

APN 1319-30-527-004

WHEN RECORDED MAIL TO:

Grantee c/o Jennifer Deseaux
4622 Freemans Hill Dr.
Placerville, CA 95667

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0610 PG- 3263 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 El Dorado

I, Beverly A. Harlow, "being duly sworn" say:

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

Clifford J. Harlow, named as one of the parties in the deed dated

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

Clifford J. Harlow and the undersigned, as Joint Tenants, recorded on

September 24, 1991, as Instrument # 260987 in Book 991, Page 3724,

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

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

follows:

see legal description Exhibit "A"

Timeshare No. 04-029-28-72

A.P.N. 1319-30-527-004

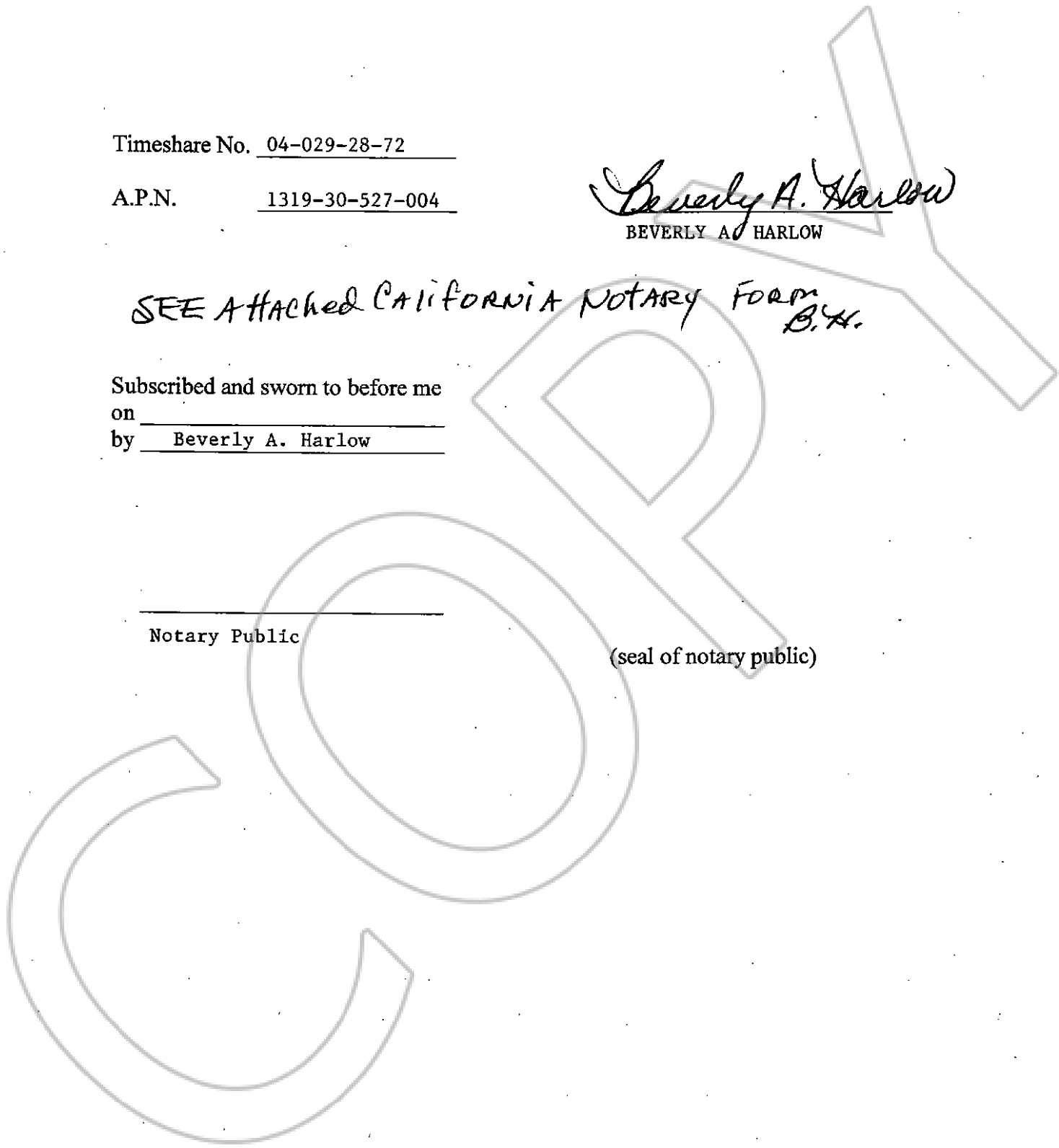
Beverly A. Harlow
BEVERLY A. HARLOW

SEE ATTACHED CALIFORNIA NOTARY FORM B.Y.

