certain easement agreement recorded as Document No. 93659, Official Records of Douglas County, State of Nevada.

A Portion of APN: 1319-30-542- 004

