DOUGLAS COUNTY, NV Rec:\$18.00

DONNA GOOD HIGBEE

KAREN ELLISON, RECORDER

Total:\$18.00

2015-871392 10/19/2015 10:21 AM

APN 1319-30-542-007

WHEN RECORDED MAIL TO:

Donna Good Higbee 4046 Primavera Rd. #3 Santa Barbara, CA 93110

MAIL TAX STATEMENTS TO:

Ridge Sierra P.O. Box 859 Sparks, NV 89432

DECLARATION (OR AFFIDAVIT) OF DEATH

State of California

County of Santa Barbara

I,i	Donna Good Higbee	"being di	uly sworn" say I am	18 years of
age or over;	Elmer William Hig	gbee	, the decedent men	ntioned in the
attached Certi	ficate of Death, is the sa	me person as	Elmer William Hi	igbee ,
named as one	of the parties in the deed	d dated May	y 18, 1990	, executed
byElme	r W. Higbee		er William Higbee onna Good Higbee	e and and the
undersigned,	as Joint Tenants, recorde	and the same of th	2, 1990	, as
Instrument # _	226558	in Book	590 , Page 3366	, of the Official
Records of _	Douglas (County, Nevada,	covering the proper	ty situated in
Statel	ine ,Cour	nty of	uglas , State of	Nevada,
described				

Timeshare No. 01-006-19-02	\ \
A.P.N. 1319-30-542-007	Donna Hood Alghee DONNA GOOD HIGBEE
Subscribed and sworn to before me on	
by Donna Good Higbee	
Who proved to me on the basis of satisfactory	evidence to be the person(s) whose
name(s) is/are subscribed to the within instrumthe/she/they executed the same in his/her/their	nent and acknowledged to me that authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the which the person(s) acted, executed the instrument the instrument the person (s) acted, executed the instrument the signature (s) on the instrument the which the person (s) acted, executed the instrument the signature (s) on the instrument the which the person (s) acted, executed the instrument the signature (s) on the instrument the which the person (s) acted, executed the instrument the signature (s) acted (s) a	
I certify under PENALTY OF PERJURY under the foregoing paragraph is true and correct.	er the laws of the State of California that
WITNESS my hand and official seal.	
See Attached	
Notary Public	(seal of notary public)

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CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202



