

1319-30-644-087 ptm

Recording Requested by:
Robert O. Hardwick
Attorney at Law
✓ 118 W. Oak Street
Lodi, CA 95240

and when recorded mail to

SAME AS ABOVE.

DOC # 0711448
10/18/2007 03:15 PM Deputy: SD
OFFICIAL RECORD
Requested By:
HARDWICK & GOSS

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1007 PG- 5252 RPTT: 0.00



DECLARATION TO ESTABLISH FACT OF DEATH OF TRUSTEE

I, DIANNA L. HUBBARD, declare:

I am over the age of 18 years. STEPHEN R. HUBBARD was the co-Trustee of The HUBBARD REVOCABLE TRUST, dated November 20, 2003. The Trust Agreement was not recorded. STEPHEN R. HUBBARD died on December 17, 2006, and he is the same person as STEPHEN R. HUBBARD mentioned as the decedent in the attached certified copy of Certificate of Death.

DIANNA L. HUBBARD is the successor Trustee of The HUBBARD REVOCABLE TRUST.

The HUBBARD REVOCABLE TRUST was not revoked or terminated during STEPHEN R. HUBBARD's lifetime, and said trust is still in full force and effect.


Title to the trust real property located in Douglas County, State of Nevada, was held in the names of STEPHEN R. HUBBARD and DIANNA L. HUBBARD, Trustees of The HUBBARD REVOCABLE TRUST, by deed dated November 20, 2003, and recorded on December 2, 2003, as document number 0598426, Douglas County Records, and describes the following real property:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF BY THIS REFERENCE.

DIANNA L. HUBBARD now holds title to the above described real property as successor Trustee of The HUBBARD REVOCABLE TRUST, dated November 20, 2003.

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

Executed on 9/12, 2007, at Lodi, California.


DIANNA L. HUBBARD

STATE OF CALIFORNIA)
)
COUNTY OF SAN JOAQUIN)
_____)

On September 12, 2007, before me, Yolanda Tovar, a Notary Public, personally appeared DIANNA L. HUBBARD, 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 person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Yolanda Tovar

