DOUGLAS COUNTY, NV

2015-872440

Rec:\$20.00

\$20.00

Pgs=7

11/10/2015 10:18 AM

STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A portion of APN: 1319-30-722-003 & 1319-30-721-001

RECORDING REQUESTED BY STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO:

Bruce W. Leslie 524 Canyon Oak Dr. Vacaville, CA 95688

Escrow No. 20151533-TS/AH

RECORDERS USE ONLY

AFFIDAVIT – DEATH OF TRUSTEES

STATE OF California

SS.

COUNTY OF Solano

BRUCE W. LESLIE, of legal age, being duly sworn, deposes and says

That **DAVID W. LESLIE** and **GRACE E. LESLIE**, the decedents mentioned in the attached Certificates of Death, are the same persons as **DAVID W. LESLIE** and **GRACE E. LESLIE** named as the Trustees of The Leslie Family Living Trust dated September 8, 1992 and designated the Trustees in Deeds recorded October 15, 1992 as Document No. 290823 in Book 1092 at Page 2569 and April 1, 1993 as Document No. 303535 in Book 493 at Page 039 in Douglas County, State of Nevada.

In accordance with the above referenced trust, BRUCE W. LESLIE shall act as successor trustee of said trust on the deaths of DAVID W. LESLIE and GRACE E. LESLIE.

BRUCE W. LESLIE is filing this Affidavit with the Douglas County Recorder to establish the succession of BRUCE W. LESLIE as successor trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in Exhibits 'A-1' (Ridge Tahoe Account #3108105A) and 'A-2' (Ridge Tahoe Account #3210305A) attached hereto and incorporated herein by reference.

Dated:

11/4/2015

Bruce W. Leslie, Trustee

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.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

validity of that document.			
State of California County of			
County of			
on 11/4/15	before me,	f G. Glenn	
	(ins	ert name and title o	f the officer)
personally appeared	BRUCE W. LESLIE		
who proved to me on the basis of subscribed to the within instrume his/her/their authorized capacity person(s), or the entity upon beh	ent and acknowledged (ies), and that by his/he	to me that he/she/th er/their signature(s)	ey executed the same in on the instrument the
I certify under PENALTY OF PE	RJURY under the laws	of the State of Calif	ornia that the foregoing
paragraph is true and correct.			
WITNESS my hand and official s	seal		GARY G. GLENN commission # 2103516
Signature	(Se	al) w	Solano County Comm. Expires Mar 17, 2019

