0688923 DOC 11/17/2006 10:17 AM Deputy: AH A.P.N. # A ptn of 1319-30-631-014 OFFICIAL RECORD ESCROW NO. TS492053082 Requested By: STEWART TITLE OF DOUGLAS RECORDING REQUESTED BY: STEWART TITLE COMPANY COUNTY Douglas County - NV Werner Christen - Recorder 18.00 Fee: 5 Page: PG- 6274 RPTT: WHEN RECORDED MAIL TO: BK-1106 Cynthia A. Magness 3209 Cabriolet Ct. Carmichael, CA 95608 (Space Above For Recorder's Use Only) AFFIDAVIT - DEATH OF JOINT TENANT THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN. STATE OF NEVADA } } ss. COUNTY OF Douglas } STEWART TITLE OF DOUGLAS COUNTY Cynthia A. Magness of legal age, being first duly sworn, deposes and says: That James R. Magness the decedent mentioned in the attached James R. Magness certified copy of Certificate of Death, is the same person as dated August 13, 1998 named as one of the parties in that certain Grant Deed dated August 13, 1998 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership CYNTHIA A. MAGNESS and JAMES R. MAGNESS, wife and husband September 08, 1998 448881 as joint tenants, recorded as Instrument No. \_, of Official Records of Douglas in Book 998 County, Nevada, covering the following described property situated in Douglas County, State of Nevada: The Ridge Crest, One Bedroom, Even Year Use, Week See Exhibit 'A' #49-205-30-82, Stateline, NV 89449. attached hereto and by this reference made a part hereof. DATE: October 31, 2006 Cynthia A. Magness STATE OF COUNTY OF

0.00

Signature

This instrument was acknowledged before me on Cynthia A. Magness

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

## ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Sacramento
on MO 10, 2007, before me, Chul notary (name, title of officer), personally appeared Cyn Thiw Mayness
personally appeared up This Mayness
o personally known to me OR - K proved to me on the basis of satisfactory evidence to be the person(s) whose
name(suis/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his
(her/their authorized capacity(ies), and that by his/fer/their signature(s) on the instrument the person(s), or the entity
upon behalf of which the person(s) acted, executed the instrument.
C. S. HILL
COMM. # 1605568  NOTARY PUBLIC - CALIFORNIA 0 SACRAMENTO COUNTY O COMM. EXPIRES SEPT. 10, 2009 WITNESS my hand and official seal.
COMM. EXPINES SET I. IVI. 2000 1

0688923 Page: 2 Of 5 11

PG- 6275 11/17/2006

A-67 (Rev. 10/94)

