

APN 1319-30-527-003

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1007 PG- 2197 RPT: 0.00



DECLARATION (OR AFFIDAVIT) OF DEATH OF JOINT TENANT

State of California
County of Stanislaus

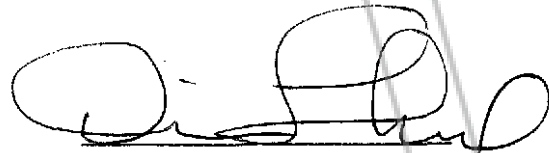
I, Diana Theroux, "being duly sworn" say:

I am 18 years of age or over; Robert D. Theroux, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert D. Theroux, named as one of the parties in the deed dated March 18, 2003, executed by Harold B. Brown and Rhonda Brown to Robert D. Theroux and the undersigned, as Joint Tenants, recorded on March 26, 2003, as Instrument # 571257 in Book _____, Page _____, of the Official Records of Douglas County, Nevada, covering the property situated in Stateline County of Douglas, State of Nevada, described as follows:

(legal description of property) See Exhibit "A"

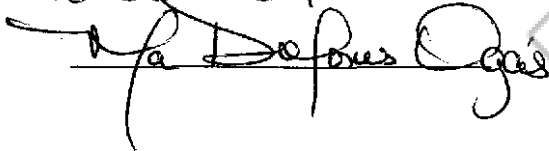
Timeshare No. 04-026-43-03

A.P.N. 1319-30-527-003

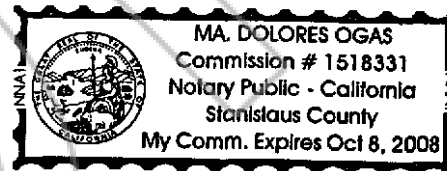

DIANA THEROUX

Subscribed and sworn to before me
on September 25th, 2007
by Diana Theroux

*Proved to me on the basis of satisfactory evidence
to be the person who appeared before me.*



(seal of notary public)



When Recorded Mail to:

Diana Theroux
✓ 2509 Glasgow Dr.
Ceres, CA 95307

Mail Tax Statements to:

Ridge Sierra
P.O. Box 859
Sparks, NV 89432



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY STANISLAUS COUNTY PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH

3200650003261

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO STAPLES, FASTENERS OR ALTERATIONS VS 12895 USE		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ROBERT		DONALD		THEROUX	
AKA: ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH <small>mm/dd/yyyy</small>		5. AGE Yrs.		6. SEX	
11/18/1936		69		M	
7. DATE OF DEATH <small>mm/dd/yyyy</small>		8. HOURS (24 Hours)		9. SEX	
11/04/2006		1325		M	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
WA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
13. EDUCATION — Highest Level Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S RACE (Up to 3 races may be listed (see worksheet on back))	
MASTER'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS IN OCCUPATION
ENGINEER			CITY GOVERNMENT		35
20. DECEDENT'S RESIDENCE (Street and number or location)					
2509 GLASGOW DR					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
CERES		STANISLAUS		95307	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
8		CA		DIANA THEROUX, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
2509 GLASGOW DR, CERES, CA 95307					
28. NAME OF BURYING SPOUSE — FIRST		29. MIDDLE		30. LAST (Maiden Name)	
DIANA		LYNNE		THORP	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST	
BARTHOLEMEW				THEROUX	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST		36. MIDDLE	
MN		GENEVIEVE		OPAL	
37. LAST (Maiden)		38. BIRTH STATE		39. PLACE OF FINAL DISPOSITION	
MN				RES DIANA THEROUX 2509 GLASGOW DR, CERES, CA 95307	
40. DATE <small>mm/dd/yyyy</small>		41. TYPE OF DISPOSITION(S)			
11/08/2006		CRRES			
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
NOT EMBALMED				LAKEWOOD FUNERAL HOME	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE <small>mm/dd/yyyy</small>	
FD.1392		JOHN WALKER, MD		11/08/2006	
101. PLACE OF DEATH					
ALEXANDER COHEN HOSPICE HOUSE					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
<input type="checkbox"/> IP <input type="checkbox"/> ERUP <input type="checkbox"/> DON <input checked="" type="checkbox"/> HOSPICE		<input type="checkbox"/> Nursing Home, LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		STANISLAUS	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY		107. CAUSE OF DEATH	
7700 FOX RD		HUGHSON		Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as isolation arrest, respiratory arrest, or ventricular fibrillation without showing the history. DO NOT ABBREVIATE.	
108. CITY		109. DEATH REPORTED TO CORNER?		110. IMMEDIATE CAUSE (first disease or condition resulting in death)	
HUGHSON		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NON-SMALL CELL CARCINOMA OF THE LUNG	
111. AUTOPSY PERFORMED?		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.)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CHRONIC OBSTRUCTIVE PULMONARY DISEASE		RIGHT UPPER LOBECTOMY 12/10/2004	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Garfield Cameron Pickell M.D.		A41759	
10/11/2006		117. DATE <small>mm/dd/yyyy</small>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
11/04/2006		11/08/2006		GARFIELD CAMERON PICKELL M.D.	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE <small>mm/dd/yyyy</small>	
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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK			
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 CORNER / DEPUTY CORNER					
126. DATE <small>mm/dd/yyyy</small>					
127. TYPE NAME, TITLE OF CORNER / DEPUTY CORNER					
STATE REGISTRAR					
A		B		C	
D		E		F	
FAX AUTH. #		CENSUS TRACT.			

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This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

John Walker
JOHN WALKER, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
11 / 21 / 2006

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

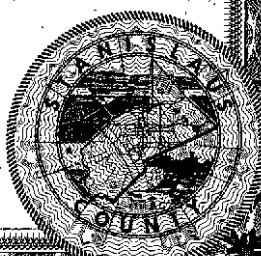


EXHIBIT "A"

(Sierra 04) 04-026-43-03

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

(A) An undivided 1/6th interest as tenants in common, in and to the Common Area of Lot 20 of Tahoe Village Unit No. 1, as shown on the map recorded December 27, 1983, as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada

(B) Unit No. A2 as shown and defined on said condominium map recorded as Document No. 93406, 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. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" within the SWING "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, 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 Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-527-003