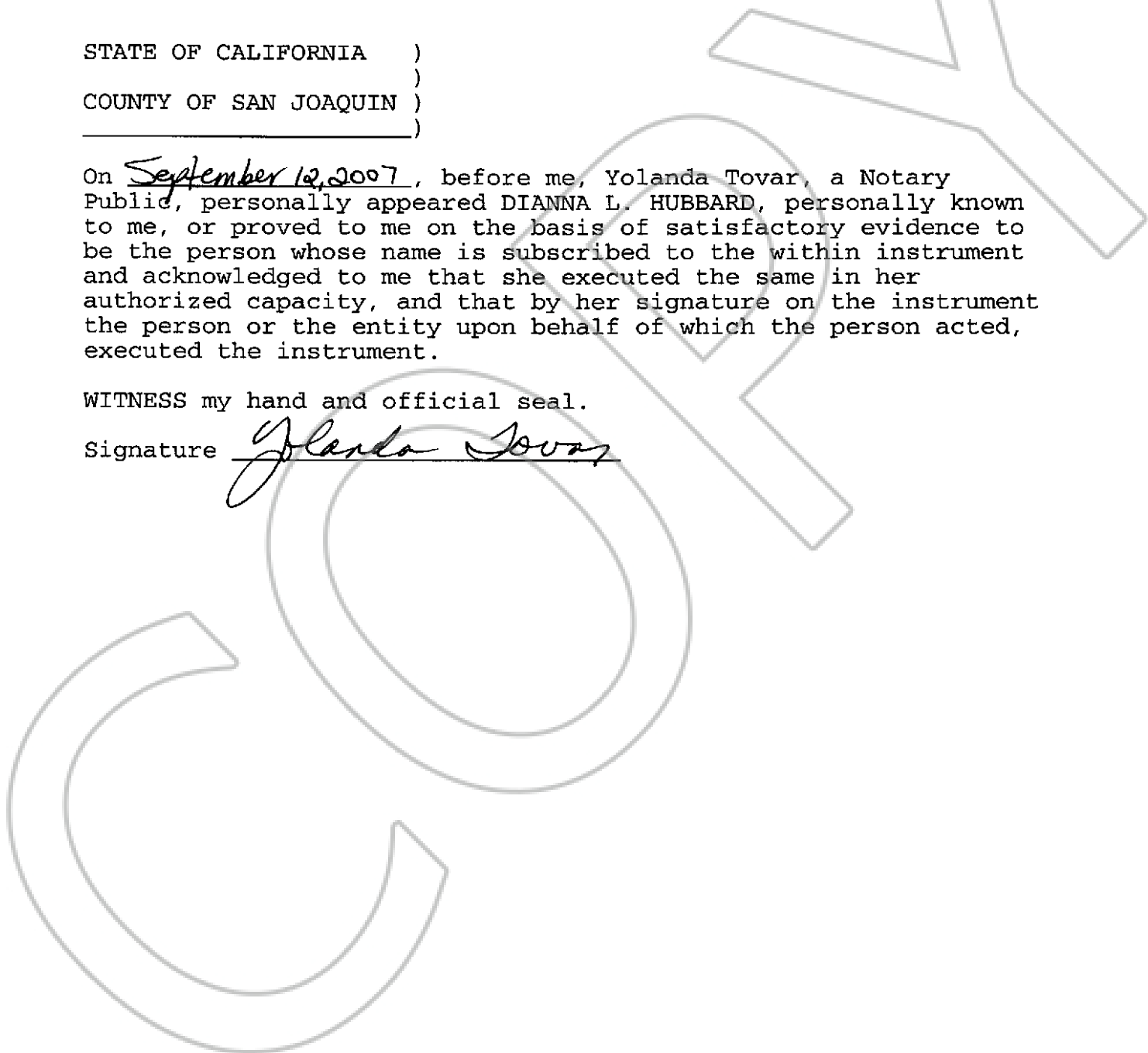


EXHIBIT "A"

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 177 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 Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and 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 Lot 37 only, for one week each year in the "Swing Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-287-03

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3200634010354

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) STEPHEN		2. MIDDLE R.		3. LAST (Family) HUBBARD	
AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/16/1947		5. AGE Yrs. 59	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS (at Time of Death) Married		7. DATE OF DEATH mm/dd/yyyy 12/17/2006		8. HOUR (24 Hours) 2022	
13. EDUCATION -- Highest Level/Degree (See worksheet on back) Bachelor's		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (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) white	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED teacher-high school		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Education		19. YEARS IN OCCUPATION 37	
20. DECEDENT'S RESIDENCE (Street and number or location) 19493 Mehrten Road		21. CITY Clements		22. COUNTY/PROVINCE San Joaquin	
23. ZIP CODE 95227		24. YEARS IN COUNTY 39		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP Dianna Hubbard-wife		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 19493 Mehrten Road, Clements, CA 95227			
28. NAME OF SURVIVING SPOUSE -- FIRST Dianna		29. MIDDLE L.		30. LAST (Maiden Name) Williams	
31. NAME OF FATHER -- FIRST Stephen		32. MIDDLE R.		33. LAST Hubbard	
34. BIRTH STATE IA		35. NAME OF MOTHER -- FIRST Noma		36. MIDDLE L.	
37. LAST (Maiden) Clothier		38. BIRTH STATE KS			
39. DISPOSITION DATE mm/dd/yyyy 12/20/2006		40. PLACE OF FINAL DISPOSITION RES/Dianna Hubbard 19493 Mehrten Road, Clements, CA 95227			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER not embalmed		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT Cherokee Memorial Funeral Home		45. LICENSE NUMBER FD 1672		46. SIGNATURE OF LOCAL REGISTRAR GLENNAH I TROCHET, MD	
47. DATE mm/dd/yyyy 12/20/2006					
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <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	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 6600 BRUCEVILLE ROAD		106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. ACUTE MYELOGENOUS LEUKEMIA		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input type="checkbox"/>		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 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	
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. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Absent Since mm/dd/yyyy 11/20/2006		115. SIGNATURE AND TITLE OF CERTIFIER <i>Gilbert Mandell M.D.</i>		116. LICENSE NUMBER G 44638	
Decedent Last Seen Alive mm/dd/yyyy 12/16/2006		117. DATE mm/dd/yyyy 12/18/2006			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GILBERT MANDELL M.D. 6600 BRUCEVILLE ROAD SACRAMENTO CALIFORNIA 95823					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <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 mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
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 mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C **CERTIFIED COPY OF VITAL RECORDS** D E FAX AUTH. # F G CENSUS TRACT

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

000851080

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

January 9, 2007

DATE ISSUED:

Glennah I Trochet M.D.
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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PG- 5255
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