

DATED: January 15, 2007.

Thomas "Tod" Edwin Beach
THOMAS "TOD" EDWIN BEACH

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 15th day of January, 2007, by THOMAS "TOD" EDWIN BEACH, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who appeared before me.

WITNESS my hand and official seal.

Julie Patton
Notary Public



EXHIBIT "A"

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" as amended.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6. and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341, as Document No. 76233 of Official Records of the Bounty of Douglas, State of Nevada, and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document No. 78917, second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 84425, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Document No. 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 page 3987, Official Records of Douglas County, Nevada, Document No. 161309, ("Declaration"), during a "Use Period," within the HIGH Season within the "Owner's Use Year," as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restriction, limitations, easements, rights-of-way of record.

Assessor Parcel Number: 1318-26-101-006

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
SACRAMENTO, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 REV. 1/06

3200634003761
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		3. LAST (Family)		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) Janet		2. MIDDLE HELEN		3. LAST (Family) Beach			
4. DATE OF BIRTH <small>month/day</small> 06/01/1916				5. AGE Yrs. 89		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 2690		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Day (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PAC? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 2 races may be listed (see worksheet on back) CAUCASIAN		16. HOURS (24 Hour) 1430	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME			19. YEARS IN OCCUPATION 63	
20. DECEDENT'S RESIDENCE (Street and number or location) 5727 SPILMAN AVENUE							
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95819		24. YEARS IN COUNTY 89	
25. STATE-FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP EDWIN W. BEACH - HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 5727 SPILMAN AVENUE, SACRAMENTO, CA 95819		28. NAME OF SURVIVING SPOUSE - FIRST EDWIN					
29. MIDDLE WILLIAM		30. LAST (Median Name) BEACH					
31. NAME OF FATHER - FIRST WESLEY		32. MIDDLE -		33. LAST THOMAS		34. BIRTH STATE CA	
35. NAME OF MOTHER - FIRST MYRTLE		36. MIDDLE -		37. LAST (Median) HAUSMAN		38. BIRTH STATE IL	
39. DISPOSITION DATE <small>month/day</small> 05/11/2006		40. PLACE OF FINAL DISPOSITION ODD FELLOWS LAWN CEMETERY, 2720 RIVERSIDE BLVD., SACRAMENTO, CA 95818					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT GEORGE L. KLUMPP		45. LICENSE NUMBER FD360		46. SIGNATURE OF LOCAL REGISTRAR GLENNAH I TROCHET, MD		47. DATE <small>month/day</small> 05/10/2006	
101. PLACE OF DEATH: ARDEN PARK VILLA		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 3408 ALTA ARDEN EXPRESSWAY				106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the Chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST MULTI INFARCT DEMENTIA		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HYPERTENSION		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]			
116. LICENSE NUMBER A04537		117. DATE <small>month/day</small> 5/8/06					
118. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS, ZIP CODE JULIAN ESPINO MD, 1650 RESPONSE RD., SACRAMENTO, CA 95815		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) LISTED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. ILLIQUID AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. BUIRY DATE <small>month/day</small> 05/10/2006	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hour)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE <small>month/day</small>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		FAX AUTH. # TJM		CENSUS TRACT	
				05/10/2006			

BK- 0107
PG- 5897
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK-RECORDER.

DATE ISSUED **DEC 05 2006**

This copy not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.

000896395

Craig Kramer
CRAIG KRAMER, CLERK-RECORDER
SACRAMENTO COUNTY, CALIFORNIA