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

		Tala			
TOTAL	/ 3052015015793	CERTIFICATE		320150700047	8
	STATE FILE NUMBER 1. NAME OF DECEDENT-FIRST (Given)	USE BLACK INK ONLY / NO SPASURES VS-11 MREV	3. LAST (Family)	LOCAL REGISTRATION NUM	BER HAN HAN
NA.	DAVID AKA, ALSO:KNOWN AS: Include full AKA (FIRST, MIDDLE, LAST)	WILLIAM	LESUIE 4. DATE OF BIRTH mm/dd/coyy 5, AGE Yra	IF UNDER ONE YEAR IF UNDER Months Cays Hours	R 24 HOURS
SONAL	9. BIRTH STATE/FOREIGN COUNTRY 10: SOCIAL SECURITY N	UMBER 111: EVER IN U.S. ARMED F	01/31/1923		8. HOUR :: (24 Hours)
TS PE	TX 9506	ATINO(A)/SPANISH? (If yes, see worksheet or	UNK WIDOWED	01/24/2015	0250
CEDE	BACHELOR LYES		X NO CAUCASIAN		TOTAL CONTRACTOR
<u> </u>	17. USUAL OCCUPATION - Type of work for most of life. DO:NOT USE CIVIL ENGINEER	ENGINEE	NESS OR INDUSTRY (e.g.: grocery store, road.cor	istruction, employment agency, etc.)	19. YEARS IN OCCUPATION
J. Se	20. DECEDENT'S RESIDENCE (Street and number, or location) 2579 FRANCIS DRIVE				
USUAL	PINOLE CO	UNTY/PROVINCE NTRA COSTA	23. ZIP CODE 24. YEARS IN C	CA 25. STATE/FOREIGN COUN	TRY
INFOR- MAINT	26. INFORMANT'S NAME, RELATIONSHIP. BRUCE LESUIE, SON	27 INFOR	MANT'S MAILING ADDRESS (Street and number, of CANYON OAK DRIVE, VA	CAVILLE, CA 95688	ind zip)
O NO	28. NAME OF SURVIVING SPOUSE/SRDP"-FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	2 11 12 12 12 12 12 12 12 12 12 12 12 12	X
J'SRDP,	31, NAME OF FATHER/PARENT-FIRST	32. MIDDLE	33. LAST LESLIE		34. BIRTH STATE
SPOUSI	35, NAME OF MOTHER/PARENT-FIRST	36. MIDDLE	37. LAST (BIRTH NAME)		38 BIRTH STATE
AR P	39: DISPOSITION DATE : mm/dd/ccyy	I. SITION RES. BRUCE LES	NE		112 L
DIRECT	41. TYPE OF DISPOSITION(S)	DAK DRIVE, VACAVILI 42. SIGNATURE OF EMBA	ALMER:		LICENSE NUMBER
DCAL R	CR/RES 44: NAME OF FUNERAL ESTABLISHMENT VACA: HILLS CHAPEL		46. SIGNATURE OF LOCAL REGISTRAR.		:DATE mm/dd/ccyy:
	101, PLACE OF DEATH	FD1297		07.45.07.450.7144.440.00774.20050)1/27/2015
PLACE OF DEATH		OR LOCATION WHERE FOUND (Street an	d number, or location).	106, CITY	Decedent's Other
<u> </u>	CONTRA COSTA 2579 FRANCI: 107. CAUSE OF DEATH Enter the chain of events — de	seases injuries or complications that direc	thy caused death, 00 NOT enter terminal events such the etiology, DO NOT ABBREVIATE.	PINOLE Time Interval Between 108.	DEATH REPORTED TO CORONER?
100 mm m m m m m m m m m m m m m m m m m	IMMEDIATE CAUSE (A) ACUTE RESPIRATOR'	Y FAILURE	the etology, DOINOT ABOREVIATE.	L2	X YES NO 15-0415
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(B) GASTRIC CANCER			(BT) .109.	BIOPSY PERFORMED?
DEATH	conditions, if any,			2 MOS L	AUTOPSY PERFORMED? YES X NO
CAUSE OF	Sequentially, list conditions, if any, conditions, if any, conditions, if any, conditions, if any, conditions, conditions, if any, conditions, conditi			(OT) :111.	USED IN DETERMINING CAUSE?
3	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RESULTING IN THE UNDERLYING	3 CAUSE GIVEN IN 107	1.2 1.40 AM AM AM AM	TES NO.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 1		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MALE, PREGNANT IN LAST YEAR?
s &		15. SIGNATURE AND TITLE OF CERTIFIE	* 56	- A	117. DATE mm/dd/ecyy
PHYSICIAN'S CERTIFICATION		SAKET SHAH D.O. 18. TYPE ATTENDING PHYSICIAN'S NAV	IE, MAILING ADDRESS, ZIP CODE SAKET	20A12139 SHAH D.O.	01/27/2015
_ * #	11/11/2012 12/04/2014 2 119. LOERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE,	AND PLACE STATED FROM THE CAUSES STATE	E. 200, PINOLE, CA 9456	4	1/ccyy 122. HOUR (24 Hours)
ź	MANNER OF DEATH Natural Accident Homicide 123. PLACE OF INJURY (e.g., home, construction site, wooded area,	Suicide Investigation	determined YES NO	UNK	Ship bearing () at
USE ONLY	123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in	linjury)	M	See See See	The state of the s
CORONER'S USE	125. LOCATION OF INJURY (Street and number, or location, and city,	and zip)		A STATE OF THE STA	
Ŝ	126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE:::mi	nvdd/ccyy 128, TYPE NAME, TRILE OF CO	ORONER / DEPUTY CORONER	
				1	GENSUS TRACT
REGIS	WE I want would have been stated to the state of the stat		*010001002843532*	III " CONTROL	CERSOS ITAS 1