# STATE OF CALUFORNIA CERTIFICATION OF VITAL RECORD

### SACRAMENTO COUNTY

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** 

	CERTIFICATE OF DEATH 3200634003597 USE BLOCK HIR DOLLY THIS ENAUTHERS, MATERIATIONS OF ALTERATIONS									
	STATE FILE NUMBER  1. NAME OF DECEDENT — FIRST (Green)		2. MODLE	VS-19(REV 1/04)	/ [3. UST	(Family)	LOCAL REGISTRAT	ION NUMBER	1	
_				ICHARD MAGNESS				1	1	
DATA	AKA, ALBO KNOWN AS — Include full AKA (	FIRST, MIDDLE, LAST)		A. DATE	OF BIRTH mm/dd/ccyy	5 AGE Ym.	IF UNDER ONE YEAR	IF UNDER 24	HOURS 6. SEX	
DECEDENT'S PERSONAL				02/	17/1937	69.			) M	
	S. BIRTH STATE FOREIGN COUNTRY 10, SOCIAL SECURITY NUMBER 1196				Married Married		7. STAYE OF DEATH IMPAGE 04/27/2006		8. HOUR (24 Hours) 1516	
EDENT	(See WORKSTIDE ON Dack) "   passage	MAS DECEDENT HISPANICALA VES	TINO(A)/SPANISH7 (II y	res, man worksheet on teach.)	16. DECEDENTS RAC	E Up to 3 races	may be listed (see worksheet	on back)		
520	17. USUAL OCCUPATION — Type of work for	r most of life. DO NOT USE RET	RED 18.	KIND OF BUSINESS OR II		store, road constr	uction, employment agency, a	tc.) 19. \	EARS IN OCCUPATION	
	Computer Center Technician Defense									
įų.	20. DECEDENT'S REGIDENCE (Street and re			O	MA		The state of the s			
A DE	3209 Cabriolet C		Per poculiurs	7 7 7	cons 12	A. YEL PEYN CON	MTY 24 STATESCREW	N CO: NTDY		
USUAL	22 COUNTY/FEROVINCE 22 ZIÁCODE 24 YEARS)N COUNTR 23. STATE/FOREIGN COUNTR 24. STATE/FOREIGN COUNTR 24. STATE/FOREIGN COUNTR									
	28. INFORMANT'S NAME, RELATIONSHIP	<del></del>	<del>, , , _</del> _				grad coulde queribles, city or low	n. slate, ZiP)	7/1/2	
MFOR.	Cynthia Mayness - Wife									
8	28. NAME OF SURVIVING SPOUSE - FIRS		9. MIODLE	AN BEEFERS	30. LAST (Maklen	75.	1437			
	Cynthia  J1. NAME OF FATHER - FIRST		Anné Z MOOLE		Loader	1	<u>~</u>	·	34. BIRTH STATE	
SE SE	Howard	7 7 7	Sevton 10		Magnes	R V	J. 1880	1	OR	
SPOUSE AND PARENT INFORMATION	35. NAME OF MOTHER FIRST	2 Winner	a MIDDLE	0000000	37. LAST (Melden)		521-001		38. BIRTH STATE	
<u>m</u>	Pansy	) . J. A.			Withee	/_	1		OR	
₩.	05/02/2006	inaceoffinal disposition LES: Cynthia	4 4	THE REAL PROPERTY	Complete Com	Com	nichael, CA	95608	<u> </u>	
L DIRECT	41. TYPE OF DISPOSITIONS	Cos Cyngula	AZ SIGNA	TURE OF EMBAUMER		W Care	1		NSE NUMBER	
FUNERAL DRECTORY LOCAL REGISTRAR	CR/RES	Z (		Not Embalme	d A	#1/4		_   -		
UNERA	44. NAME OF FUNERAL ESTABLIS MENT	1	/ (3)	SE NUMBER 46. SIGNAT	THE GE SECN HEGIS	1 T T	MDM 5	<i>j</i>	E mm/dd/ccyy	
- T	North Sacramento	Funeral Hom	e / PD7:		ENNAH-LTR		F OTREA/HAN HOSPITAL		/02/2006	
<b>5</b> +	KAISER HOSPITAL		( Contraction	796	IP X ERVOR	Jpan	Hospice Numing		ecadenife Other	
PLACE OF DEATH	IDA. COUNTY	2025 MORSE	OCATION WHERE FOR	UND (Street and number or	igestion)		S CITY	•		
<u> </u>	SACRAMENTO	2025 MORSE	AVENUE /	- 1 July	40	/IMI	SACRA			
	107. CAUSE OF DEATH E.	nier the chain of events — clients cardino artest, respiratory arrest	ally injuries, or compliced of ventricular librillation	ions — that directly caused: I without showing the elicoo	DO NOT ABBREVIATI	fished events saysh	Onset and Death		REPORTED TO CORONER?	
	IMMEDIATE CAUSE W CARDIA (Final disease or condition resulting	C ARRHYJHMIA	`	2	555	<\\7	MIN	06-02	2408	
		CARDIOMYOF	ATHY WITH	I SEWERE MIT	RAL VALVÉ	- 10 kg	pm)	109. BIO	SY PERFORMED?	
Æ	Sequentially, fish conditions, if saly, leading to cause	GITATION AND	EHRONIC A	TRIALFIBRIL	LATION		YRS		ES X NO	
DEA:	on Line A. Enter (U) UNDERLYING	\ \ @ `	7 N	$\mathcal{I}$ $\mathcal{M}$ $\mathcal{I}$			/ :cn	/   —	OPSY PERFORMED?	
9	CAUSE (disease or injury that substed the events (0)						. (07)	(1), VSED	IN DETERMINANCE CAUSE?	
. AUS	resorging is questry Cy23				K 1	and the same of th	1		EB X NO	
	112. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RESULTING IN TH	HE UNDERLYING CAUSE G	IVEN IN 107		· · · · · · · · · · · · · · · · · · ·			
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow	113 WAS OPERATION PERFORMED FOR	ANN COMPLETON IN LITERAL	SE 1132 lff		1/		, <sub>1.3</sub>		EGHANT IN LAST YEAR?	
	NO	MRT CONDITION IN FIRM TOT C	en i i zer (ur yann, irai typa e	ui uperatori sos date.)	<i>y</i> i		.   "F	YES	NO UNK	
w Z	114. I CERTIFY THAT TO THE BEST OF MY KNOWL	EDGE DEATH OCCURRED 115.5	SIGNATURE AND TITLE	OF CERTIFIER		. , , , ,	11B. LICENSE NUM	BEA 117.	DATE mm/dd/cryy	
CATION	AT THE HOUR, DATE, AND PLACE STATED FROM T Decedent Attention Since Dece	ME CAUSES STATED.		and the same of th				/		
PHYSICIAN'S CERTIFICATION	(A) mm/galosyy (B)	mm/dd/ccyy 118.1	YPE ATTENDING PHY	SICIAN'S NAME, MAILING	ADORESS, ZIP CODE					
<u> </u>			ACC STATES FORMING OF	ALUTE CTATE	120, INJURED	AT WOOK?	121 INCIDY DATE	mm/ddfccon/	122 HOUR (24 Hours)	
	119. I CERTIFY THAT IN MY OPINION DEATH OCCU	Accident Homeode	Durates Pendi		be	_ /	LINK	\		
걸	123. PLACE OF INJURY (e.g., home, constru	ction sile, wooded area, etc.)	<u> </u>	• 🗕			ZA SEMPSED			
á					/			1		
ş	124. DESCRIBE HOW INJURY OCCURRED	(Events which resulted in injury)		e <sup>ee</sup>	,	, .	TO THE REAL PROPERTY.	J		
CORONER'S USE ONLY	125, LOCATION OF INJURY (Street and nurt	ber, or localion, and city, and Zli	` P)	<del></del>			<del></del>			
Š	7 7	/ /		ļ	1	-			`-,	
	126. SIGNATURE OF CORONER / DEPUTY			127. DATE mm/dd/ccyy			NER / DEPUTY CORONER	ONEC		
San San	, EDWARD SMITH			There are a section of the contraction of the contr	ALL FILLOWIN	g_Dgg/III F1,	DEPUTY COR		PROPERTY OF TRACT	
STA REGIS	TE STATE OF CALIFOR	NIA D	SS E							
Wa	UDUNLY OF SACRA	MENTO J	1	701	2006000211817*				The state of the s	

