

A.P.N. # 1319-30-712-001

RECORDING REQUESTED BY:

Douglas County - NV  
Werner Christen - Recorder

Page: 1 of 3 Fee: 16.00  
BK-0606 PG-10540 RPT: 0.00



WHEN RECORDED MAIL TO:

Hubert Paul Young  
9050 Shepherd Dr.  
Beaumont, TX 77707

(Space Above For Recorder's Use Only)

### AFFIDAVIT - DEATH OF JOINT TENANT

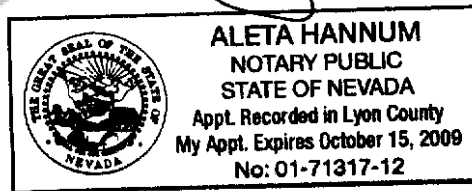
STATE OF NEVADA         }  
  } ss.  
COUNTY OF DOUGLAS     }

HUBERT PAUL YOUNG, of legal age, being first duly sworn, deposes and says: That MARION ELAINE YOUNG, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARION ELAINE YOUNG named as one of the parties in that certain Grant Deed dated August 30, 2003 executed by RIDGE POINTE LIMITED PARTNERSHIP, a Nevada Limited Partnership to HUBERT PAUL YOUNG and MARION ELAINE YOUNG, husband and wife as joint tenants, recorded as Instrument No. 449070, on September 10, 1998 in Book 998, Page 1701, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Pointe, Two Bedroom, Every Year Use, Week #16-021-06-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Hubert Paul Young

DATE: June 29, 2006



STATE OF NEVADA         }  
  } ss.  
COUNTY OF DOUGLAS     }

This instrument was acknowledged before me on June 29, 2006, by, Hubert Paul Young

\_\_\_\_\_  
\_\_\_\_\_  
Signature Aleta Hannum

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

CERTIFICATION OF VITAL RECORD

City of Beaumont, Texas

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER **02-1182**

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST			(d) MAIDEN		2. SEX	3. DATE OF DEATH
Marion Elaine Young			Bancroft		Female	Sept 1, 2005
4. DATE OF BIRTH		5. AGE (IN YEARS) MO. DAYS	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)		7. SOCIAL SECURITY NO.	
August 27, 1946		59	Fort Knox, KY		-2600	
8. RACE		9. WAS THE DECEASED OF HISPANIC ORIGIN? (a) YES (b) NO		10. WAS DECEASED EVER IN U.S. ARMED FORCES? (a) YES (b) NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (10-12) COLLEGE (13-16, 17+)
Caucasian		NO		NO		12
12. MARITAL STATUS		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		14a. DECEDENT'S USUAL OCCUPATION		14b. KIND OF BUSINESS OR INDUSTRY
MARRIED		Hubert Young		Transcriptionist		Hospital
WIDOWED		NEVER MARRIED		DIVORCED		
15a. RESIDENCE STREET ADDRESS			15b. CITY OR TOWN			
9050 Shepherd Drive			Beaumont			
15c. COUNTY		15d. STATE		15e. ZIP CODE		15f. INSIDE CITY LIMITS
Jefferson		TX		77707		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. FATHER'S NAME			17. MOTHER'S MAIDEN NAME			
Marion McKinley Bancroft			Bonnie Bell McKenzie			
18. PLACE OF DEATH (CHECK ONLY ONE)						
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ENCOURTMENT <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)						
19. COUNTY OF DEATH		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PREFIX NO.)		21. NAME OF HOSPITAL OR INSTITUTION (if not in institution, show street address)		
Jefferson		Beaumont		Christina Hospital St. Elizabeth		
22. INFORMANT - SIGNATURE & RELATIONSHIP			23. MAILING ADDRESS OF INFORMANT			
Hubert Young Husband			9050 Shepherd Drive, Beaumont, TX 77707			
24. METHOD OF DISPOSITION		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)		25b. NAME & ADDRESS OF FUNERAL HOME		
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		Broussard's Crematorium Beaumont, TX		BROUSSARD'S MORTUARY-GM 1605 NORTH MAJOR DRIVE BEAUMONT, TX 77713		
		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		28. DATE OF DISPOSITION		
		<i>David Crummett</i> 11056		09/05/2005		
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			32. DATE SIGNED		33. TIME OF DEATH	
<i>Moonthi Levine</i> M.D.			9 7 05		1:20 P.	
34. PRINTED NAME & ADDRESS OF CERTIFIER						
Moonthi Levine, M. D. 2965 Harrison Ste 312 Beaumont, Texas 77702						
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)		Ischemic bowel				Approximate Interval Between Cause and Death
		DUE TO (OR AS A LIKELY CONSEQUENCE OF)				hours
36. CAUSE OF DEATH (Specify list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that ultimately results in death) LAST)		DUE TO (OR AS A LIKELY CONSEQUENCE OF)				
PART 2 - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)		DUE TO (OR AS A LIKELY CONSEQUENCE OF)				
APS, chronic pain, uti		DUE TO (OR AS A LIKELY CONSEQUENCE OF)				
37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. DID ALCOHOL USE CONTRIBUTE TO DEATH?		39a. AUTOPSY?		39b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
40. MANNER OF DEATH		41a. DATE OF INJURY		41b. TIME OF INJURY		41c. INJURY AT WORK
<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						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		41d. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41e. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)		
		41f. DESCRIBE HOW INJURY OCCURRED				
42. REGISTRAR FILE NO.		43. DATE RECEIVED BY LOCAL REGISTRAR		44. SIGNATURE OF LOCAL REGISTRAR		
02-1182		SEPTEMBER 09, 2005		<i>Maria Gauthier</i>		

Texas Department of Health - Bureau of Vital Statistics

WARNING: This penalty for knowingly making a false statement in this form is the 5- or 10-year term in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195.1905)

WARNING: It is illegal to duplicate this copy.

HF153

VSD-12 REV. 9/95

BK- 0606  
PG- 10541  
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0678398

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 Sec. 191.051, Health and Safety Code.

Issued: **May 24, 2006**

Local Registrar

WARNING: It is illegal to duplicate this copy.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**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 1/1326<sup>th</sup> interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14<sup>th</sup> AMENDED MAP, recorded September 16, 1996, as Document No. 396458, in Book 996, at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31°11'12" East, 81.16 feet; thence South 58°48'39" West, 57.52 feet; thence North 31°11'12" West, 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet, the chord of said curve bears North 60°39'00" East, 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 0463765; 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 as amended on March 19, 1999 as Document No. 0463766, 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: 1319-30-712-001**

