

OFFICIAL RECORD  
Requested By:  
BETZI HART

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO

✓ Name The Law Office of Betzi Hart  
Address 447 South Auburn Street, Suite A  
City Grass Valley  
State California 95945

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0210 PG- 1592 RPMT: 0.00

*PTN 1319-30-644-090 PTN*

APN: A Portion of 42-287-06

SPACI



Time Share at the Ridge at Tahoe

**AFFIDAVIT OF DEATH OF TRUSTEE**

State of California )  
County of Nevada )

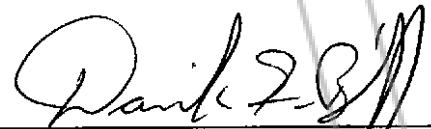
I, DARRICK S. BLINOFF, being of legal age, being first duly sworn affirm under penalty of perjury under the laws of the State of California state that the following is true and correct:

1. That GLENN ALAN STRAIGHT, the decedent named in the attached Certificate of Death is the same person who executed the Affidavit of Death of Settlor, Trustee and Beneficiary recorded as Document Number 0507750 Bk 0101 Pg 5090 With the Douglas County Recorder's Office on January 29, 2001 indicating that the a Portion of 42-287-06 a 1/102nd interest of the Time-Share Project known as "The Ridge at Tahoe" was vested to GLENN A. STRAIGHT and DARRICK S. BLINOFF, co-trustees, of the GLENN A. STRAIGHT AND PHYLLIS J. STRAIGHT FAMILY TRUST, Dated June 3, 1999;
2. That by the reason of the death of GLENN A. STRAIGHT on September 23, 2009, the remaining Co-Trustee of the GLENN A. STRAIGHT AND PHYLLIS J. STRAIGHT FAMILY TRUST, DARRICK S. BLINOFF is the sole trustee;
3. I, DARRICK S. BLINOFF, by filing this Affidavit with the County Recorder of the County of Douglas, State of Nevada, do establish my succession as Sole Trustee of the GLENN A. STRAIGHT AND PHYLLIS J. STRAIGHT FAMILY TRUST and to enable me to take charge of, administer, and distribute all assets, including real property, according to the provisions of the GLENN A. STRAIGHT AND PHYLLIS J. STRAIGHT FAMILY TRUST;
4. The trust estate includes that real property in the County of Douglas, State of Nevada, as provided in EXHIBIT A, herein, commonly described as:  
  
An Portion of 42-287-06 a 1/102nd interest of the Time Share Project known as "The Ridge at Tahoe"
5. As a result of the death of the co-trustee, GLENN A. STRAIGHT, the foregoing real property is now vested in title as follows:

"DARRICK S. BLINOFF, Trustee, of the  
GLENN A. STRAIGHT AND PHYLLIS J. STRAIGHT FAMILY TRUST"

I, DARRICK S. BLINOFF, do hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: January 22, 2010



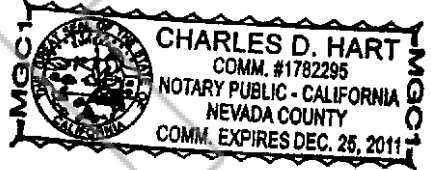
DARRICK S. BLINOFF, Trustee of the  
Glenn A. Straight and Phyllis J. Straight  
Family Trust

State of California  
County of Nevada

Subscribed and sworn to (or affirmed ) before me on this 22nd day of January, 2010 by DARRICK S. BLINOFF, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Charles D. Hart  
Charles D. Hart

(Seal)



**LEGAL DESCRIPTION**

**Common Description:**

A Portion of 42-287-06 a 1/102nd interest of the Time Share Project known as "The Ridge at Tahoe"

**Legal Description:**

The following described real property Time-Share interest in the County of Douglas, State of Nevada:

An undivided 1/102nd 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, 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. 180 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 every other year in the even-numbered years in the PRIME "Season" as defined in and in accordance with said Declarations.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF NEVADA**  
**Grass Valley, California 95945**

**CERTIFICATE OF DEATH**

3200929000589

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS) VS-100REV 05/05		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
GLENN		ALAN		STRAIGHT	
4. DATE OF BIRTH month/day/year					
01/15/1932		5. AGE Yrs.		77	
6. UNDER ONE YEAR					
7. DATE OF DEATH month/day/year		8. HOUR (24 Hours)		9. SEX	
09/25/2009		0558		M	
10. SOCIAL SECURITY NUMBER					
7494		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED		13. EDUCATION - Highest Level/Degree (See worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
PLANNER		MILITARY ELECTRONICS		42	
20. DECEDENT'S RESIDENCE (Street and number or location)					
131 JAN RD.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
GRASS VALLEY		NEVADA		95949	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
15		CA		DARRICK BLINOFF, DPOAHC	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
10835 PINE CONE DR., TRUCKEE, CA 96161					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
LEANNA				MEIXNER	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
HAROLD		GLENN		STRAIGHT	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
NE		MARION		ELIZABETH	
37. LAST ( Maiden)		38. BIRTH STATE		39. DISPOSITION DATE month/day/year	
CARMICHAEL		MI		09/29/2009	
40. PLACE OF FINAL DISPOSITION (Street and number or location)					
RES DARRICK BLINOFF 10835 PINE CONE DR., TRUCKEE, CA 96161					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMERALIZER		43. LICENSE NUMBER	
CR/VES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
HOOPER & WEAVER MORTUARY, INC.		FD-411		KAREN MILMAN, MD	
47. DATE month/day/year		48. IF HOSPITAL, SPECIFY ONE		49. IF OTHER THAN HOSPITAL, SPECIFY ONE	
09/29/2009		<input checked="" type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
101. PLACE OF DEATH		102. CITY		103. DEATH REPORTED TO CORONER?	
SIERRA NEVADA MEMORIAL HOSPITAL		GRASS VALLEY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. TIME (month/day/year)	
NEVADA		155 GLASSON WAY		243	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final Disease or condition resulting in death)		108. HRS.		109. BIRTH REPORTED TO CORONER?	
SEPTIC SHOCK		243		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. BIRTH REPORTED TO CORONER?		110. ALTOPIXY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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					
ESOPHAGEAL ADENOCARCINOMA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.					
ESOPHAGECTOMY 08/21/2005					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE month/day/year	
ROBERT N. LOWE M.D.		G033258		09/28/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
ROBERT N. LOWE M.D., 101 MARGARET LANE #B, GRASS VALLEY, CA 95945					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH <input checked="" 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		120. MAILED AT WORK?		121. INJURY DATE month/day/year	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
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 month/day/year		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

BK- 0210  
PG- 1595  
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**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
COUNTY OF NEVADA } SS DATE ISSUED **SEP 29 2009** \*000107308\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Nevada County Health Department.

Joseph P. Iser, MD, DrPH, MSc  
*Joseph P. Iser*  
JOSEPH P. ISER, MD, DrPH, MSc - REGISTRAR  
NEVADA COUNTY, CALIFORNIA

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

