

APN: 1319-30-644-000 *ptm*
R.P.T.T.: \$0.00



After Recording Mail To:

David Cricks
230 West 5th Avenue, Unit 202
San Mateo, California 94402 **Send**
Subsequent Tax Bills To: David
Cricks
230 West 5th Avenue, Unit 202
San Mateo, California 94402

AFFIDAVIT OF SUCCESSOR TRUSTEE

TITLE OF DOCUMENT

I/We, **David Cricks and Jeffery Carson Cricks and Kimberlee Cricks**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **February 22, 1988**, **David Cricks and Marian L. Cricks** executed the **Cricks 1987 Family Trust**.
2. Said trust appointed me/us to serve as Successor Trustee(s) upon the death or incapacity of **Marian L. Cricks**.
3. **Marian Louise Cricks** died on **April 14, 2009** at **Burlingame, California**, a resident of **San Mateo County, California** pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Marian L. Cricks**.
4. Pursuant to the terms of the Trust, I/We have assumed the responsibilities of Successor Trustee(s).
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **September 13, 1990**, in Book **990**, Page No. **1517**, in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **David Cricks and Jeffery Carson Cricks and Kimberlee Cricks** as Successor Trustee(s).

I hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

David Cricks
David Cricks

Affiant Successor Trustee
Title



DATED this 27th day of October, 2009.

David Cricks, Successor Trustee

David Cricks, Successor Trustee

STATE OF _____)

COUNTY OF _____) ^{ss}

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____,
by **David Cricks, Successor Trustee.**

NOTARY STAMP/SEAL

Notary Public

Title and Rank
My Commission Expires: _____

Jeffery Carson Cricks

Jeffery Carson Cricks, Successor Trustee

STATE OF _____)

COUNTY OF _____) ^{ss}

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____,
by **Jeffery Carson Cricks, Successor Trustee.**

NOTARY STAMP/SEAL

Notary Public

Title and Rank
My Commission Expires: _____



Kimberlee Cricks, Successor Trustee

Kimberlee Cricks, Successor Trustee

STATE OF _____)

ss

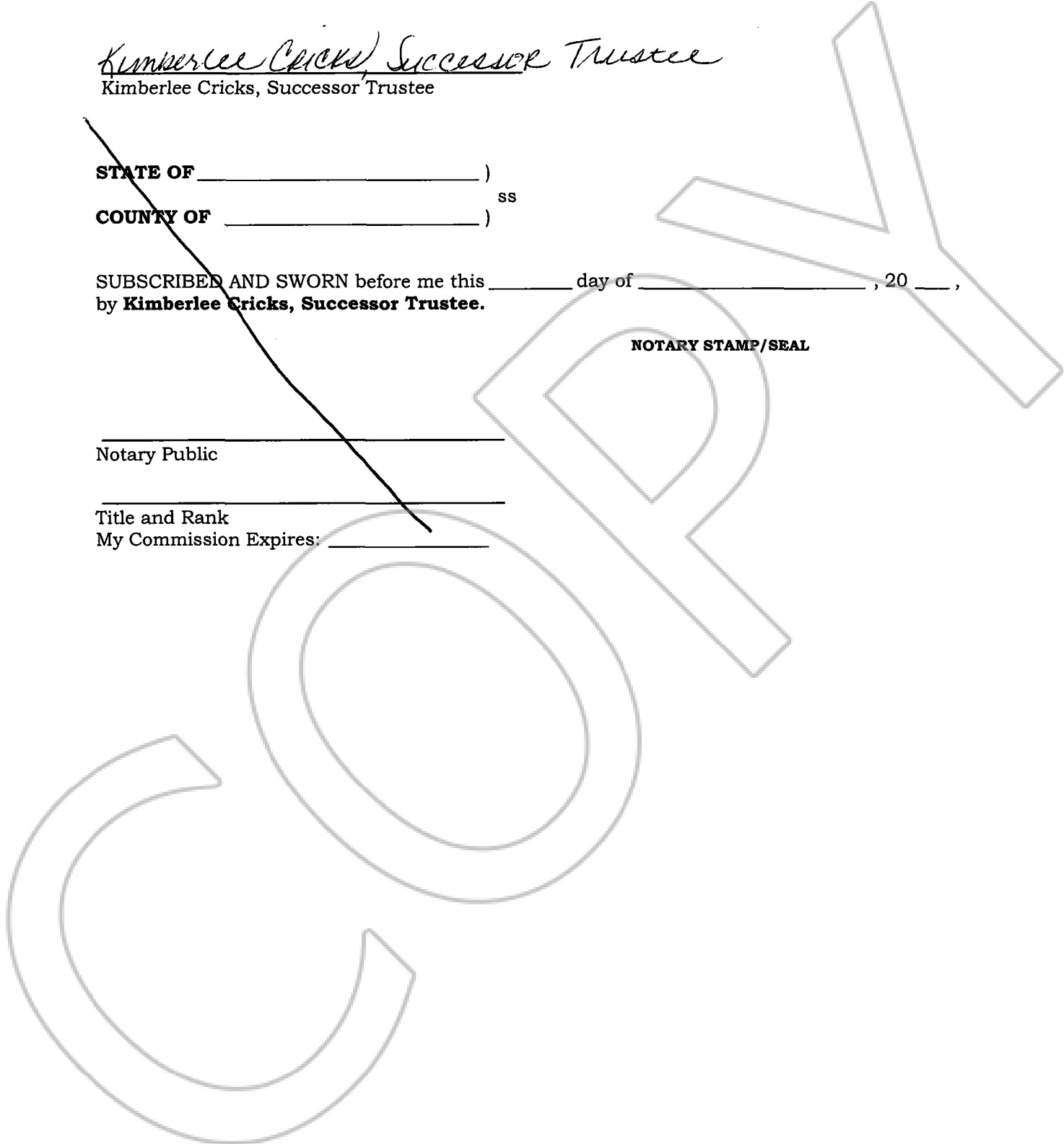
COUNTY OF _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____,
by **Kimberlee Cricks, Successor Trustee.**

