

DOC # 0677164
06/14/2006 10:06 AM Deputy: GB
OFFICIAL RECORD
Requested By:
PHILLIP E GIBBONS INC

APN: 0000-40-050-450 (portion)
1319-30-712-001 PTN
RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Phillip E. Gibbons, Esq.
2330 Professional Drive, #200
Roseville, CA 95661

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0606 PG- 4272 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Lillian J. Smith
1027 Chippendale Way
Roseville, CA 95661

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
) ss.
COUNTY OF PLACER)

APN: 0000-40-050-450

I, **LILLIAN J. SMITH**, of legal age, being first duly sworn, deposes and says:

That **HOWARD CHARLES SMITH**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **HOWARD C. SMITH** named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 24, 1998 executed by **RIDGE POINTE, L.P.**, a Nevada limited partnership, to **HOWARD C. SMITH** and **LILLIAN J. SMITH**, husband and wife as joint tenants with right of survivorship, recorded on August 28, 1998 as Document No. 0448087 in Book 0898 at Page 5957 of Official Records of Douglas County, Nevada, covering the real property in the County of Douglas, State of Nevada, described in Exhibit "A" attached hereto and made a part hereof by reference.

Dated: June 8, 2006

Lillian J. Smith
LILLIAN J. SMITH

State of California
County of Placer

Subscribed and sworn to before me, Kathleen S. Price, a Notary Public in and for said County and State, on this 8 day of June, 2006, by **LILLIAN J. SMITH**, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Kathleen S. Price
Notary Public

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/97)

3200031000170
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE	3. LAST (FAMILY)
		Howard		Charles	SMITH
4. DATE OF BIRTH M/M/DD/CY		5. AGE YRS	6. SEX		7. DATE OF DEATH M/M/DD/CY
01/14/1917		83	M		01/17/2000
8. HOUR		9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	11. MILITARY SERVICE
1914		NM		-9147	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED		14. RACE	
Married		13		Caucasian	
15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		17. OCCUPATION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Mac Tools		Warehouse Manager	
18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)	
Tools		30		1027 Chippendale Way	
21. CITY		22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Roseville		Placer	95661	13	CA
26. NAME, RELATIONSHIP		27. MAILING ADDRESS—(STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
Janie Smith - Wife		1027 Chippendale Way, Roseville, CA 95661			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE	30. LAST (MAIDEN NAME)		
Lillian		J.	Slater		
31. NAME OF FATHER—FIRST		32. MIDDLE	33. LAST		
Walter		Lawson	Smith		
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	37. LAST (MAIDEN)
NM		Maude		Ethel	Hepler
38. BIRTH STATE		39. DATE M/M/DD/CY			
NM		01/29/2000			
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)			
Oakdale Memorial Park, 1401 South Grand Ave, Glendora, CA 91740		CR/BU			
42. SIGNATURE OF EMBALMER		43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR	
Not Embalmed				Chapel of the Valley	
45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CY	
FD-1671		[Signature]		01/21/2000 GCH	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL	
Sutter Roseville Hospital		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY		105. CITY			
Placer		Roseville			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	
One Medical Plaza		(A) Kidney Failure		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		(B) Sepsis Syndrome		109. BIOPSY PERFORMED	
		(C) Pneumonia		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		(D)		110. AUTOPSY PERFORMED	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
Chronic Lymphocytic Leukemia with compromised immune system					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
None					
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 NO.	117. DATE M/M/DD/CY
DECEDENT ATTENDED SINCE M/M/DD/CY		[Signature]		6065486	01/21/2000
DECEDENT LAST SEEN ALIVE M/M/DD/CY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
08/09/1994		Donald Colbourn M.D. 2 Medical Plaza, Roseville, CA 95661			
119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/DD/CY	122. HOUR
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER			
		[Signature]			
127. DATE M/M/DD/CY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. FAX AUTH. #	
				00147	
130. CENSUS TRACT		131. STATE REGISTRAR			
		A B C D E F G H			

95223

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF PLACER }

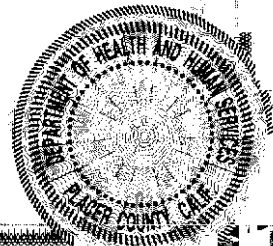
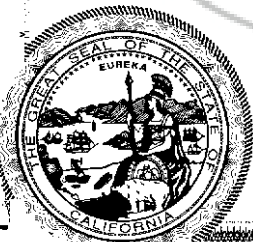
SS DATE ISSUED

04/17/2001

Richard J. Burton, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

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



BK- 0606
PG- 4273
0677164 Page: 2 of 4 06/14/2006

EXHIBIT "A" (160)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/1326th interest in and to Lot 160 as shown and defined on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each year in accordance with said Declaration.

A portion of APN: 0000-40-050-450

