

APN 1319-30-542-008 pth

DOC # 0716546
01/22/2008 10:56 AM Deputy: GB
OFFICIAL RECORD
Requested By:
ALICE PLATT

Ridge Sierra
✓ PO Box 859
Sparks, NV 89432

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0108 PG- 4224 RPIT: 0.00



DECLARATION (OR AFFIDAVIT) OF DEATH OF JOINT TENANT

State of California
County of Riverside

I, Alice M. Platt, "being duly sworn" say:

I am 18 years of age or over; Howard A. Platt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Howard A. Platt, named as one of the parties in the deed dated February 4, 1998, executed by Dwight Mitchell to Howard A. Platt and the undersigned, as Joint Tenants, recorded on March 4, 1998, as Instrument # 433983 in Book 398, Page 0624, 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. 01-002-13-03

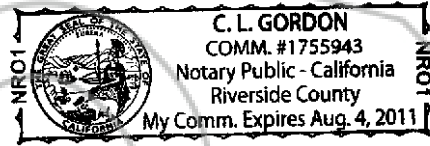
A.P.N. 1319-30-542-008

Alice M. Platt

ALICE M. PLATT

Subscribed and sworn to before me
on January 14, 2008
by Alice M. Platt

C. L. Gordon



(seal of notary public)

When Recorded Mail to:

Alice M. Platt
1191 Oakland Way
Corona, CA 92882

Mail Tax Statements to:

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH 3200730014087
STATE OF CALIFORNIA
USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERNATIVE

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST GIVEN HOWARD		3. LAST (Family) PLATT	
2. MIDDLE A.		4. DATE OF BIRTH (month/day/year) 08/20/1925	
5A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		6. AGE Yrs. 82	
7. BIRTH STATE/FOREIGN COUNTRY CO		8. SEX M	
10. SOCIAL SECURITY NUMBER 573-36-4882		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. BIRTH DATE (month/day/year) 10/30/2007		13. MARRIAGE STATUS (as of date of death) MARRIED	
14. EDUCATION (highest degree) BACHELOR		15. DECEDENT'S RACE - List as 3 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WHITE	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. YEARS IN OCCUPATION 33	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, roof construction, employment agency, etc.) ENGINEERING		19. YEARS IN BUSINESS 33	
20. DECEDENT'S RESIDENCE (Street and number or location) 1191 OAKLAND WAY			
21. CITY CORONA		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92882		24. YEARS IN COUNTY 28	
25. STATE/FOREIGN COUNTRY CA		26. INFORMATION'S NAME, RELATIONSHIP ALICE PLATT, WIFE	
27. INFORMATION'S MAILING ADDRESS (Street and number or next nearest street, city or town, state, ZIP) 1191 OAKLAND WAY, CORONA, CA 92882		28. NAME OF SURVIVING SPOUSE - FIRST ALICE	
29. MIDDLE M.		30. LAST (Mother Name) LOWERY	
31. NAME OF FATHER - FIRST LOUIS		32. MIDDLE G.	
33. LAST PLATT		34. BIRTH STATE AUSTRIA	
35. NAME OF MOTHER - FIRST SUSAN		36. MIDDLE C.	
37. LAST (Mother) RHODES		38. BIRTH STATE CO	
39. DISPOSITION DATE (month/year) 10/31/2007		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518	
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBLEMER NOT EMBALMED	
43. LICENSE NUMBER FD 66		44. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
45. LICENSE NUMBER FD 66		46. DATE (month/year) 10/31/2007	
47. NAME OF FUNERAL ESTABLISHMENT THOMAS MILLER MORTUARY		48. TYPE OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNNATURAL <input type="checkbox"/> UNDETERMINED	
49. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		50. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER	
51. COUNTY ORANGE		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 411 LAKEVIEW AVE.	
53. CITY ANAHEIM		54. CAUSE OF DEATH (Final disease or condition resulting in death) EXTENSIVE ISCHEMIC NECROTIC SMALL BOWEL	
55. IMMEDIATE CAUSE SEVERE ATHEROSCLEROSIS		56. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 57 METABOLIC ACIDOSIS, ASHD, HTN, PEPTIC ULCER DISEASE		58. BODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		60. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 167 OR 1167 (if yes, list type of operation and date) NO		62. IF REMAIN, PROGRAM IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Declarant's Address: _____ Declarant's Last Name: _____		64. SIGNATURE AND TITLE OF CORNER DAVID MOLINA GARCIA M.D.	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID MOLINA GARCIA M.D.		66. LICENSE NUMBER A38767	
67. DATE 10/27/2007		68. DATE 10/30/2007	
69. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 441 LAKEVIEW AVE., ANAHEIM, CA 92807		70. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
71. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Cause not yet determined <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		72. INJURY DATE (month/year) 10/31/2007	
73. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		74. INJURY HOUR (month/year) 10/31/2007	
75. DESCRIBE HOW INJURY OCCURRED (Details which resulted in injury)			
76. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
77. SIGNATURE OF CORNER / DEPUTY CORNER		78. TYPE NAME, TITLE OF CORNER / DEPUTY CORNER	
79. DATE (month/year)		80. TYPE NAME, TITLE OF CORNER / DEPUTY CORNER	
81. STATE REGISTRAR		82. CENSUS TRACT	

170.9

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PG- 4226
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NOV 08 2007

CERTIFIED COPY OF VITAL RECORDS

002215387

STATE OF CALIFORNIA
COUNTY OF ORANGE

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler M.D.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

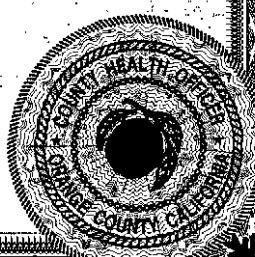


EXHIBIT "A"

(Sierra 01)

01-002-13-03

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 1/8th interest as tenants in common, in and to the Common Area of Lot 4 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, 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. 93408, 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. 93408, 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 PRIME "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: 1319-30-542- 008