

APN: 1319-30-720-001
Recording Requested by: Latisha Gainous and
when recorded, Mail To: Timeshare Closing Services, Inc.
7345 Sand Lake Road, #303
Orlando, FL 32819
TA10090619




Mail Tax Statements To: **Diana Christensen, 1000 Falling Leaf Court,**
Vacaville, CA 95687

AFFIDAVIT OF DEATH

STATE OF Florida) SS
COUNTY OF Orange)

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT William W. Trautman, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as William Wilbert Trautman, named as one of the parties in that certain deed dated June 23, 1988, executed by Harich Tahoe Developments, a Nevada general partnership to William W. Trautman and Rita M. Trautman, husband and wife as joint tenants with right of survivorship, recorded as instrument No. 180860 on June 23, 1988 in Book 688, Page 3711, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

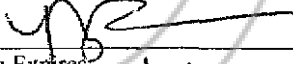


Latisha Gainous, Affiant

Dated this 20 day of May 2008.

Subscribed and Sworn before me, Notary Public, On May 20, 2008, personally appeared, Latisha Gainous, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE 

My Commission Expires: 1-16-2012



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 114 IMAGE 286

963

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

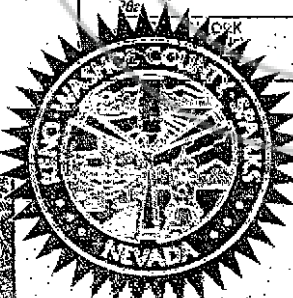
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. William Wilbert TRAUTMAN			DATE OF DEATH (Month, Day, Year) 2. April 07, 2004		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Saint Mary's Regional Medical Center		If Hosp. or Inst. Indicate DOA, OP/Emar. Rm. Inpatient (Specify) 3e. Inpatient
RACE—(e.g. White, black, American Indian, etc.) (Specify) 5. White			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X	AGE—Last Birthday (Years) 7a. 69	DATE OF BIRTH (Mo., Day, Yr.) 8. October 03, 1934
STATE OF BIRTH (If not U.S.A., name country) 9a. Idaho		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education, Specify highest grade completed. 10. 8	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Rita Maria Ruf
SOCIAL SECURITY NUMBER 13. ████████-5424			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Property Manager		KIND OF BUSINESS OR INDUSTRY 14b. Real Estate
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Washoe	CITY, TOWN, OR LOCATION 15c. Reno		STREET AND NUMBER 15d. O'Farrell Street 1670	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Fred Trautman			MOTHER—MAIDEN NAME First Middle Last 17. Olga Ruff		
INFORMANT—NAME (Type or Print) 18a. Rita M. Trautman			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1670 O'Farrell Street Reno Nevada 89503		
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 06		NAME AND ADDRESS OF FACILITY 20c. O'Brien-Rogers & Crosby 600 West Second Street Reno Nevada 89503	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.) 21b. 4/13/04			HOUR OF DEATH 21c. 2230		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. JOHN ANDREWS 236 W. 6th St Reno NV					LICENSE NUMBER 23b. 4343
REGISTRAR 24a. [Signature]			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 14, 2004	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Respiratory Failure			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) Chronic Obstructive Lung Disease			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC., BUIPIDE, HOM., UNOET., OR PENDING INVEST. (Specify) 28a. CKK	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.		STREET OR R.F.D. No.	CITY OR TOWN	STATE



STATE REG



BK-508
PG-5177

No. 239509

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This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: _____

[Signature]

Date: _____

APR 16 2004