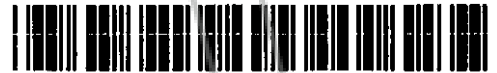


Recording Requested By:  
Theresa Reagan-Blood  
And when recorded, mail to:  
Stanley E. Matthews, TTEE  
623 E. Barker  
Big Bear City, CA. 92314

DOC # 0786194  
07/11/2011 10:18 AM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
THERESA REAGAN-BLOOD

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0711 PG-1668 RPTT: 0.00

APN:  
42-160-09/1319-30-721-005



**AFFIDAVIT OF DEATH OF TRUSTEE**

State of California )  
) ss.  
County of San Bernardino )

I, Stanley E. Matthews, of legal age, being first duly sworn, deposes and says:

1. Judith Lynn Matthews, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Judith L. Matthews named as Trustee in the Declaration of Trustee dated 8/23/2003 Stanley E. Matthews and Judith L. Matthews and executed by as Trustor(s).

2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property commonly known as Tahoe Village, Unit 3 (085-44), which property is described in a Deed which was executed by Stanley E. Matthews and Judith L. Matthews, J/T as Grantor(s) on

8/23/2003 and recorded as Instrument No. 596313, in Book/Reel  
1103, Page/Image 3998, of Official Records of Douglas County, NEVADA

3. The legal description of said property is as follows:  
See attached legal description.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated June 16, 2011

SIGNATURE STANLEY E. MATTHEWS, TTEE

State of California  
County of San Bernardino  
Subscribed and sworn to (or affirmed) before me on this 16th day of  
June, 2011 by Stanley E. Matthews proved to me  
on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SEAL

Date:   
Notary Signature

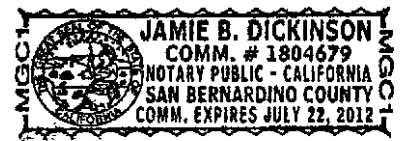


EXHIBIT "A"



BK- 0711  
PG- 1669

0786194 Page: 2 Of 4 07/11/2011

A Timeshare Estate comprised of:

**Parcel One:**

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

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 31 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 81 to 100 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. 085-44 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

**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 modification 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 use and enjoyment and incidental purposes over, on and through Lots, 29, 39, 40, and 41 as shown on said Tahoe Village Unit No. 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

**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, M.D.M., - and -
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612, and amended by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, Official Records, Douglas County, State of Nevada.

**Parcel Five:**

The Exclusive right to use said UNIT 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 during ONE "use week" within the Winter "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said use week within said season.

SPACE BELOW FOR RECORDER'S USE

---



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

**COUNTY of SAN BERNARDINO**  
**DEPARTMENT OF PUBLIC HEALTH**  
351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

