

OFFICIAL RECORD

Requested By:
S CAMERON

Recording Requested by
and when recorded, mail to:

✓ Sharon L. Cameron
P.O. Box 1662
Placerville, CA 95667

APN# Portion of: 1319-30-721-002

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1208 PG-1678 RPTT: 0.00



AFFIDAVIT-DEATH OF TRUSTOR/TRUSTEE

State of Nevada)
County of Douglas) ss.

SHARON L. CAMERON, of legal age, being first duly sworn, deposes and says:

That she is the surviving Trustee on the death of DAVID E. CAMERON, Trustee of the Cameron Family 1995 Trust.

That DAVID EMERY CAMERON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DAVID E. CAMERON, named as one of the parties in that certain Quitclaim Deed executed on June 7, 1995, by DAVID E. CAMERON and SHARON CAMERON, husband and wife, as joint tenants, Grantees, to DAVID E. CAMERON and SHARON L. CAMERON, as trustees of the Cameron Family 1995 Trust, whose address is P.O. Box 1446, Placerville, CA 95667, Grantees, and recorded as Document Number 364490, Book 0695, Page 3213, on June 21, 1995, of Official Records of the County of Douglas, State of Nevada, as described in the attached Exhibit A:

A.P.N. 42-140-10

I declare under penalty of perjury that the foregoing statement is true and correct.

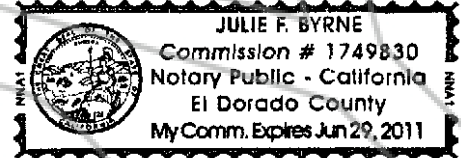
Dated: 12-4-08

SHARON L. CAMERON

State of California)
) ss.
County of El Dorado)

Subscribed and ~~sworn to~~ (or affirmed) before me on this 4TH day of DECEMBER, 2008, by SHARON L. CAMERON, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Julie F. Byrne
Notary Public



Mail Tax Statements to: Sharon L. Cameron, P.O. Box 1662, Placerville, CA 95667

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EXHIBIT A

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE: AN UNDIVIDED 1/51ST INTEREST IN AND TO THAT CERTAIN CONDOMINIUM DESCRIBED AS FOLLOWS: (A) AN UNDIVIDED 1/20TH INTEREST IN AND TO THAT CERTAIN CONDOMINIUM DESCRIBED AS FOLLOWS: (A) AN UNDIVIDED 1/20TH INTEREST, AS TENANTS-IN-COMMON, IN AND TO LOT 31 OF 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, ALL OF OFFICIAL RECORDS DOUGLAS COUNTY, STATE OF NEVADA, EXCEPT THEREFROM UNITS 81 TO 100 AMENDED MAP AND AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT. (B) UNIT NO. 082 AS SHOWN AND DEFINED ON SAID LAST MENTIONED MAP AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.

PARCEL TWO: A NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY KNOWN AS PARCEL "A" ON THE OFFICIAL MAP OF TAHOE VILLAGE UNIT NO. 3, RECORDED JANUARY 22, 1973, AS DOCUMENT NO. 63805, RECORDS OF SAID COUNTY AND STATE, FOR ALL THOSE PURPOSES PROVIDED FOR IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED JANUARY 11, 1973, AS DOCUMENT NO. 63681, IN BOOK 173, PAGE 229 OF OFFICIAL RECORDS AND IN MODIFICATION THEREOF RECORDED SEPTEMBER 28, 1973, AS DOCUMENT NO. 69063 IN BOOK 973, PAGE 812 OF OFFICIAL RECORDS AND RECORDED JULY 2, 1976, AS DOCUMENT NO. 1472 IN BOOK 776 PAGE 87 OF OFFICIAL RECORDS.

PARCEL THREE: A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS AND RECREATIONAL PURPOSES AND FOR USE AND ENJOYMENT AND INCIDENTAL PURPOSES OVER, ON AND THROUGH LOTS 29, 39, 40 AND 41 AS SHOWN ON SAID TAHOE VILLAGE UNIT NO. 3, FIFTH-AMENDED MAP AND AS CORRECTED BY SAID CERTIFICATE OF AMENDMENT.

PARCEL FOUR: (A) A NON-EXCLUSIVE EASEMENT FOR ROADWAY AND PUBLIC UTILITY PURPOSES AS GRANTED TO HARICH TAHOE DEVELOPMENTS IN DEED RE-RECORDED DECEMBER 8, 1981 AS DOCUMENT NO. 63026, BEING OVER A PORTION OF PARCEL 26-A (DESCRIBED IN DOCUMENT NO. 01112, RECORDED JUNE 17, 1976 IN SECTION 30, TOWNSHIP 13 NORTH, RANGE 19 EAST, M.D.M. AND (B) AN EASEMENT FOR INGRESS, EGRESS AND PUBLIC UTILITY PURPOSES 32' WIDE THE CENTERLINE OF WHICH IS SHOWN AND DESCRIBED ON THE FIFTH-AMENDED MAP OF TAHOE VILLAGE NO. 3, RECORDED OCTOBER 29, 1981, AS DOCUMENT NO. 61612, AND AMENDED BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 23, 1981, AS DOCUMENT NO. 62661, OFFICIAL RECORDS, DOUGLAS COUNTY, STATE OF NEVADA.

