

A.P.N. #	A ptn of 1319-30-519-021
Escrow No.	20101850- TS/AH
Title No.	None
Recording Requested By:	
Stewart Vacation Ownership	
Mail Tax Statements To:	
Ridge View P.O.A. P.O. Box 5790 Stateline, NV 89449	
When Recorded Mail To:	
Joe B. Alford 609 Fern St. Modesto, CA 95356	



AFFIDAVIT – DEATH OF JOINT TENANT

State of California }
 County of San Joaquin } ss.

JOE B. ALFORD, of legal age, being first duly sworn, deposes and says: That **EVADINE R. ALFORD**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **EVADINE R. ALFORD** named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 12, 1987 executed by **SAIDA of Nevada, Inc.**, a Nevada Corporation to **JOE B. ALFORD** and **EVADINE R. ALFORD**, husband and wife as joint tenants, recorded as Document No. 162871, on September 23, 1987 in Book 987, Page No. 3633 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge View, One Bedroom, Summer Season, Week #50-021-16-02, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 2-3-11

Joe B. Alford
 Joe B. Alford

State of }
 County of } ss.

This instrument was acknowledged before me on _____ (date)

by: Joe B. Alford

Signature:
See attached
 Notary Public



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

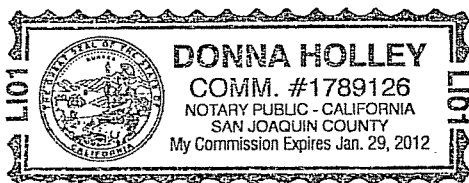
State of California

County of San Joaquin }

On Feb 3, 2011 before me, Donna Holley, notary public
Date Here/Insert Name and Title of the Officer

personally appeared Joe B Alford
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature]
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.

Description of Attached Document

Title or Type of Document: Affidavit - Death of joint tenant

Document Date: Feb 3, 2011 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

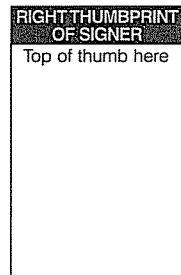
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY
STANISLAUS COUNTY
PUBLIC HEALTH DIVISION



BK-211
PG-2475

778492 Page: 3 of 4 02/14/2011

CERTIFICATE OF DEATH 3200750001325
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV 5/08)

DECEDENT'S PERSONAL DATA		USUAL RESIDENCE		INFORMANT		SPOUSE AND PARENT INFORMATION		FUNERAL DIRECTORY / LOCAL REGISTRAR		PLACE OF DEATH		CAUSE OF DEATH		PHYSICIAN'S CERTIFICATION		CORONER'S USE ONLY																															
1. NAME OF DECEDENT — FIRST (Given) EVADINE		2. MIDDLE ROZELL		3. LAST (Family) ALFORD		4. DATE OF BIRTH mm/dd/yyyy 11/12/1939		5. AGE Yrs. 67		6. SEX F		7. DATE OF DEATH mm/dd/yyyy 04/26/2007		8. HOUR (24 Hours) 1220		9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 9932		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. 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 14		20. DECEDENT'S RESIDENCE (Street and number or location) 609 FERN STREET		21. CITY MODESTO		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95356		24. YEARS IN COUNTY 56		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP JOE ALFORD, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 609 FERN STREET, MODESTO, CA 95350		28. NAME OF SURVIVING SPOUSE — FIRST JOE		29. MIDDLE BURNS		30. LAST (Maiden Name) ALFORD		31. NAME OF FATHER — FIRST ISAAC		32. MIDDLE WILLIAM		33. LAST BELL		34. BIRTH STATE TN		35. NAME OF MOTHER — FIRST MARY		36. MIDDLE LUCILLE		37. LAST (Maiden) VINYARD		38. BIRTH STATE TN		38. DISPOSITION DATE mm/dd/yyyy 04/30/2007		39. PLACE OF FINAL DISPOSITION LAKEWOOD MEMORIAL PARK 900 SANTA FE AVENUE, HUGHSON, CA 95326		40. TYPE OF DISPOSITIONS CR/BU		41. SIGNATURE OF EMBALMER NOT EMBALMED		42. LICENSE NUMBER													
43. NAME OF FUNERAL ESTABLISHMENT SALAS BROTHERS FUNERAL CHAPEL		44. LICENSE NUMBER FD782		45. SIGNATURE OF LOCAL REGISTRAR JOHN WALKER, MD		46. DATE mm/dd/yyyy 04/30/2007		101. PLACE OF DEATH MEMORIAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ALTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1700 COFFEE ROAD		106. CITY MODESTO		107. CAUSE OF DEATH Enter the chain of events — disease, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator flotation without showing the etiology. DO NOT ABBREVIATE. (A) SEPSIS SYNDROME (B) GANGRENE TOES (C) SEVERE PERIPHERAL VASCULAR DISEASE		108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (PT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <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 LUPUS, DIABETES MELLITUS II, PERIPHERAL NEUROPATHY		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) STENT TO FEMORAL ARTERY 04/18/2007		113A. IF FEMALE, PREGNANT IN LAST YEAR? <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: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER ANDREW PO HO M.D.		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW PO HO M.D. 600 COFFEE RD, MODESTO, CA 95355		117. DATE mm/dd/yyyy 04/16/2007		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW PO HO M.D. 600 COFFEE RD, MODESTO, CA 95355		119. DATE mm/dd/yyyy 04/26/2007		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		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																			
STATE REGISTRAR		A		B		C		D		E		FAX AUTH. #		CENSUS TRACT		* 000420596 *																															

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

John Walker
JOHN WALKER, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
05/01/2007

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

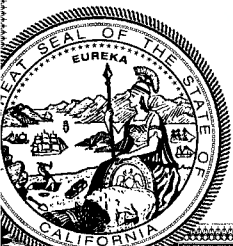




EXHIBIT "A"

(50)

A timeshare estate comprised of:

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

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 021 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said 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 "Summer use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-021

**This document is recorded as an
ACCOMMODATION ONLY and without liability
for the consideration therefore, or as to the
validity or sufficiency of said instrument, or
for the effect of such recording on the title of
the property involved.**