STATE OF CALLIFORNIA CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

PUBLIC HEALTH DEPARTMENT

33 	<u> </u>	STATE FILE NUMBER USE BLACK OR ONLY INDEPENDENT STATE FILE NUMBER (SCHEEZE VOICE)			
		1. NAME OF DECEMENT- FIRST (Ghost) 2. MIDDLE S. LAST (Famely) HIGBEE			
	NAL DAT	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) 4. DATE OF BIRTH min/dufloxy 5, AGE YIX FUNDER ONE YEAR FUNDERS INDUSTRIBLE BILL HIGBEE 4. DATE OF BIRTH min/dufloxy 5, AGE YIX FUNDER ONE YEAR FUNDERS INDUSTRIBLE BILL HIGBEE 4. DATE OF BIRTH min/dufloxy 5, AGE YIX FUNDER ONE YEAR FUNDERS INDUSTRIBLE BIRTH MIN/duflox Days Hours Min/dust M.			
DECEDBAT'S PERSON	6. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUMBER 11. EVEN IN U.S. ARMED FORCES? 12. MARTIL STATE/SRIDE M Tree of Dusty 7. DATE OF DEATH mn/dol/coyy 8. HOUR 24 Hours CA 1450 1450				
	13. EXCENSION - Repetit Level Development 14/15, WAS DECEDENT HSPANSOLATINO/ASPANSSH? (if yie, see worksheet on back) 16. DECEDENT'S RACE - Up to 5 races may be listed be worksheet on back) 16. DECEDENT'S RACE - Up to 5 races may be listed be worksheet on back) 16. DECEDENT'S RACE - Up to 5 races may be listed be worksheet on back) 18. SCRADUATE YES X to 1.				
	17, USUAL OCCUPATION - Type of work for most of Ma. DO NOT USE RETIRED 18, KIND OF BUSINESS OR INDUSTRY (a.g., grocery storia, road construction, employment agency, sto.) 19, YEARS IN OCCUPATION 18				
USLAT. RESIDENCE	20. DECEDENT'S RESPONCE (Street and number, or location) 4046 PRIMAVERA RD., #3				
	21. CITY				
	MANT	27. INFORMANTS NAME, PEATONSHIP DONNA GOOD HIGBEE, WIFE 27. INFORMANTS MALLISS ACCESS CROWN AND LIFE OF A CASH AND LEFT OF A C			
	:: OP AND N	DONNA - MARY GOOD			
SPOUSE/SHD PARENT INFOR	31. NAME OF ROTHER/PARENT-FIRST 32. MIDDLE 33. LAST CHARLES J. HIGBEE CA 35. NAME OF MOTHER/PARENT-FIRST 36. MIDDLE 37. LAST (BIRTH MAME) 38. BIRTH STATE CA 39. MIDDLE 39. MIDDLE 39. LAST (BIRTH MAME)				
	KATHERINE - KAISLING IL				
CG OF FUNERAL DIRECTORY	SS. DISPOSITION DATE IMPLACEOF FINAL DISPOSITION CALVARY CEMETERY 04/17/2015 199 N. HOPE AVE., SANTA BARBARA, CA 93110 14. TYPE OF DISPOSITION(S) 43. LICENSE MUMBER				
	CR/BU. ► NOT EMBALMED -				
	WELCH-RYCE-HAIDER FUNERAL CHPLS 45. UCBNSENUMBER 48. SIGNATURE OF LOCAL REDISTRAR *** CHARITY DEAN, MD, MPH *** CHARITY DEAN, MD, MPH *** O4/15/2015 *** 102.1F HOSPITAL SPECIFY ONE 102.1F OTHER TRAN HOSPITAL SPECIFY ONE				
	SANTA BARBARA COTTAGE HOSPITAL SANTA BARBARA COTTAGE HOSPITAL				
	2-	SANTA BARBARA 400 WEST PUEBLO ST. SANTA BARBARA 107. CAUSE OF DEATH Enter to chain of owners — decesses, injuries, or complexations — that directly caused down, 50 NOT enter terminal owners such Time trained Sections (1.00. DECEMBER)			
		is cordate small, recording whent, or windhader Bottation without showing the effoliogy, 50 NOT ASSERVATE. WI CARDIOPULMONARY ARREST WI) HRS Original and beeth WI) HRS			
	, 4	In damy, St. PRESUMPTIVE ISCHEMIC CORONARY ARTERY DISEASE.			
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W.F. &	CAUSE	Talley that matter to provide a matter to provide prov			
	V	NONE			
	-	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (if yes, fix type of operation and date.) 113. If FEBRULE, PREDUNCT IN LAST YEARS NO			
	PHYSICIAN'S	THE HORD DEE, MO PLACE STATED PROBLEDGE LOSS STATED. Decided Astrodol Sides Decided Loss See Albert See Alber			
PHYS	W mm/dd/cory (8) mm/dd/cory (18) 118.TYFEA/TENDING PHYSICAN'S NAME, MAUING ADDRESS, 29 DODE JEFFREY BERNARD YIM M.D. 04/13/2015 04/13/2015 SANSUM CLINIC PO BOX 1200, SANTA BARBARA, CA 93111 131. I CERTRY THAT IN MY COPPORT DEATH COLUMNS STORY 120. INJURIED AT WORKY 121. INJURY DATE mm/dd/cory 122. HOUR 124 Hours)				
	. ≱	MANNER OF DEATH Natura Accident Hermico Succide Percing Code nache Natura Accident Hermico Succide Percing Code nache YES NO UNK 123, PIACE OF RAURY (e.g., home, construction site, wooded area, etc.)			
		124, DESCRIPE HOW IN TRY COST RIGHT Street, which are stated in bland			
CORQNER'S USE ON	125. LOCATION OF RALIGHY (Stroot and number, or location, and city, and zig)				
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CERTIFIED COPY OF VITAL RECORDS (' /)					

STATE OF CALIFORNIA

COUNTY OF SANTA BARBARA

SS DATE ISSU

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar Public Health Department, County of Santa Barbara, California.

TAKASHI M. WADA, M.D.

TAKASHI M. WADA, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CÁLIFORNIA

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



EXHIBIT "A" (Sierra 01) 01-006-19-02

A timeshare estate comprised of:

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

- (A) An undivided 1/8th interest as tenants in common, in and to the Common Area of Lot 4 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, 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. 93408, 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. 93408, 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 "USE WEEK" 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: 1319-30-542-007