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA SS DATE ISSUED

CERTIFIED COPY OF VITAL RECORDS

JAN 3 0 2015 * 0 0 1 0 9 7 6 2 4

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer



HE OF CAUDEDR

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

				uer	CERT	TFICATE STATE OF CA INLY / NO ERASURE	OF DE	ATH	BATIONE			320080700		15/17	
	STATE FILE NUM 1, NAME OF DECEDENT — FIRST (G			2 MIDDI		VS-11 ₆ (RE	V 1/04)	S ON ALFE	3. LAST	(Family)	L	OCAL REGISTRATIO	N NUMBE	R	—
	GRACE			EDN					LES			John Comme			
DAT/	AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)				-				TH mm/dd/ccyy		. IF UN Month	DER ONE YEAR 5 Days	IF UNDER	Minutes	EΧ
NAL		1. 1.		<u> </u>			L.:	6/19		81				F	
ERSC	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUMBER 11. EVER IN U.S. ARM					1	ORCES?	1		IS (at Time of Death)		03/2008	/ccyy	8. HOUR (24 H	ours)
T's P	TABS YES X NO UNK MARRIED 12. EDILILATION - Hybrid LevidDegree 14.15. WAS DECEDENT HISPANICALATINO(A)SPANISHT? (If yes, see worksheet on back) 14.15. WAS DECEDENT SPACE — Up to: (Size worksheet for back)							E — Up to 3 races		,	n back)	1201	الب		
DECEDENT'S PERSONAL DATA	SOME COLLEGE	X YES GUATE	EMAL	AN			МО	GU	ATEMA	LAN, GEF	1AMS	1		1	
SE .	17. USUAL OCCUPATION Type of	work for most of life. DO N	OT USE R	ETIRED							uction, en	ployment agency, etc	2.) 19	YEARS IN OCCU	PATION
	BOOKKEEPER 20, DECEDENT'S RESIDENCE (SIRE					EDUCA	HON F	OR I	I HE BL	IND				30	-
뱅	2579 FRANCIS DR	1¢+	Ì.											The state of the s	1
USUAL	21. CITY 22. COUNTY/PROVINCE 23. ZIP CODE 24. YEARS IN COUNTY								25, STATE/FOREIGH	1 COUNTR	iY .				
HES	PINOLE	<u> 1900 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - </u>	COV	ITRA (COSTA		945			53		CA route number, city or town, state, ZIP}			
INFOR-	26, INFORMANT'S NAME, RELATION DAVID W. LESLIE,					257. INF	9 FRA	VCIS	DR., P	INOLE, C	A 94	564	, state, ZIP	-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic
	28, NAME OF SURVIVING SPOUSE			29. MIDDLE				30.	. LAST (Maiden	Name)	7		1,750		
N EN	DAVID			W.	1				HENRY			N			
ND P.	31. NAME OF FATHER - FIRST	1. 1.		32. MIDDLE	/		/	- 1	LAST	CKED	. 7		, 'Y.	34. BIRTH STAT	E
DUSE AND PARENT INFORMATION	LEWIS 35, NAME OF MOTHER — FIRST	<u> </u>		HENE 36, MIDDLE					HEILA		34	200		PA 38. BIRTH STAT	re .
SPOUSE AND INFORMA	MARIA	201				A Property of	1	40	ACINTO		- \	Trans.		GUATEM	
	39. DISPOSITION DATE mm/dd/coyy	40, PLACE OF FINAL										A.A.C. La			
TRAR	12/05/2008	2579 FRA	NCIS	DR., F				٦,						CENSE NUMBER	146
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR / RES				1	OT EMBA	ta.		Marie Control		//	/ 1/	43, L1	CENSE NUMBER	
UNERAL LOCAL F	44, NAME OF FUNERAL ESTABLISH	MENT				NSE NUMBER			LOCAL REGIS	STRAR		F(T)	47. D/	ATE mm/dd/ccyy	
훒의	WILSON & KRATZ	ER MORTUA	RIES		FD 8	881				NER, MI		E		2/05/2008	
	101. PLACE OF DEATH			(102.	75	ER/OP	DOA 103	Hospice	R THAN HOSPITAL, Nursing		Decedent's	Other
