

A portion of APN: 1318-26-101-006

Recording Requested By:

Stewart Title of Nevada
Timeshare Division

1663 US Highway 395N, Suite 101

Minden, NV 89423

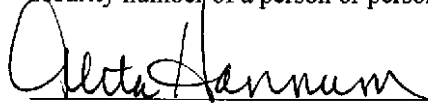
Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0607 PG- 7228 RPTT: 0.00



_____ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or person. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 440.760 (state specific law)



Aleta Hannum

Escrow Officer
Title

AFFIDAVIT - DEATH OF JOINT TENANT
(Title of Document)

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESS 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 NEVADA, WESTERN DIVISION

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN
STOCKTON, CALIFORNIA

3 2006 39 002202

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (78) SINGLE, WRITABLE OR ALTERABLE VS-1 (REV. 05-01)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Fuad		2. MIDDLE Michel		3. LAST (Family) Nahhas	
4. DATE OF BIRTH month/day/year 01/29/1927		5. AGE Yr. 79		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY Lebanon		10. SOCIAL SECURITY NUMBER [REDACTED]		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		7. DATE OF DEATH month/day/year 06/14/2006		8. HOUR (24 Hours) 0224	
9. EDUCATION - Highest Level/Degree (Use worksheet on back) Doctorate		14. WAS DECEDENT HISPANIC/LATINO/Hispanic? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) Lebanese	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Professor		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) College Education		19. YEARS IN OCCUPATION 42	
20. DECEDENT'S RESIDENCE (Street and number of building) 757 Elaine Drive					
21. CITY Stockton		22. COUNTY/PROVINCE San Joaquin		23. ZIP CODE 95207	
24. YEARS IN COUNTY 47		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP Georgette Nahhas-wife			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 757 Elaine Drive Stockton, CA 95207		
28. NAME OF SURVIVING SPOUSE - FIRST Georgette		29. MIDDLE A		30. LAST (maiden name) Musallam	
31. NAME OF FATHER - FIRST Michel		32. MIDDLE [REDACTED]		33. LAST Nahhas	
34. BIRTH STATE Lebanon		35. NAME OF MOTHER - FIRST Assine		36. MIDDLE [REDACTED]	
37. LAST (maiden name) Hobeika		38. BIRTH STATE Lebanon		39. PLACE OF BIRTH [REDACTED]	
40. DISPOSITION DATE month/day/year 06/20/2006		41. PLACE OF FINAL DISPOSITION Cherokee Memorial Park Harney Ln & Hwy 99, Lod1, CA			
42. TYPE OF DISPOSITION Burial		43. SIGNATURE OF EMPLOYEE <i>[Signature]</i>		44. LICENSE NUMBER 7989	
45. NAME OF FUNERAL ESTABLISHMENT DEYOUNG SHORELINE CHAPEL		46. LICENSE NUMBER FD 1672		47. DATE month/day/year 06/16/2006 KM	
48. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		49. SIGNATURE OF DEPUTY REGISTRAR <i>[Signature]</i>			
101. PLACE OF DEATH Dameron Hospital		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> OIP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input 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"/> Home <input type="checkbox"/> Other	
104. COUNTY San Joaquin		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 525 N. Acacia Street		106. CITY Stockton	
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal disease such as cancer, heart failure, or pneumonia. Be specific. Do not abbreviate. Do NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute Cardiac Arrest		108. DEATH REPORTED TO CORONER (a) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. INQUIRY PERFORMED? (a) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
SEQUENTIALLY, list conditions, if any, leading to cause of death Congestive Heart Failure		110. AUTOPSY PERFORMED? (a) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (a) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
UNDERLYING CAUSE (Disease or injury that initiated the events leading to death) LAST Coronary Artery Disease		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Diabetes Mellitus Type II			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED Decedent: Last Given Name: [REDACTED]		115. SIGNATURE AND TITLE OF REGISTRAR <i>[Signature]</i>		116. LICENSE NUMBER A299270	
117. DATE month/day/year 06/14/2006		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Fram Buhari, MD 2800 N. California St. Stockton, CA 95204			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED MANNER OF DEATH: <input 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE month/day/year 06/14/2006	
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 <i>[Signature]</i>		126. DATE month/day/year 06/16/2006		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
STATE REGISTRAR		A B C D E		FAX AUTH. # 57440	
				CENSUS TRACT	

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PG- 7230
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

DATE ISSUED

AUG 14 2006

This is a true and exact reproduction of the document officially registered and placed on file in the office of San Joaquin County Recorder.

[Signature]
GARY W. FREEMAN, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

I.D. 5020A

The land situated in the State of Nevada, County of Douglas and described as follows:

An undivided one-three thousand two hundred and thirteenths (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 and Units as defined in the "Declaration of Timeshare Use" as amended as hereinafter referred to.

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 the 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; amended by an instrument recorded April 20, 1983, in Book 483, at Page 1021 as Document No. 78917; amended by an instrument recorded July 20, 1983, in Book 783, at Page 1688 as Document No. 84425; amended by an instrument recorded October 14, 1983, in Book 1083, at Page 2572 as Document No. 89535; amended by an instrument recorded August 31, 1987, in Book 887, at Page 3987 as Document No. 161309; amended by an instrument recorded November 30, 1987, in Book 1187, at Page 3946 as Document No. 167429; and amended by an instrument recorded March 25, 1996, in Book 0396, at Page 3827 as Document No. 383937, Official Records of the County of Douglas, State of Nevada ("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, restrictions, limitations, easements, rights and rights-of-way of record.

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