

OFFICIAL RECORD

Requested By:

LAW OFFICE OF SARAH E.

GALVIN

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00

BK-0507 PG-5747 RPTT: 0.00

RECORDING REQUESTED BY ALIDA LOMBARDI
AND WHEN RECORDED MAIL TO:
LAW OFFICE OF SARAH E. GALVIN
433 ESTUDILLO AVENUE, SUITE 305
SAN LEANDRO, CA 94577

MAIL TAX STATEMENTS TO:
ALIDA LOMBARDI
18348 Maffey Dr.
Castro Valley, CA 94546



AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA, County of Alameda

ALIDA LOMBARDI, of legal age, being duly sworn, says:

On June 10, 2002, MARGUERY J. LOMBARDI, as Trustor, by a Trust Declaration created THE MARGUERY LOMBARDI TRUST;

On June 10, 2002 the said Trustor executed a Grant Deed, recorded June 17, 2002 as instrument number 0544844 at BK 0602, Page 05120, in the Official Records of Douglas County, Nevada, conveying to MARGUERY J. LOMBARDI as Trustee of THE MARGUERY LOMBARDI TRUST, the hereafter described real property;

On October 15, 2005, MARGUERY J. LOMBARDI, the said Trustee, the same person as MARGUERY JOAN LOMBARDI, the decedent mentioned in the certified copy of Certificate of Death, attached hereto as Exhibit A, died:

The said Trust Declaration provides that ALIDA LOMBARDI thereupon became the Trustee of the said Trust, and having accepted the office of Trustee, is now qualified and acting as Trustee of the said trust;

The property hereinabove mentioned, commonly known as The Ridge Tahoe Timeshare, is described as follows:

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/38th interest in and to Lot 34 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document no. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 to 038 as shown on that certain Condominium Plan recorded June 22, 1987, as document No. 156903; and (B) Unit No. 018 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as

amended and in the Declaration of annexation of The Ridge Tahoe recorded February 21, 1984 as a Document No. 097150 and as amended by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in the same unit type conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A portion of A.P.N.: 42-261-18

November 19, 2005

Alida Lombardi

ALIDA LOMBARDI, Trustee
THE MARGUERY J. LOMBARDI TRUST
UNDER DECLARATION OF TRUST DATED JUNE 10, 2002

ACKNOWLEDGMENT

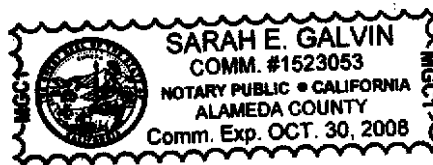
STATE OF CALIFORNIA
COUNTY OF ALAMEDA

On November 19, 2005, before me, Sarah E. Galvin, a Notary Public, personally appeared **ALIDA LOMBARDI** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Sarah E. Galvin

SARAH E. GALVIN



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF ALAMEDA
 OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

3200501006793

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY, NO ERASURES, WHITES OUTS OR ALTERATIONS VS-1 (REV. 1/83)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Last name)		2. MIDDLE		3. LAST (Family)	
Marguery		Joan		Lombardi	
4. DATE OF BIRTH (month/day/year)		5. AGE Yrs.		6. SEX	
07/24/1925		80		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
New York		[REDACTED]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. DATE OF DEATH (month/day/year)		14. HOUR (24 Hour)	
Widowed		10/15/2005		2000	
15. EDUCATION - Highest Level/Type (see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.	
Bachelor's		Caucasian		Surgical Nurse	
18. DECEDENT'S RESIDENCE (Street and number or location)		19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number or location)	
4808 Eagle Way		20		4808 Eagle Way	
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Concord		Contra Costa		94521	
24. YEARS IN COUNTRY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
43		California		Alida M. Lombardi; Daughter	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
18348 Maffey Drive, Castro Valley, CA 94546		-		-	
30. LAST (Maiden Name)		31. NAME OF FATHER - FIRST		32. MIDDLE	
-		William		H.	
33. LAST		34. BIRTH STATE		35. NAME OF MOTHER - FIRST	
Quick		New York		Marguerite	
36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE	
C.		Hodgins		New York	
39. DISPOSITION DATE (month/day/year)		40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
10/21/2005		Holy Cross Cemetery, Antioch, California 94509		Burial	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
[Signature]		FD1006		Quimet Bros. Concord Funeral Chapel	
45. SIGNATURE OF LOCAL REGISTRAR		46. LICENSE NUMBER		47. DATE (month/day/year)	
[Signature]		[REDACTED]		10/20/2005	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Commercial airplane		<input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Alameda		1 Airport Drive		Oakland	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
Cardiac failure		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Atherosclerotic and hypertensive heart disease		Minutes		Years	
None		2005-02922		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
None		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
None		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107.		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	
None		No		Decedent Attended Since	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE (month/day/year)	
[Signature]		[REDACTED]		[REDACTED]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
[REDACTED]		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE (month/day/year)		122. HOUR (24 Hour)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
[REDACTED]		[REDACTED]		[REDACTED]	
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	
[REDACTED]		[REDACTED]		[Signature]	
127. DATE (month/day/year)		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		STATE REGISTRAR	
10/17/2005		J. Smith #8, Deputy Coroner		A B C D E	
FAX AUTH. #		CENSUS TRACT		[REDACTED]	

BK- 0507
 PG- 5749
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 05/16/2007
 0701285

001772074 CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF ALAMEDA
 This is a true and exact reproduction of the document officially registered
 and placed on file in the office of the Alameda County Recorder.
 DATE ISSUED **MAY 11 2007**
 PATRICK O'CONNELL
 ALAMEDA COUNTY RECORDER