PLACE OF DEATH	DOCTORS MEDIC	105. FACILITY AD	DRESS OF	R LOCATION	WHERE F	OUND (Street a					77	Home/LT	<u></u>	Home L	
돌리	CONTRA COSTA	2000 VAI				Page 1	٧.		- 1		The same	SAN PA			4.
	107. CAUSE OF DEATH	Enter the chain of eve as cardiac arrest, resp	ents — dise piratory am	esses, injuries est, or ventric	s, or complic ular fibrillati	cations — that dir ion without showi	ectly caused ng the eliolog	death. DO y. DO NO	O NOT enter ter OT ABBREVIAT	minal events such E.	1.79	Time Interval Between Onset and Death	.n 108. DEA	YES X	ORDNER?
- A	IMMEDIATE CAUSE (A) NON (Final disease or condition resulting	HODGKINS	LYMF	PHOM/	4	7		N		- N.		12 YRS		REPERRAL NUMBER	-
	in death) (B)			7.		1	ν.		V		N.	(81)	109, BI	OPSY PERFORME	
	Sequentially, list conditions, if any,			<u> </u>			10	T	2_			(CT)		TOPSY PERFOR	(NO
DEAT	leading to cause on Line A. Enter UNDERLYING						1.3								No
CAUSE OF DEATH	CAUSE (disease or injury that initiated the events (D)						I-durations	۳				(Ya)	111. USF	D IN DETERMINING	CAUSE?
CAUS	resulting in death) LAST		1 2				/	1						YES	ND
eriye. Priye	112. OTHER SIGNIFICANT CONDITIONS NONE	ONS CONTRIBUTING TO	DEATH BU	JT NOT RES	ULTING IN	THE UNDERLY	NG CAUSE (IVEN IN	107	-1		1 4 1		4 17 f s f	.
-	113. WAS OPERATION PERFORME	D FOR ANY CONDITION E	N ITEM 10	7 DR 1127 (II	f yes, list lyp	oe of operation ar	nd date.)				1737.	1134	IF FEMALE	PREGNANT IN LAST	YEAR?
	NO									1			YES	X NO	UNK
K'S NOI	114. I CERTIFY THAT TO THE BEST OF MY AT THE HOUR, DATE, AND PLACE STATED		76.			LE OF CERTIFIE WIN MD		-/		F.	<u></u>	116. LICENSE NUM G 68429	. 1	7. DATE mm/dd/c 2/04/2008	
SICIAL	Decedent Attended Since (A) mm/dd/ctyy i (B)	Decedent Last Seen Aliv	re 118	TYPEATT	ENDING PH	YSICIAN'S NAM	E, MAILING	ADDRES	S, ZIP CODE	DAVID H		IN MD		2/04/2000	
PHYSICIAN'S CERTIFICATION	01/03/2005 1	2/01/2008	2	000 VA	ALE R	D., SAN	PABLO), C/	4 94806						
	119, I CERTIFY THAT IN MY OPINION DEA' MANNER OF DEATH Natural			PLACE STATE Sulcide	Pen	ndina	Could no		120, INJURED YES		UNK	121. INJURY DATE	mm/dd/ccy	ry 122, HOUR (2	4 Hours)
_	123. PLACE OF INJURY (e.g., home.		754		Invi	estigation	determin	4					* .	<u> </u>	-
ONL	120.1 2.02.07	4.		The second lives	The state of the s		and the second							· \ \	
CORONER'S USE ONLY	124, DESCRIBE HOW INJURY OCCU	JRRED (Events which resu	ited in injur	y) .						1.5					
NEH	125. LOCATION OF INJURY (Street I	and number or location on	d eller and	7(D)								***			\dashv
CORC	125. LUCATION OF INJURY (Street I	ling signisper, or location, an	C Cary, and	% _ :							.41	1. 14			
	126. SIGNATURE OF CORONER / D.	EPUTY CORONER	ľ	7		127. DATE n	nm/dd/ccyy	12	8. TYPE NAME	TITLE OF CORC	NER/DE	PUTY CORONER	Sayer	934 A.A.	
)	/	۵۱	TE.					Tariii aggle com pro-	L ERRE I STOLL FORTY STALL SAME		FAX AUTH.#		CENSUS T	TRACT
STA REGIS		(c	"	/ "					00946B12*						
7			7	·						`				LINK DEN	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

