

OFFICIAL RECORD
Requested By:
RUSCONI, FOSTER & THOMAS

RECORDED AT THE REQUEST OF AND
WHEN RECORDED MAIL TO:
Mary E. Baden Hoshiko
c/o Rusconi, Foster & Thomas
30 Keystone Avenue
Morgan Hill, CA 95037

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0309 PG- 5340 RPTT: 0.00



MAIL TAX STATEMENTS TO:
Mary E. Baden Hoshiko
1140 Appian Way
Morgan Hill, CA 95037

ASSESSOR'S PARCEL NUMBER:
42-282-02 (Portion of)

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA)
) ss
COUNTY OF SANTA CLARA)

Mary E. BADEN HOSHIKO, being first duly sworn, deposes and says:

1. That RONALD K. HOSHIKO died on the 30th day of March, 2006, in the State of California, and that a certified copy of the Death Certificate is attached hereto.

2. That at the date of death, the said RONALD K. HOSHIKO was a co-trustee with the Affiant of the Hoshiko Family 1997 Living Trust dated November 17, 1997, which was the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See "Exhibit A" attached hereto and incorporated herein by reference

3. That said ownership was created by a Quit Claim Deed dated November 17, 1997, and recorded on November 19, 1997, in Book 1197, page 3686 of Official Records, document #0426660 in the Douglas County Recorder's Office.

4. That upon the death of the said RONALD K. HOSHIKO, the Affiant became the sole Trustee of the Hoshiko Family 1997 Living Trust dated November 17, 1997.

Mary E. Baden Hoshiko

MARY E. BADEN HOSHIKO

SUBSCRIBED AND SWORN to (or affirmed)
before me on this 16th day of March,
2009, by Mary E. Baden Hoshiko, who
proved to me on the basis of satisfactory
evidence to be the person(s) who appeared
before me.

J. C. Foster

J. C. FOSTER, Notary Public

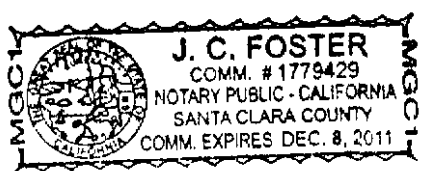


EXHIBIT "A"

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. 258097, rerecorded 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. 048 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: 42-282-02

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION
 645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

3200643002410

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURE, RETOUCHES OR ALTERATIONS 12/15/05/10/06		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RONALD		KEIJI		HOSHIKO	
4. DATE OF BIRTH mm/dd/yyyy				5. AGE Yrs.	6. SEX
02/19/1941				65	M
7. DATE OF DEATH mm/dd/yyyy					
03/30/2006					
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		7009		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. EDUCATION - Highest Level/Degree (See instructions on back)		14.15. WAR DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)	
MARRIED		SOME COLLEGE		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
16. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)		18. YEARS IN OCCUPATION			
JAPANESE, AMERICAN		34			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
MANAGEMENT SYSTEMS ANALYST					
19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)					
AEROSPACE					
20. DECEDENT'S RESIDENCE (Street and number or location)					
1140 APPIAN WAY					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
MORGAN HILL		SANTA CLARA		95037	
24. YEARS IN COUNTRY		25. STATE/FOREIGN COUNTRY			
65		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
MARY HOSHIKO, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
1140 APPIAN WAY, MORGAN HILL, CA 95037					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
MARY		ELIZABETH		BADEN	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
AKIRA				HOSHIKO	
34. BIRTH STATE		35. BIRTH STATE			
OR		CA			
36. NAME OF MOTHER - FIRST		38. MIDDLE		37. LAST (Maiden)	
JOSEPHINE		SADAKO		OGATA	
39. DISPOSITION DATE mm/dd/yyyy					
04/03/2006					
40. PLACE OF FINAL DISPOSITION (Name and address of funeral home, crematorium, city or town, state, ZIP)					
ALTA MESA MEMORIAL PARK 695 ARASTRADERO RD., PALO ALTO, CA 94306					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BU		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
SPANGLER MORTUARY, MOUNTAIN VIEW		FD579		MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
04/03/2006		MARTIN D FENSTERSHEIB, MD			
101. PLACE OF DEATH					
OWN RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA		<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SANTA CLARA		1140 APPIAN WAY		MORGAN HILL	
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 circulatory failure without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
METASTATIC RENAL CELL CANCER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) (LAST)		111. AUTOPSY PERFORMED?		112. ALTOPICTY PERFORMED?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107.					
NONE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date.)					
NO					
115. SIGNATURE AND TITLE OF CERTIFIER					
SANDHYA SRINIVAS M.D.					
116. LICENSE NUMBER		117. DATE mm/dd/yyyy			
A49392		03/31/2006			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
SANDHYA SRINIVAS M.D. 300 PASTUER DR., STANFORD, CA 94305					
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. BUIRY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
123. 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					

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 PG- 5342
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SANTA CLARA

SS DATE ISSUED
 By

APR 04 2006

H01991714

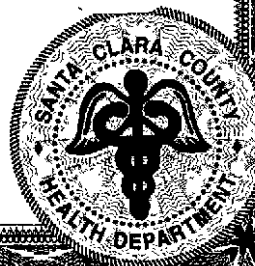
This is a true and exact reproduction of the document officially filed and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD

MARTIN D. FENSTERSHEIB
 HEALTH OFFICER AND LOCAL REGISTRAR
 OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

AFFIDAVIT TO AMEND A RECORD

3200643002410

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Ronald	2. MIDDLE Keiji	3. LAST (FAMILY) Hoshiko
	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 03/30/2006	7. COUNTY OF OCCURRENCE Santa Clara
ADDITIONAL INFORMATION TO LOCATE RECORD	6. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL Akira - Hoshiko		8. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL Josephine Sadako Ogata

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
40	Alta Mesa Memorial Park, 695 Arastradero Rd., Palo Alto, CA, 94306	1/2 Alta Mesa Memorial Park, 695 Arastradero Rd., Palo Alto, CA, 94306
		1/2 Wifes residence Mrs. Mary Hoshiko, 1140 Appian Way, Morgan Hill, CA, 95037
41	CR/BU	1/2 CR/BU 1/2 CR/RES

LIST ONE ITEM PER LINE

REASON FOR CORRECTION

13. To Correct Record

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

14. SIGNATURE OF FIRST PERSON <i>[Signature]</i>	15. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	16. DATE SIGNED—MM/DD/CCYY 03/31/2006
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USE BLACK INK ONLY

17. AGE Adult	18. ADDRESS (STREET, CITY, STATE, ZIP) 799 Castro St., Mountain View, CA 94041
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19. SIGNATURE OF SECOND PERSON <i>[Signature]</i>	20. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	21. DATE SIGNED—MM/DD/CCYY 03/31/2006
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22. AGE Adult	23. ADDRESS (STREET, CITY, STATE, ZIP) 799 Castro St., Mountain View, CA 94041
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STATE/LOCAL REGISTRAR USE ONLY

24. SIGNATURE OF STATE OR LOCAL REGISTRAR <i>[Signature]</i>	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 04/03/2006
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STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS 240 (REV. 1/04)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

SS DATE ISSUED **APR 04 2006**
By



H01991713

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

[Signature]
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

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