NOTARY STAMP/SEAL

Notary Public

Title and Rank
My Commission Expires: _____





Jurat

State of California

County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 27th day of October,

20 09 by David Cricks, Kimberlee Cricks & Jeffery Carson Cricks,

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

Signature

(Notary seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

INSTRUCTIONS FOR COMPLETING THIS FORM

Any Jurat completed in California must contain verbiage that indicates the notary public either personally knew the document signer (affiant) or that the identity was satisfactorily proven to the notary with acceptable identification in accordance with California notary law. Any jurat completed in California which does not have such verbiage must have add the wording either with a jurat stamp or with a jurat form which does include proper wording. There are no exceptions to this law for any jurat performed in California. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH DEPARTMENT
SAN MATEO, CALIFORNIA

BK-1109
PG-3960
754057 Page: 5 of 7 11/17/2009

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
12/1/2005 (REV)

3200941001338
LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT — FIRST (Given) MARIAN		2. MIDDLE LOUISE		3. LAST (Family) CRICKS	
4. DATE OF BIRTH mm/dd/yyyy 04/04/1929				5. AGE Yrs. 80	6. SEX F
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 4701	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death) MARRIED	13. DATE OF DEATH mm/dd/yyyy 04/14/2009
13. EDUCATION — Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED. TEACHER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 23
20. DECEDENT'S RESIDENCE (Street and number or location) 230 W. 5TH AVENUE, #202					
21. CITY SAN MATEO		22. COUNTY/PROVINCE SAN MATEO		23. ZIP CODE 94402	24. YEARS IN COUNTY 50
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DAVID CRICKS, HUSBAND			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 230 W. 5TH AVENUE, #202, SAN MATEO, CA 94402					
28. NAME OF SURVIVING SPOUSE — FIRST DAVID		29. MIDDLE -		30. LAST (Maiden Name) CRICKS	
31. NAME OF FATHER — FIRST BERT		32. MIDDLE -		33. LAST MILLISICH	
34. BIRTH STATE CA		35. NAME OF MOTHER — FIRST LUELLA		36. BIRTH STATE CA	
37. LAST (Maiden) GIBSON					
38. DISPOSITION DATE mm/dd/yyyy 04/20/2009		39. PLACE OF FINAL DISPOSITION OAK HILL MEMORIAL PARK 2640 GLENRIDGE ROAD, ESCONDIDO, CA 92027			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CAL		45. LICENSE NUMBER FD1327	46. SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW, MD		47. DATE mm/dd/yyyy 04/20/2009
101. PLACE OF DEATH MILLS PENINSULA HEALTH SERVICES		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY SAN MATEO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1501 TROUSDALE DRIVE		106. CITY BURLINGAME	
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 withdrawal without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PNEUMONIA		Time Interval Between Death and Death Report (AT) 6 DAYS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. DEATH REPORTED TO PUBLIC HEALTH? 09-00962	
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 (B) BRONCHIECTASIS		110. BIOPSY PERFORMED? (BT) 4 YRS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) _____		111. AUTOPSY PERFORMED? (CT) _____		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) _____		112. USED IN DETERMINING CAUSE? (DT) _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 MALNUTRITION, CHRONIC INTRACTABLE BACK PAIN, POOR ORAL INTAKE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <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. Decedent Attended Since mm/dd/yyyy 04/08/2009		115. SIGNATURE AND TITLE OF CERTIFIER SHAMSUDDIN ALAMGIR M.D.		116. LICENSE NUMBER A89093	
Decedent Last Seen Alive mm/dd/yyyy 04/14/2009		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SHAMSUDDIN ALAMGIR M.D. 1501 TROUSDALE DRIVE, BURLINGAME, CA 94010		117. DATE mm/dd/yyyy 04/16/2009	
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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined <input type="checkbox"/> 119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy					
121. INJURY HOUR (24 Hours)					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. 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. #	
				CENSUS TRACT	

STATE OF CALIFORNIA } **CERTIFIED COPY OF VITAL RECORDS**
COUNTY OF SAN MATEO } **SS**
DATE ISSUED **APR 28 2009**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

Scott Morrow MD
SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR

000584814

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

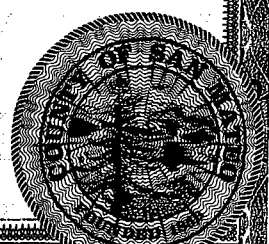




EXHIBIT "A"
LEGAL DESCRIPTION

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

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

- (A) An undivided 1/106ths interest as tenants-in-common, in and to Lot 37 of Tahoe Village Unit No. 3 as shown on the Ninth Amended Map Recorded July 14, 1988 as Document No. 182057, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan Recorded as Document No. 182057, Official Records of Douglas County, Nevada.
- (B) Unit No. 061 as shown and defined on said Condominium Plan.

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 the modifications 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 the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada and such recreational areas as may become a part of said timeshare project, for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

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,
- and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.



EXHIBIT "A"
LEGAL DESCRIPTION (Continued)

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, 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 for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use weeks within the Prime SEASON, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **September 13, 1990**, in Book **990**, Page No. **1517**, in Douglas County Records, Douglas County, Nevada.