**CERTIFICATE OF DEATH**

3201036004751

**1 of 2**

1. NAME OF DECEDENT - FIRST (Given) <b>JUDITH</b>		2. MIDDLE <b>LYNN</b>		3. LAST (Family) <b>MATTHEWS</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>07/21/1947</b>		5. AGE Yrs. <b>62</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>1600</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/19/2010</b>		8. HOUR (24 Hour) <b>0955</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>MASTER'S</b>		14. HAS DECEDENT HISPANIC/LATINO/ASIAN/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back) <b>CAUCASIAN</b>	
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 <b>32</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>623 E. BARKER BLVD.</b>					
21. CITY <b>BIG BEAR CITY</b>		22. COUNTY/PROVINCE <b>SAN BERNARDINO</b>		23. ZIP CODE <b>92314</b>	
24. YEARS IN COUNTY <b>16</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>STANLEY E. MATTHEWS, HUSBAND</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>623 E. BARKER BLVD., BIG BEAR CITY, CA 92314</b>			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>STANLEY</b>		29. MIDDLE <b>ELLIS</b>		30. LAST (BIRTH NAME) <b>MATTHEWS</b>	
31. NAME OF FATHER/PARENT - FIRST <b>WILLIAM</b>		32. MIDDLE <b>FRENCH</b>		33. LAST <b>CONRAD</b>	
34. BIRTH STATE <b>WV</b>		35. NAME OF MOTHER/PARENT - FIRST <b>WINFORD</b>		36. MIDDLE <b>BEATRICE</b>	
37. LAST (BIRTH NAME) <b>ELSON</b>		38. BIRTH STATE <b>CA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>05/28/2010</b>		40. PLACE OF FINAL DISPOSITION <b>RES: STANLEY E. MATTHEWS 623 E. BARKER BLVD., BIG BEAR CITY, CA 92314</b>			
41. TYPE OF DISPOSITIONS <b>CR/RES</b>		42. SIGNATURE OF EMBALLER <b>▶ NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>BIG BEAR MORTUARY</b>		45. LICENSE NUMBER <b>FD 1290</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ MAXWELL OHIKHUARE, MD</b>	
47. DATE mm/dd/yyyy <b>05/24/2010</b>					
101. PLACE OF DEATH <b>BEAR VALLEY COMMUNITY HOSPITAL</b>					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <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 <b>SAN BERNARDINO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>41870 GARSTIN DR.</b>		106. CITY <b>BIG BEAR LAKE</b>	
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 venous thrombosis without showing the etiology. DO NOT ABBREVIATE. <b>IMMEDIATE CAUSE (A) PENDING</b> Final disease or condition resulting in death <b>(B) ---</b> 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>(C) ---</b> <b>(D) ---</b>					
108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <b>(A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</b>		109. DEATH REPORTED TO CORONER? <b>(B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</b>			
110. AUTOPSY PERFORMED? <b>(C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</b>		111. USED IN DETERMINING CAUSE? <b>(D) <input type="checkbox"/> YES <input type="checkbox"/> NO</b>			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>---</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and area.) <b>---</b>				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 Abandoned Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶</b>		116. LICENSE NUMBER	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>(A) mm/dd/yyyy (B) mm/dd/yyyy</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. 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"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		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.) <b>---</b>					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>---</b>					
125. LOCATION OF INJURY (Street and number, or location, and city and state) <b>---</b>					
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>▶ CHANTAE WILSON</b>		127. DATE mm/dd/yyyy <b>05/21/2010</b>		128. TYPE NAME TITLE OF CORONER / DEPUTY CORONER <b>CHANTAE WILSON, DEP CORONER</b>	
STATE REGISTRAR <b>A 1P-6-3 B 9-7-21</b>		C		D	
E		F		G	
FAX AUTH.#		CENSUS TRACT			

BK- 0711  
PG- 1670  
Page: 3 of 4 07/11/2011  
0786194

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
COUNTY OF SAN BERNARDINO } SS DATE ISSUED Jul 21, 2010

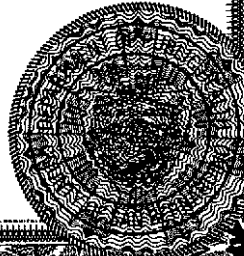
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*Maxwell Ohikhuare*  
MAXWELL OHIKHUARE, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052010076111

STATE FILE NUMBER

1.1

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3201036004751

LOCAL REGISTRATION NUMBER

BIRTH  DEATH  FETAL DEATH

2 of 2

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD.

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST JUDITH	1B. MIDDLE LYNN	1C. LAST MATTHEWS	2. SEX F
	3. DATE OF EVENT—MM/DD/CCYY 05/19/2010	4. CITY OF EVENT BIG BEAR LAKE	5. COUNTY OF EVENT SAN BERNARDINO	

PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	PENDING	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
107AT	--	YEARS
112	--	NONE
113	--	NO
119	PENDING INVESTIGATION	NATURAL

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER  
ANDREW AVERY

10. DATE SIGNED—MM/DD/CCYY  
07/16/2010

11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER  
DEP CORONER

12. ADDRESS—STREET and NUMBER  
175 SOUTH LENA ROAD

13. CITY  
SAN BERNARDINO

14. STATE  
CA

15. ZIP CODE  
92415

16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR  
STATE REGISTRAR - OFFICE OF VITAL RECORDS

17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY  
07/20/2010

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24Ae (REV. 1/08)

.1.1

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

Jul 21, 2010

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

MAXWELL OHIKHUARE, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS



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