

APN # 1319-30-542-014 pmj

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 6 Fee: 19.00
BK-0209 PG-0030 RPTT: 0.00

Recording Requested by:



Name Q.M. Resorts

(for Recorder's use only)

Address 515 Nichols Blvd.

City/State/Zip Sparks, NV 89431

DECLARATION OF DEATH OF JOINT TENANT

(Title of Document)

Re-Recording to correct City & County

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

18-

APN 1319-30-542-014 pm

WHEN RECORDED MAIL TO:

Grantee c/o
✓ Q.M. Corporation
515 Nichols Blvd.
Sparks, NV 89431

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-1008 PG- 3245 RPTT: 0.00

MAIL TAX STATEMENTS TO:

Ridge Sierra
P.O. Box 859
Sparks, NV 89432

DECLARATION (OR AFFIDAVIT) OF DEATH OF JOINT TENANT

State of CALIFORNIA

County of LOS ANGELES

I, Hong Sun McPherson, "being duly sworn" say:

I am 18 years of age or over; George W. McPherson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as

George W. McPherson, named as one of the parties in the deed dated

N/A, executed by Harlesk Management, Inc. to

George W. McPherson and the undersigned, as Joint Tenants, recorded on

June 10, 1987, as Instrument # 156237 in Book 687, Page 1326,

of the Official Records of Douglas County, Nevada, covering the property

situated in Stateline, Sparks, County of Douglas, State of Nevada, described as

follows:

(legal description of property) See Exhibit "A"



Timeshare No. 01-003-19-01

A.P.N. 1319-30-542-014

Hong Sun McPherson
HONG SUN McPHERSON

Subscribed and sworn to before me
on SEPTEMBER 24th 2008
by Hong Sun McPherson

SEE ATTACHMENT

(seal of notary public)



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CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

State of California

County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this

24TH day of SEPTEMBER, 2008, by
Date Month Year

(1) HONG SUN MCPHERSON
Name of Signer

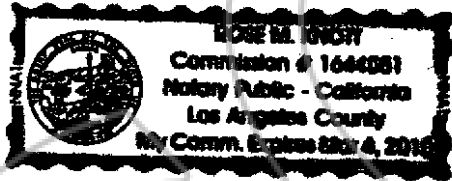
proved to me on the basis of satisfactory evidence
 be the person who appeared before me (.) (.)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
 be the person who appeared before me.)

Signature Rose M. Knott
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: DECLARATION (OR AFFIDAVIT) OF DEATH OF JOINT TENANT

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1
 Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
 Top of thumb here

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200719041688

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 05/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GEORGE		2. MIDDLE WESLEY		3. LAST (Family) MCPHERSON	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/13/1930		5. AGE Yrs. 76	
9. BIRTH STATE/FOREIGN COUNTRY KENTUCKY		10. SOCIAL SECURITY NUMBER 6054		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 10/11/2007		8. HOUR (24 Hours) 0535	
13. EDUCATION - Highest level/degree (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FIREMAN		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FIRE DEPARTMENT		18. YEARS IN OCCUPATION 45	
20. DECEDENT'S RESIDENCE (Street and number or location) 37032 BORDEAUX STREET					
21. CITY PALMDALE		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 93550	
24. YEARS IN COUNTY 37		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. DECEASED BY (Name and address of person or institution) HONG SUN MCPHERSON, WIFE 37032 BORDEAUX STREET, PALMDALE, CA 93550					
28. NAME OF SURVIVING SPOUSE - FIRST HONG SUN		29. MIDDLE KIM		30. LAST (Maiden Name)	
31. NAME OF FATHER - FIRST GEORGE		32. MIDDLE WESLEY		33. LAST MCPHERSON	
34. BIRTH STATE KY		35. NAME OF MOTHER - FIRST UNKNOWN		36. MIDDLE UNKNOWN	
37. LAST (Maiden) UNKNOWN		38. BIRTH STATE KY		39. DISPOSITION DATE mm/dd/yyyy 10/17/2007	
40. PLACE OF FINAL DISPOSITION RESIDENCE HONG SUN MCPHERSON 37032 BORDEAUX STREET, PALMDALE, CA 93550					
41. TYPE OF DISPOSITION(S) CREMATION/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT HALLEY OLSEN MURPHY		45. LICENSE NUMBER FD1067		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy 10/15/2007		101. PLACE OF DEATH ANTELOPE VALLEY HOSPITAL			
102. COUNTY LOS ANGELES		103. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. CITY LANCASTER	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1600 WEST AVE J		106. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. ACUTE MYOCARDIAL INFRACTION		108. TIME INTERVAL BETWEEN ONSET AND DEATH MIN		109. DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE MYOCARDIAL INFRACTION		110. HOURS		111. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 CONGESTIVE HEART FAILURE		112. WEEKS		113. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. NONE		115. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		118. SIGNATURE AND TITLE OF CERTIFIER PRADEEP KUMAR SINGH M.D.		119. LICENSE NUMBER A46155	
120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PRADEEP KUMAR SINGH M.D. 44725 10TH ST WEST STE 220, LANCASTER, CA 93534		121. DATE mm/dd/yyyy 10/02/2007		122. DATE mm/dd/yyyy 10/10/2007	
123. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <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		124. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		125. INJURY DATE mm/dd/yyyy	
126. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		127. HOUR (24 Hours)		128. SIGNATURE OF CORONER / DEPUTY CORONER	
129. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
130. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		127. DATE mm/dd/yyyy			
131. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy			
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH. #	
"012007000625212"		*FD0959503*			

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This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding, MD DATE ISSUED
Director of Public Health and Registrar

NOV - 7 - 2007

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

(Sierra 01)

01-003-19-01

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

- (A) An undivided 1/8th interest as tenants in common, in and to the Common Area of **Lot 4** of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada
- (B) Unit No. A3 as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" within the PRIME "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

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