PARCEL FIVE: THE EXCLUSIVE RIGHT TO USE SAID UNIT AND THE NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY REFERRED TO IN SUBPARAGRAPH (A) OF PARCEL ONE AND PARCELS TWO, THREE AND FOUR ABOVE DURING ONE "USE WEEK" WITHIN THE WINTER "USE SEASON", AS SAID QUOTED TERMS ARE DEFINED IN THE DECLARATION OF RESTRICTIONS, RECORDED SEPTEMBER 17, 1982 AS DOCUMENT NO. 71000 OF SAID OFFICIAL RECORDS. THE ABOVE DESCRIBED EXCLUSIVE AND NON-EXCLUSIVE RIGHTS MAY BE APPLIED TO ANY AVAILABLE UNIT IN THE PROJECT, DURING SAID USE WEEK WITHIN SAID SEASON.

REQUESTED BY
Jack Ege & Teeters
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

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BK069583214

LINDA SLATER
RECORDER
PAID DEPUTY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200809000094

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DAVID		3. LAST (Family) CAMERON	
2. MIDDLE EMERY		5. AGE Yrs. 69	
4. DATE OF BIRTH mm/dd/yyyy 02/28/1938		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. HOURS (24 Hours) 1001	
16. SOCIAL SECURITY NUMBER 6084		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/degree (Use horizontal or vertical bars) MASTER'S		12. MARITAL STATUS (At Time of Death) MARRIED	
14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see footnote on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DATE OF DEATH mm/dd/yyyy 01/31/2008	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FIRE CAPTAIN		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FIREFIGHTING		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number or location) 8840 MOSQUITO ROAD			
23. CITY PLACERVILLE		25. STATE/FOREIGN COUNTRY CA	
22. COUNTY/PROVINCE EL DORADO		24. YEARS IN COUNTY 33	
23. ZIP CODE 95667		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) P.O. BOX 1446, PLACERVILLE, CA 95667	
28. INFORMANT'S NAME, RELATIONSHIP SHARON CAMERON, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) P.O. BOX 1446, PLACERVILLE, CA 95667	
26. NAME OF SURVIVING SPOUSE - FIRST SHARON		29. MIDDLE LOUISE	
31. NAME OF FATHER - FIRST EMERY		30. LAST (Maiden Name) MCGRATH	
32. MIDDLE F.		33. LAST CAMERON	
34. BIRTH STATE CA		37. LAST (Maiden) BROWN	
35. NAME OF MOTHER - FIRST LOUISE		36. MIDDLE E.	
38. BIRTH STATE CA		37. LAST (Maiden) BROWN	
39. DISPOSITION DATE mm/dd/yyyy 02/04/2008		40. PLACE OF FINAL DISPOSITION RES SHARON CAMERON 8840 MOSQUITO RD., PLACERVILLE, CA 95667	
41. TYPE OF DISPOSITIONS CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		47. DATE mm/dd/yyyy 02/04/2008	
44. NAME OF FUNERAL ESTABLISHMENT GREEN VALLEY MORTUARY & CEMETERY		45. LICENSE NUMBER FD1551	
46. SIGNATURE OF LOCAL REGISTRAR J EBERHART-PHILLIPS, MD		47. DATE mm/dd/yyyy 02/04/2008	
101. PLACE OF DEATH MARSHALL HOSPITAL			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) MARSHALL WAY	
106. CITY PLACERVILLE		107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter remote events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without knowing the etiology. DO NOT ABBREVIATE. UNWITNESSED CARDIAC ARREST	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) STATUS POST LARGE ANTERIOR WALL MYOCARDIAL INFARCTION		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST CORONARY ARTERY DISEASE		111. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION		113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) STENT-ANGIOPLASTY 01/22/2008		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER STANLEY CLIFFORD HENJUM II M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STANLEY CLIFFORD HENJUM II M.D. 1004 FOWLER WAY STE 4, PLACERVILLE, CA 95667		117. LICENSE NUMBER G62392	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. DATE mm/dd/yyyy 01/21/2008	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
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		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF EL DORADO } SS DATE ISSUED NOV 12 2008

000169304

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER-CLERK.

William E. Schatz
EL DORADO COUNTY RECORDER-CLERK

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder-Clerk.

