

DOC # 722412
04/30/2008 10:44AM Deputy: GB
OFFICIAL RECORD
Requested By:
FIRST AMERICAN - NVOD LA
Douglas County - NV
Werner Christen - Recorder
Page: 1 of 2 Fee: 15.00
BK-408 PG-7456 RPTT: 0.00



RECORDING REQUESTED BY

And when recorded mail to:

Sunterra Corporation
Reconveyance Department
3865 West Cheyenne
North Las Vegas, NV 89032

Space above this line for Recorder's Use

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada

County of Douglas

Jerlidene Partida, of legal age, being first duly sworn, deposes, and says:

That **Edward B. Partida**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person **Edward B. Partida**, named as one of the parties in that certain **Deed of Trust** dated **01/02/1999**, executed by **Sunterra Corporation** to **Edward B. Partida** and **Jerlidene** as joint tenants, recorded as Instrument No. **458586**, on **1/13/1999**, of Official Records of **Douglas County, State of Nevada** covering the following described property situated in the **Ridge Crest Tahoe County of Douglas, State of Nevada**.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 0.00.

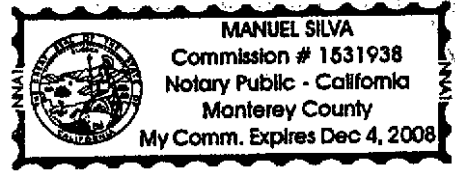

Jerlidene Partida

Dated 6/28/07

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for said County and State, this 28 day of June, 2007.


Notary Signature

Manuel Silva
Notary Printed or Typed Name



COUNTY OF MONTEREY

Salinas, California

CERTIFIED COPY OF VITAL RECORDS
CERTIFICATE OF DEATH

3200527

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		3. LAST (Family)	
Edward		Partida	
2. MIDDLE		Benito	
AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy			
05/14/1946			
5. AGE Yrs.		6. SEX	
58		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		0653	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Divorced	
13. EDUCATION -- Highest Level/Type (see worksheet on back)		14. DATE OF DEATH mm/dd/yyyy	
Some College		02/22/2005	
15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)		16. DECEDENT'S RACE -- (Up to 3 races may be listed (see worksheet on back))	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Mexican-American	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION	
Master Sergeant		20	
20. DECEDENT'S RESIDENCE (Street and number or location)			
3205 Vista Del Camino			
21. CITY		22. COUNTY/PROVINCE	
Marina		Monterey	
23. ZIP CODE		24. YEARS IN COUNTY	
93933		30	
25. STATE/FOREIGN COUNTRY			
CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
Theresa Partida-Daughter		7255 W. Sunset #1053, Las Vegas NV 89113	
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE	
-		-	
30. LAST (Maiden Name)		31. NAME OF FATHER -- FIRST	
-		Benito	
32. MIDDLE		33. LAST	
-		Partida	
34. BIRTH STATE		35. NAME OF MOTHER -- FIRST	
Mexico		Felicidad	
36. MIDDLE		37. LAST (Maiden)	
-		Ruiz	
38. BIRTH STATE		39. DISPOSITION DATE mm/dd/yyyy	
Mexico		03/05/2005	
40. PLACE OF FINAL DISPOSITION			
Riverside National Cemetery, 22495 Van Buren Blvd., Riverside, CA 92508			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/BU		Not Embalmed	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		Neptune Society of Central CA	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1322		[Signature]	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
03/02/2005		[Signature]	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
Own Residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospital	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY	
<input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		Seaside	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. COUNTY	
5200 Coe Ave., Apt. 2042		Monterey	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events -- disease, 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.		Time Interval Between Onset and Death	
(A) IMMEDIATE CAUSE (First disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INTRACEREBRAL HEMORRHAGE		05-0165	
(B) HYPERTENSIVE CARDIOVASCULAR DISEASE		109. BOP/S / PERFORMED?	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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.)			
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	
[Signature]		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE			
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 mm/dd/yyyy	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		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	
[Signature]		02/25/2005	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
Alfred M. Martinez, Deputy Coroner			
STATE REGISTRAR		FAX AUTH. #	
A B C D E		0298	
		CENSUS TRACT	



MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

DATE ISSUED

MAR 03 2005



000164949

By [Signature] Local Registrar.

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.
This copy is not valid unless prepared on engraved border displaying seal and signature of Local Registrar.



BK-408
PG-7457

722412 Page: 2 of 2 04/30/2008