Subscribed and sworn to before me
on _____
by Beverly A. Harlow

Notary Public

(seal of notary public)





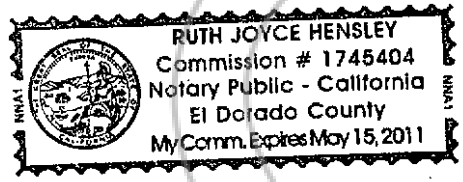
CALIFORNIA JURAT WITH AFFIANT STATEMENT

- 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 Beverly A. Harlow _____
Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

State of California
 County of El Dorado

Subscribed and sworn to (or affirmed) before me on this
14th day of JUNE, 2010, by
Date Month Year
 (1) Beverly A. Harlow
Name of Signer



proved to me on the basis of satisfactory evidence
 to be the person who appeared before me (.) (.)
 (and
 (2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)
 Signature Ruth Joyce Hensley
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
ROA ~~AFFIDAVIT~~ DEATH OF JOINT TENANT
 Document Date: JUNE 14 2010 Number of Pages: 3

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

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

BK- 0610
PG- 3266
Page: 4 of 5 06/17/2010
0765385

STATE FILE NUMBER		STATE OF CALIFORNIA		3200809000798	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CLIFFORD		JAMES		HARLOW	
AKA, ALSO KNOWN AS - (Include MR AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH (mm/dd/yyyy)		5. AGE Yrs.		6. SEX	
07/27/1938		70		M	
9. BIRTH STATE/FORIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		-6183		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH (mm/dd/yyyy)		8. HOUR (24 Hours)	
MARRIED		10/09/2008		0812	
13. EDUCATION - Highest Level/Type (Use worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/LUPANES? (If yes see worksheet on back)		16. DECEDENT'S RACE - (Up to 3 races may be listed (See worksheet on back))	
11		<input type="checkbox"/> YES <input type="checkbox"/> NO		WHITE	
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	
MILL WORKER		LUMBER COMPANY		35	
20. DECEDENT'S RESIDENCE (Street and number or location)					
3158 CARSON ROAD					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
PLACERVILLE		EL DORADO		95667	
24. YEARS IN COUNTRY		25. STATE/FORIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
54		CA		BEVERLY HARLOW, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
3158 CARSON ROAD, PLACERVILLE, CA 95667					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
BEVERLY		ALICE		DEEG	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
JAMES		CLIFFORD		HARLOW	
34. NAME OF MOTHER - FIRST		35. MIDDLE		36. BIRTH STATE	
LAURA		MARJORIE		CA	
37. BIRTH STATE		38. BIRTH STATE		39. BIRTH STATE	
LA		LA		LA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION			
RES OF PAUL HARLOW-SON		CR/RES			
5901 NASHVILLE TRAIL, PLACERVILLE, CA 95667		42. SIGNATURE OF EMBALMER			
		NOT EMBALMED			
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
		CHAPEL OF THE PINES		FD1129	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE (mm/dd/yyyy)		48. DATE (mm/dd/yyyy)	
J EBERHART-PHILLIPS, MD.		10/10/2008		10/10/2008	
101. PLACE OF DEATH					
MARSHALL MEDICAL CENTER					
102. COUNTY		103. IF HOSPITAL, SPECIFY ONE		104. IF OTHER THAN HOSPITAL, SPECIFY ONE	
EL DORADO		<input checked="" type="checkbox"/> H <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA <input type="checkbox"/> Other		<input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY		107. CITY	
1100 MARSHALL WAY		PLACERVILLE		PLACERVILLE	
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 fibrillation without showing the etiology. DO NOT ABBREVIATE.					
108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?		110. DEATH REPORTED TO CORONER?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. DEATH REPORTED TO CORONER?		112. DEATH REPORTED TO CORONER?		113. DEATH REPORTED TO CORONER?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. DEATH REPORTED TO CORONER?		115. DEATH REPORTED TO CORONER?		116. DEATH REPORTED TO CORONER?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
117. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
118. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 117? (If yes, list type of operation and date)					
NO					
119. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		121. SIGNATURE AND TITLE OF CERTIFIER		122. LICENSE NUMBER	
Decedent Associated State		Decedent Last Seen State		MARK TONG M.D.	
07/31/2007		10/09/2008		G80662	
123. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		124. LICENSE NUMBER		125. DATE (mm/dd/yyyy)	
1000 FOWLER WAY SUITE A, PLACERVILLE, CA 95667		MARK TONG M.D.		10/10/2008	
126. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
127. MANNER OF DEATH		128. INJURED AT WORK?		129. BURIAL DATE (mm/dd/yyyy)	
<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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
130. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		131. DESCRIBE HOW INJURY OCCURRED (if events which resulted in injury)		132. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
133. SIGNATURE OF CORONER / DEPUTY CORONER		134. DATE (mm/dd/yyyy)		135. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
JASON EBERHART-PHILLIPS, M.D.		10/10/2008		COUNTY HEALTH OFFICER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E		012008000910785			



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

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

DATE ISSUED **10/10/2008**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



* 000115255 *

Jason Eberhart-Phillips, M.D.
JASON EBERHART-PHILLIPS, M.D.
COUNTY HEALTH OFFICER



EXHIBIT "A"
(Sierra 04-alternate) 04-029-28-72

A timeshare estate comprised of:

PARCEL 1: An undivided 1/102nd interest in and to that certain condominium estate described as follows:

- (A) An undivided 1/6th interest as tenants in common, in and to the Common Area of Lot 20 of Tahoe Village Unit No. 1, as shown on the map recorded December 27, 1983, as Document No. 93406, 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. B2 as shown and defined on said condominium map recorded as Document No. 93406, 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. 93406, 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 "ALTERNATE USE WEEK" in ODD numbered years 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.

A Portion of APN: 1319-30-527-004