

DOC # 0718649
02/27/2008 10:38 AM Deputy: GB
OFFICIAL RECORD
Requested By:
LAW OFFICE DAVID HOLOCHUCK

Recording Requested By:
Maria Edelmira Rios-Samaniego

And When Recorded Mail To:
Maria Edelmira Rios-Samaniego
9206 Dover Ridge
San Antonio, TX 78250

Mail Tax Statements to:
Same as above

APN: 1319-30-542-018

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0208 PG- 6172 RPTT: 0.00



Affidavit - Death of Trustee

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

Maria Edelmira Rios-Samaniego, trustee of the M & R Family Trust, of legal age, being first duly sworn, deposes and says:

That Ruben Mata Samaniego, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ruben M. Samaniego, named as one of the parties in that certain Trust Transfer Deed dated November 29, 2002, executed by Ruben M. Samaniego and Milita Rios-Samaniego, husband and wife to Ruben M. Samaniego and Maria Edelmira Rios-Samaniego, as trustees of the M & R Family Trust, and recorded as Instrument Number 0569360 in Book 0303 at Page 03206 on March 10, 2003 in the Office of the Recorder of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART THEREOF

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Dated: February 21, 2008


Maria Edelmira Rios-Samaniego,
trustee of the M & R Family Trust

LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County Douglas, State of Nevada, described as follows:

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 2 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93488, 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. 43 as shown and defined on said condominium map recorded as Document No. 93488, Official Records of Douglas County, State of Nevada.

PARCEL 2:

A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Areas as set forth in said condominium map recorded as Document No. 93488, 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 "use season" as that term is defined in the First Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No. 134786, Official Records, Douglas County, State of Nevada (the "C,C & 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 C,C & R's.

PARCEL 4:

A non-exclusive easement for encroachment together with the right of ingress and egress for maintenance purposes as created by that certain easement agreement recorded as Document No. 93659, Official Records of Douglas County, State of Nevada.

A portion of APN 42-230- 03



CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
SAN ANTONIO METROPOLITAN HEALTH DISTRICT

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) RUBEN MATA SAMANIEGO				2. DATE OF DEATH - ACTUAL OR PRESUMED 08/08/2007	
3. SEX MALE	4. DATE OF BIRTH 02/26/1946	5. AGE - Last Birthday (Years) 61	6. UNDER 1 YR MO DAYS	7. UNDER 1 DAY HOURS MIN	8. BIRTHPLACE (City & State or Foreign Country) VISALIA, CA
7. SOCIAL SECURITY NUMBER 9000		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage) MARIA EDELMIRA RIOS	
10a. RESIDENCE STREET ADDRESS 6206 DOVER RIDGE			10b. APT. NO.	10c. CITY OR TOWN SAN ANTONIO	
10d. COUNTY BEJAR		10e. STATE TEXAS	10f. ZIP CODE 78250	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME HIRAM SAMANIEGO			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARY MATA		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
14. COUNTY OF DEATH BEJAR		15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no) SAN ANTONIO, 78250		16. FACILITY NAME (If not institution, give street address) 6206 DOVER RIDGE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED MARIA EDELMIRA RIOS-SAMANIEGO - SPOUSE					
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 6206 DOVER RIDGE, SAN ANTONIO, TX 78250					
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAUDIO HERRERA JR., BY ELECTRONIC SIGNATURE - 6535		21. Section Block Lot Space	
22. PLACE OF DISPOSITION (Name of Country, Precinct, and place) FUNERAL CARING USA FUNERAL HOME AND CREMATORY		23. LOCATION (City, Town, and State) SAN ANTONIO, TX		24. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 6902 NE LOOP 410, SAN ANTONIO, TX 78219	
25. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the causes and manner stated. <input type="checkbox"/> Medical Examiner/Coroner of the State-On the basis of examination and/or investigation, I certify death occurred on the date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER <i>Antonio J. Ruiz MD</i>		28. DATE CERTIFIED (Mo/Day/yr) 08-09-2007	29. LICENSE NUMBER F0655	30. TIME OF DEATH (Actual or presumed) 12:25 a.m.	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) 5282 Medical Dr #312 San Antonio, Texas 78226		32. TITLE OF CERTIFIER MD			
33. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Melanotic Esophageal Cancer Due to (or as a consequence of):		b. _____ Due to (or as a consequence of):		c. _____ Due to (or as a consequence of):	
Sequentially list conditions, every, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST d. _____ Due to (or as a consequence of):					
PART 2: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 Hypertension Coronary Artery Disease					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (Mo/Day/yr)		40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 02 07016		42b. DATE RECEIVED BY LOCAL REGISTRAR AUG 10 2007		42c. REGISTRAR <i>Samuel V. Torres</i>	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 WARNING: The penalty for knowingly making a false statement in this form, or for failing to file this form, is a fine up to \$10,000, or imprisonment under Section 191.106 of the Health and Safety Code, Sec. 191.106.

1916121

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

Issued:

Samuel V. Torres
Samuel V. Torres
Local Registrar

AUG 15 2007



BK- 0208
PG- 6174