CONTRA COSTA COUNTY HEALTH OFFICER



This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

TARE OF GARDORINA CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3200807006260

STATE FILE NUMBER 1.1

☐ BIRTH

☑ DEATH ☐ FETAL DEATH

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

PARTI	INFORMATION TO LOCATE RECORD		
THE PARTY OF THE P	1A. NAME—FIRST 1B. MIDDLE GRACE EDNA	1c. las LES	The state of the s
INFORMATION AS IT APPEARS ON ORIGINAL	2. SEX 3. DATE OF EVENT—MM/DD/CCYY F 12/03/2008	4. CITY OF EVENT SAN PABLO	5. COUNTY OF EVENT CONTRA COSTA
RECORD	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD LEWIS HENRY THEILACKER	7. FULL NAME OF MOTHER/PARENT A: MARIA - JACINTO	S STATED ON ORIGINAL RECORD
D.4.D.T.11	OTATIVITAT OF CORRECTIONS TO DIE	THE DEATH OF FETAL DEAT	

STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD PART II

	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMAT	TON THAT APPEARS C	N ORIGINAL RECORD	10. CORRECTED I	INFORMATION AS IT SHOU	LD APPEAR	
	30	HENRY	2.1		LESLIE			
LIST ONE ITEM PER LINE				//			1	
LINE				/:/				
						/#/		
			. \ _		Y.	2 OF	2	
		-/-						
					\	e.V	<u>) </u>	
REASON FOR CORRECTION	"TO CORF	RECT RECORD.		\	\			

	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.									
AFFIDAVITS AND SIGNATURES TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH	LISA TORRES 128. PRINTED NAME LISA TORRES LISA TORRES	12C. TITLE/RELATIONSHIP TO PERSON IN PART I SECRETARY								
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 13644 SAN PABLO AVE., SAN PABLO, CA 94806	12E. DATE SIGNED—MM/DD/CCYY 12/22/2008								
	13A SIGNATURE OF SECOND PERSON 13B. PRINTED NAME David W. Leslie	13C. TITLE/RELATIONSHIP TO PERSON IN PART I Husband								
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)	13E. DATE SIGNED-MM/DD/CCYY								
RECORD	2579 Francis Dr., Pinole, CA 94564	12/22/2008								

►WENDEL BRUNNER, MD STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR

FORM VS 24e (REV. 1/08)

1.1

15. DATE ACCEPTED FOR REGISTRATION

01/05/2009

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA

STATE/LOCAL REGISTRAR

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.



CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.



EXHIBIT "A-1"

(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 081 through 100 (inclusive) as shown on 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; and (B) Unit No. 081 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-001

EXHIBIT "A-2"

(32)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 32 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 101 through 120 (inclusive) as shown on 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; and (B) Unit No. 103 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 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 Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-722-003