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

October 19, 2006

DATE ISSUED:

Slemah & Tracket M. D.

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

BK- 1106 FG- 6276 5 11/17/2006

Any alteration or erasure voids this certificate

CERTIFICATION OF VITAL RECORD

## **SACRAMENTO COUNTY**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** 

•	ν,	AFFIDAVIT TO AMENI	D A RECORD 32	00634003597						
STATE P	I.R NAMED	DEATHS AFTER NO ERASURES, WHITEOUTS, OF	1-1994 LOCAL R	EDISTRATION DISTRICT AND CONTINUATE NUMBER						
STATE/LOCAL REGISTRAR USE ONLY	1.	2	<b>a</b> .	/ \\						
PART I	INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY									
NAME AS IT APPEARS ON	1. NAME—FIRST (GIVEN)	2. MIDDLE								
RECORD	JAMES 4 SEX 5 DATE OF EVENT-N	RICHARD		GNESS COUNTY OF OCCURRENCE						
ADDITIONAL INFORMATION TO LOCATE	M 04/27/2006  8. FATHER'S NAME AS STATED O	N ORIGINAL SAURA	ENTO	SACRAMENTO STATED ON ORIGINAL						
RECORD	HOWARD NEWTON MAGNES		PANSY WITH	The state of the s						
PART II STATEMENT OF CORRECTIONS NO ERASURES WHITEOUTS OF ALTERATIONS										
_	10, CERTIFICATE 1 . INFORMATION I	S IT APPEARS ON ORIGINAL F	ECORD 12 INFORMATION	AS IT SHOULD APPEAR						
· /		A. MAGNESS		RES: CYNTHIA A. MAGNESS.						
	3209/CABRIOLE	WELLE II	45 (195608 )	T CT. CARMICHAEL, CA						
LIST ONE			The Part of the Pa	RES: KATHERINE COGSWELL.						
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REASON FOR CORRECTION	12. CHANGE OF DIS	PUSITION								
AFFIDAVITS AND				al knowledge of the above facts						
SIGNATURES	and that the information give		NEHIP TO PERSON IN PART I	16. DATE SIGNED-MM/DD/CCYY						
TWO PERSONS	· Lusten White	SECRETARY		05/01/2006						
MUST SIGN THIS FORM	/	DDRESS (STREET, CITY, STATE, 28	n MINO AVENUE, SACRAMEN	3TO CA - 05815						
	OVER 21 19. SIGNATURE OF SECOND PER	SON 20. TITLE/RELATIO	MINO AVENUE, SACRAMEN	21. DATE SIGNED MM/DD/CCYY						
USE BLACK INK		4	IRECTOR	05/01/2006						
ONLY	22. AGE 23. A	DDRESS (STREET, CITY, STATE, ZI 725 EL CAI	MINO AVENUE, SACRAMEI	TTO, CA 95815						
	24 SIGNATURE OF STATE OF LOCAL			D FOR REGISTRATION-MM/DD CCYY						

STATE/LOCAL REGISTRAR USE ONLY

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

October 19, 2006 DATE ISSUED:

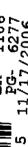
Slevensh & Tradet M. D.

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

CERTIFIED COPY OF VITAL RECORDS

LOCAL REGISTRAR

\*000819684\*







#### **EXHIBIT "A"**

(49)

#### 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 1/26th 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. 205 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 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. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the nonexclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above during one "ALTERNATE USE WEEK" within the Even\_numbered years 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&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "ALTERNATE USE WEEK" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-631-014

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

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