

DOC # 729136
 08/29/2008 01:36PM Deputy: DW
OFFICIAL RECORD
 Requested By:
STEWART TITLE - DOUGLAS
 Douglas County - NV
 Werner Christen - Recorder
 Page: 1 of 4 Fee: 17.00
 BK-808 PG-5279 RPTT: 0.00



A.P.N. #	A pin of 1319-30-644-017
Escrow No.	1010487-TS/AH
Recording Requested By: Stewart Title of Nevada	
Mail Tax Statements To:	Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449
When Recorded Mail To:	
Linda C. Hicks	
1349 Cheyenne Ln.	
Santa Ynez, CA 93460	

AFFIDAVIT – DEATH OF JOINT TENANT

State of California }
 } ss.
 County of Santa Barbara }

This document is recorded as an ACCOMMODATION ONLY and without liability for this consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

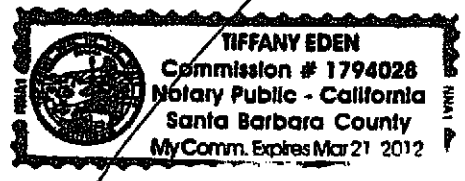
LINDA C. HICKS, of legal age, being first duly sworn, deposes and says: That STEVE P. HICKS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as STEVE P. HICKS named as one of the parties in that certain Grant Deed dated September 17, 1988 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to STEVE P. HICKS and LINDA C. HICKS, husband and wife as joint tenants, recorded as Document No. 187367, on September 23, 1988 in Book 988, Page 4232, of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Plaza Building, Prime Season, Week 37-054-01-01, Stateline, NV 89449. See Exhibit "A" attached hereto and by this reference made a part hereof.

Dated: 8/27/08

Linda C. Hicks
 Linda C. Hicks

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State California }
 } ss.
 County of Santa Barbara }

This instrument was acknowledged before me on 8-27-08 (date)

By: Linda C. Hicks

Signature: [Signature]
 Notary Public

See attached

NOTARY ACKNOWLEDGMENT

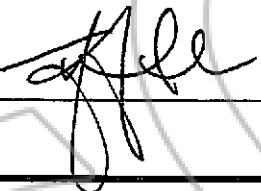
State of California
County of Santa Barbara)

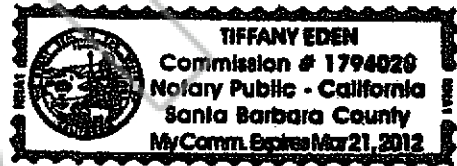
On 08-27-2008 before me, Tiffany Eden, Notary Public,
(Insert name and title of the officer)

personally appeared Linda C. Hicks, who 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.

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.

Signature  (Seal)



OPTIONAL

The following information is not required by law, but may be helpful to other parties relying on the document and may deter fraudulent activity if removed and reattached to another document.

Title (or type) of Document: Affidavit-Death of Joint Tenant

Number of pages (not including this page): 4

STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
 PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY (NO PENCILS, WHITEOUTS OR ALTERATIONS)
 VS-100 (REV. 1/03)
 3200842001354
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Print)		2. LAST (Print)	
STEPHAN		HICKS	
3. MIDDLE		4. DATE OF BIRTH (month/day/yr)	
PAUL		08/23/1944	
5. AGE Yrs.		6. SEX	
63		M	
7. DATE OF DEATH (month/day/yr)			
06/13/2008			
8. HOUR (24 Hour)			
2247			
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
WY		3758	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		MARRIED	
13. EDUCATION - (highest level/degree ever worked on last)		14. DECEASED'S RACE - (up to 3 races may be listed (see worksheet on back))	
HS GRADUATE		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
BUTCHER		GROCERY	
17. YEARS IN OCCUPATION			
47			
18. DECEDENT'S RESIDENCE (Street and number or location)			
1349 CHEYENNE LANE			
21. CITY		22. COUNTY/PROVINCE	
SANTA YNEZ		SANTA BARBARA	
23. ZIP CODE		24. YEARS IN COUNTY	
93460		35	
25. STATE/FOREIGN COUNTRY		26. DECEASED'S MARITAL RELATIONSHIP	
CA		LINDA HICKS, WIFE	
27. DECEASED'S MAILING ADDRESS (Street and number or road route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
1349 CHEYENNE LANE, SANTA YNEZ, CA 93460		LINDA	
29. MIDDLE		30. LAST (maiden Name)	
CAROL		FORD	
31. NAME OF FATHER - FIRST		32. MIDDLE	
ELWOOD		EARL	
33. LAST		34. BIRTH STATE	
HICKS		WY	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
BARBARA		MARIE	
37. LAST (maiden)		38. BIRTH STATE	
POPP		WY	
39. DISPOSITION DATE (month/day/yr)		40. PLACE OF FINAL DISPOSITION	
06/17/2008		RES. LINDA HICKS 1349 CHEYENNE LANE, SANTA YNEZ, CA 93460	
41. TYPE OF DISPOSITION (a)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
LOPER FUNERAL CHAPEL		FD1294	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE (month/day/yr)	
ELLIOT SCHULMAN, MD		06/17/2008	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Assisted Living <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY	
<input type="checkbox"/> Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Assisted Living <input type="checkbox"/> Other		SANTA YNEZ	
105. COUNTY		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
SANTA BARBARA		1349 CHEYENNE LANE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (Final disease or condition resulting in death) W BRAIN CANCER		(This interval between Onset and Death) 7 MOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
UNDERLYING CAUSE (Underlying cause is the disease or injury that initiated the events resulting in death) LAST NONE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		110. AUTOPSY PERFORMED	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		112. IF FEMALE, PREGNANT IN LAST YEAR	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		114. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attested Since: 10/27/2003 Decedent Last Seen Alive: 06/13/2008		J. KEVIN BECKMEN D.O. 2030 VIBORG RD #201, SOLVANG, CA 93483	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		116. LICENSE NUMBER	
J. KEVIN BECKMEN D.O.		20A7527	
117. DATE (month/day/yr)		118. DATE (month/day/yr)	
06/13/2008		06/17/2008	
119. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
<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 type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE (month/day/yr)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hour)	
125. LOCATION OF INJURY (Street and number, or location, and city, zip ZIP)		126. SIGNATURE OF CORONER/DEPUTY CORONER	
127. DATE (month/day/yr)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAK AUTH. #	
A B C D E		CENSUS TRACT	

BK-808
 PG-5281
 729136 Page: 3 of 4 08/29/2008

000288328

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS. DATE ISSUED JUN 18 2008
 COUNTY OF SANTA BARBARA }

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

Elliot Schulman
 HEALTH OFFICER
 PUBLIC HEALTH DEPARTMENT
 COUNTY OF SANTA BARBARA, CALIFORNIA

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



EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 054 as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-017

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the property involved.



BK-808
PG-5282