

RECORDING REQUESTED BY:
JAMES A. HUMPHREYS, JR., ESQ.

DOC # 0726738
07/15/2008 08:15 AM Deputy: DW
OFFICIAL RECORD
Requested By:
JAMES HUMPHREYS JR

WHEN RECORDED MAIL TO:
JAMES A. HUMPHREYS, JR., ESQ.
18200 Von Karman, Suite 200
Irvine, California 92612

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0708 PG- 2556 RPTT: 0.00

MAIL TAX STATEMENTS TO:
Orpha C. Gorman, Trustee
6882 Defiance Drive
Huntington Beach, California 92647



APN 1319-30-721-015 PTN

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AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

ORPHA C. GORMAN, of legal age, after first being duly sworn, deposes and states that EDWARD LOYD GORMAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EDWARD L. GORMAN, named as one of the grantees in that certain Quitclaim Deed dated November 29, 1988, executed by EDWARD L. GORMAN and ORPHA C. GORMAN to EDWARD L. GORMAN and ORPHA C. GORMAN, Trustees of the EDWARD AND ORPHA GORMAN TRUST dated November 29, 1988, recorded as Instrument No. 200567 in Book 489, page 2468, on April 21, 1989, Official Records of Douglas County, State of Nevada, concerning the property more particularly described in attached Exhibit A.

Commonly known as Timeshare (summer), Unit 94, Tahoe Village, Nevada

I further depose and state that this Affidavit is made pursuant to my authority as Trustee named in the aforementioned Trust to evidence the authority of the named successor and surviving Trustee to execute a Deed to this property.

Dated: March 28, 2008

Orpha C Gorman
ORPHA C. GORMAN

STATE OF CALIFORNIA)
COUNTY OF ORANGE)

On March 28, 2008, before me, Jennifer Dick a Notary Public, personally appeared ORPHA C. GORMAN, who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Jennifer Dick
Notary Public in and for said County and State



EXHIBIT "A"

(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 094 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-015



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 3 2006 30 003657

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Edward		Loyd		Gorman	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
02/06/1923		83		M	
9. BIRTH STATE-FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
ND		3052		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
Married		03/09/2006		1600	
13. EDUCATION - Highest Level/Degree (See instructions on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
Master's		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Civil Engineer		City & Port of L.A.		40	
20. DECEDENT'S RESIDENCE (Street and number or location)					
6882 Defiance Drive					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Huntington Beach		Orange		92647	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
35		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
Orpha Gorman - Wife					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
6882 Defiance Dr. Huntington Beach, CA 92647					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
Orpha		Catherine		Hughes	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
Frank		Jefferson		Gorman	
34. BIRTH STATE		35. BIRTH STATE			
ND		ND			
36. NAME OF MOTHER - FIRST		37. MIDDLE		38. LAST (Maiden)	
Theresa		Grace		Wilson	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
03/18/2006		Good Shepherd Cem. 8301 Talbert Ave. Huntington Beach, CA 92646			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EXAMINER		43. LICENSE NUMBER	
BU		<i>Hildy Meyers, MD</i>		5908	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER - (If different from local registrar)		47. DATE mm/dd/yyyy	
Heritage Memorial Services		FD 1734		03/14/2006	
PLACE OF DEATH					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Hoag Memorial Hospital		<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Orange		Hoag Drive		Newport Beach	
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT write terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. INTERVAL BETWEEN Death and Death Report (M)		109. DEATH REPORTED TO CORONER?	
Metastatic Angiosarcoma of the Head & Neck		2 Mos.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A)		(B)		110. SHOUP PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(C)		(D)		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (OPEN TO)					
Prostate Cancer, Acute Renal Failure, Monoclonal Gammopathy of Unknown Significance					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 107 OR 112? (If yes, list type of operation and date)				114. # FEMALE, PRESENT IN LAST YEAR	
No				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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 REGISTRAR		116. LICENSE NUMBER	
Deborah Alton Davis		<i>Christina</i> MD		A55482	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
07/01/2002		03/03/2006		03/13/2006	
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 type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. 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 D E		FAX AUTH. #	
				2222A	
				CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS MAR 21 2006

* 001877708 *

STATE OF CALIFORNIA
COUNTY OF ORANGE

} SS 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.

Hildy Meyers, MD

HILDY MEYERS, M.D.
INTERIM HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

