

OFFICIAL RECORD

Requested By:

GDW CORPORATION

RECORDING REQUESTED BY:

Laurence E. Smith

WHEN RECORDED MAIL TO:

Laurence E. Smith
1005 Overlook Dr
San Ramon, CA 94582-2303

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0707 PG- 4469 RPTT: 0.00



AFFIDAVIT OF DEATH OF TRUSTEE(S)

Assessor Parcel Number: 1318-26-101-006

State of CALIFORNIA

County of CONTRA COSTA SS

Laurence E. Smith, affiant of legal age, being first duly sworn, deposes and says:

1. That Mary Jane Smith, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Laurence E. Smith and Mary Jane Smith, named as co-Trustees of the SMITH 1990 REVOCABLE LIVING TRUST in that certain Declaration of Trust dated August 10, 1990.
2. At the time of demise of the Decedent, the Decedent was the record owner, as Co-Trustee, of real property located at 133 Deer Run Road, Stateline, Nevada 89449, acquired by a deed recorded on October 23, 1990, as Instrument No.237267, in Official Records of Riverside County, California, covering the property described on the attached Exhibit "A" attached hereto and made a part hereof.
3. I am the surviving or successor Trustee under the above referenced Trust, which was in effect at the time of death of the Decedents mentioned in Paragraph 1 above, and which has not been revoked, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.
4. There is no Federal Estate Tax due as the result of death of the decedents mentioned in Paragraph 1 above.

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

Sworn to and executed this 2nd day of July, 2007.

Laurence E. Smith
1005 Overlook Dr
San Ramon, CA 94582-2303

Subscribed and Sworn to before me
A Notary Public, in and for said County and State

This 2nd day of July, 2007

Signature J. DELACUADRA

Name (Typed or Printed)
Notary Public Commissioned for said County and State

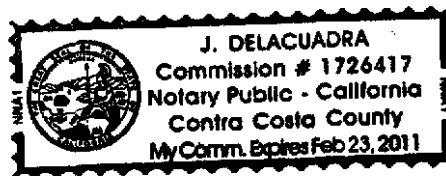


EXHIBIT "A"

AN UNDIVIDED ONE THREE THOUSAND TWO HUNDRED and THIRTEENTH INTEREST 1/3213) as tenant in common of that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, being a portion of the North ½ of the Northwest ¼ of Section 26, Township 13 North, Range 18 East, M.D.B.&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" and subsequent amendments thereto 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 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 County 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, and 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 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the LOW 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-of-way of record.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH 3 2004 07 005879

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT FIRST (Given)		3 LAST (Family)	
MARY JANE		SMITH	
4 DATE OF BIRTH		5 AGE	
04/04/1936		68	
6 SEX		7 MARRITAL STATUS (at Time of Death)	
F		MARRIED	
8 BIRTH STATE		9 DATE OF DEATH	
WASHINGTON		11/27/2004	
10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12 EDUCATION - Highest Level (Date without BS back)		13 DECEDENT'S RACE (Up to 3 races may be listed (see worksheet on back))	
BACHELOR'S		WHITE	
14 USUAL OCCUPATION (Type of work for most of life DO NOT USE RETIRED)		15 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, new construction, employment agency, etc.)	
CHIEF CLINICAL DIETICIAN		HEALTH CARE	
16 YEARS IN OCCUPATION		17 USUAL RESIDENCE (Street and number or location)	
10		1005 OVERLOOK DRIVE	
18 CITY		19 COUNTY	
SAN RAMON		CONTRA COSTA	
20 ZIP CODE		21 YEARS IN COUNTY	
94582		20	
22 STATE/FOREIGN COUNTRY		23 INFORMANT'S NAME	
CALIFORNIA		LAURENCE SMITH - HUSBAND	
24 INFORMANT'S RELATIONSHIP		25 INFORMANT'S MAILING ADDRESS (Street and number or route number, city or town, state, ZIP)	
		1005-OVERLOOK DRIVE, SAN RAMON, CA 94582	
26 NAME OF SURVIVING SPOUSE - FIRST		27 MIDDLE	
LAURENCE		EDWARD	
28 NAME OF FATHER - FIRST		29 MIDDLE	
LE VERN		NICHOLAS	
30 NAME OF MOTHER - FIRST		31 MIDDLE	
MARION		NYLES	
32 NAME OF FATHER - LAST		33 NAME OF MOTHER - LAST	
FREMANN		PORTER	
34 BIRTH STATE		35 BIRTH STATE	
IOWA		MONTANA	
36 DISPOSITION DATE		37 PLACE OF FINAL DISPOSITION	
12/01/2004		RES. OF LAURENCE SMITH, 1005 OVERLOOK DRIVE, SAN RAMON, CA 94582	
38 TYPE OF DISPOSITION		39 SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
40 NAME OF FUNERAL ESTABLISHMENT		41 LICENSE NUMBER	
GRISSON'S CREMATION & BURIAL CTR		FD-1610	
42 SIGNATURE OF LOCAL REGISTRAR		43 DATE	
<i>Wendell Comstock C</i>		11/30/2004	
44 PLACE OF DEATH		45 IF HOSPITAL, SPECIFY ONE	
OWN HOME		<input type="checkbox"/> P <input type="checkbox"/> SNCP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, etc. <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
46 COUNTY		47 CITY	
CONTRA COSTA		SAN RAMON	
48 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		49 CITY	
1005 OVERLOOK DRIVE		SAN RAMON	
50 CAUSE OF DEATH (Enter the chain of events - disease, injury or complications - that directly caused death. DO NOT abbreviate words such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the pathology. DO NOT ABBREVIATE)		51 DEATH REPORTED TO CORONER?	
PERITONEAL CARCINOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52 IMMEDIATE CAUSE (If not directly on line, enter underlying cause of death)		53 YEARS	
PERITONEAL CARCINOMA		3 YEARS	
54 SIGNATURE OF PHYSICIAN		55 MORSY PERFORMED?	
<i>Peter P Wong MD</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
56 CAUSE OF DEATH (List all causes of death, including the direct cause of death)		57 AUTOPSY PERFORMED?	
PERITONEAL CARCINOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Given by 107)		59 USED IN DETERMINING CAUSE?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		61 IF FEMALE, PRESENT IN LAST YEAR?	
LAPAROSCOPY SURGERY, 12/06/2001		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
62 (CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED)		63 LICENSE NUMBER	
		G0017444	
64 DATE		65 DATE	
12/01/2001		11/29/2004	
66 TYPE ATTENDING PHYSICIAN'S NAME (Including address ZIP CODE)		67 LICENSE NUMBER	
PETER P WONG, MD, 5720 STONERIDGE MALL RD., #310, PLEASANTON, CA		94588	
68 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		69 INJURED AT WORK?	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
70 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)		71 INJURY DATE	
72 DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		73 HOUR (24 Hours)	
74 LOCATION OF INJURY (Street and number or location and city and ZIP)		75 SIGNATURE OF CORONER / DEPUTY CORONER	
		<i>Stephan J. Weir</i>	
76 SIGNATURE OF CORONER / DEPUTY CORONER		77 DATE	
78 TYPE NAME TITLE OF CORONER / DEPUTY CORONER		79 FAX AUTH #	
CONTRA COSTA COUNTY RECORDER		0293 PC	
STATE REGISTRAR		CENSUS TRACT	
A B C D E			

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CERTIFIED COPY OF VITAL RECORDS

* 000440263 *

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

SS

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

ATTEST: *[Signature]*
DATE ISSUED: *3/24/06*

Stephan J. Weir
CONTRA COSTA COUNTY RECORDER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

