

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL THIS DEED TO:

Stephen G. McKee, Esq.  
1202 A Concannon Blvd.  
Livermore, CA 94550

MAIL TAX STATEMENTS TO:

Aurelio C. Cinco  
14599 Acalpulco Road  
San Leandro, CA 94577

DOC # 0681846  
08/11/2006 09:20 AM Deputy: SD

OFFICIAL RECORD  
Requested By:  
M W ADMINISTRATORS

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 41.00  
BK-0806 PG- 4240 RPTT: 0.00



**AFFIDAVIT OF DEATH OF TRUSTEE BY SOLE SURVIVING TRUSTEE**

STATE OF CALIFORNIA )  
COUNTY OF ALAMAEDA )

AURELIO C. CINCO, of legal age, being first duly sworn, says:

On December 15, 1993, AURELIO C. CINCO and CARMELITA C. CINCO, as settlors, by a Declaration of Trust created THE CINCO FAMILY TRUST OF 1993;

On December 15, 1993, the said settlors executed a Trust Transfer Deed, recorded March 7, 1994 as Instrument No. 331635 in Book 0394, Page 1008 in the Official Records in the office of the Alameda County Recorder, conveying to AURELIO C. CINCO and CARMELITA C. CINCO, as Trustees of the said trust the hereinafter described real property;

On January 23, 2006, CARMELITA C. CINCO, the decedent mentioned in the attached certified copy of Certificate of Death, the same person as CARMELITA C. CINCO, one of the said Trustees, died;

The said Declaration of Trust provides that AURELIO C. CINCO thereupon became the sole surviving trustee of the said Trust, and having accepted the office of Trustee, is now qualified and acting Trustee of the said trust;

The property hereinabove mentioned, situated in the County of Douglas, State of Nevada, is described as:

A Timeshare estate comprised of:

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

- (a) An undivided 1/26th interest as tenants in common in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.

(b) Unit No. 306 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, 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 "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&Rs"). The above described exclusive and non-exclusive rights may be applied to any available unit in the Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.

A.P.N. A portion of 40-370-24

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 5/24/2006

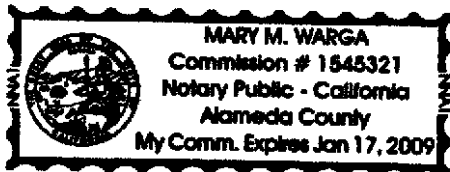
*[Handwritten Signature]*

AURELIO C. CINCO  
Sole Surviving Trustee  
The Cinco Family Trust of 1993

State of California )  
County of Alameda )

Subscribed and sworn to (or affirmed) before me on this 24<sup>th</sup> day of May, 2006, by AURELIO C. CINCO personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(seal)



*Mary M. Wurga*  
Signature of Notary

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

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**  
**PUBLIC HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

3200601000455

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Carmelita		C.		Cinco	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		01/14/1936		70	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
PI		-6438		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
Bachelor's <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Filipino	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Accountant		Medical		20	
20. DECEDENT'S RESIDENCE (Street and number or location)					
14599 Acapulco Rd.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
San Leandro		Alameda		94577	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
22		California			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
Andre Cinco Son			15202 Discovery Rd. San Leandro, CA. 94579		
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
Aurelio		C.		Cinco	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST	
Nicholas				Caldejon	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST		36. MIDDLE	
PI		Emiteria		37. LAST ( Maiden)	
38. BIRTH STATE				39. LAST	
PI				Victa	
36. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
01/27/2006		Holy Sepulchre Cemetery 26320 Mission Blvd Hayward, CA			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BU		Not Embalmed			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
Santos-Robinson Mortuary		FD-81		[Signature]	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
01/25/2006		[Signature]			
101. PLACE OF DEATH					
Own Residence					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Alameda		14599 Acapulco Rd.		San Leandro	
107. CAUSE OF DEATH					
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER? (Time Interval Between Onset and Death)		109. BIOPSY PERFORMED?	
Hepatic Failure		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Secondary list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
Hepatocellular Necrosis		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
End Stage Liver Disease					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
Polycystic Liver Disease					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FOR THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		[Signature]		A21253	
Decedent Last Seen At		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
04/02/1990		01/20/2006		John Hege MD 3300 Webster St #602 Oakland, CA 94609	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
119. MANNER OF DEATH		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homewide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE mm/dd/yyyy					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					
FAX AUTH. # 24305 *000506332*					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 01/25/2006

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

[Signature] m.d.  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

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PG- 4242  
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