



KAREN ELLISON, RECORDER

APN 1319-30-542-003

WHEN RECORDED MAIL TO:

✓ Grantee c/o Ridge Sierra
515 Nichols Blvd.
Sparks, NV 89431

MAIL TAX STATEMENTS TO:

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

DECLARATION (OR AFFIDAVIT) OF DEATH

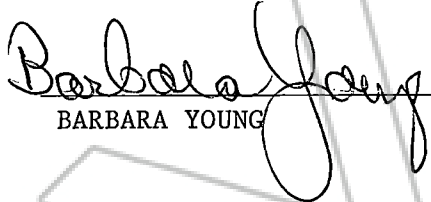
State of CA

County of ALAMEDA

I, Barbara Young "being duly sworn" say I am 18 years of age or over; James A. Young, the decedent mentioned in the attached Certificate of Death, is the same person as James A. Young, named as one of the parties in the deed dated June 22, 1987, executed by Harlesk Management, Inc. to James A. Young and the undersigned, as Joint Tenants, recorded on June 24, 1987, as Instrument # 157079 in Book 687, Page 3062, of the Official Records of Douglas County, Nevada, covering the property situated in Stateline, County of Douglas, State of Nevada, described as follows:

Timeshare No. 02-013-39-01

A.P.N. 1319-30-542-003


BARBARA YOUNG

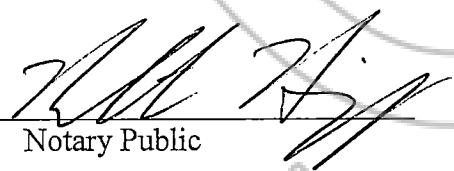
Subscribed and sworn to before me
on 6 June 2016
by Barbara Young

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.

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.


Notary Public

ROBERT HIGBY
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 2106198
ALAMEDA COUNTY
My Comm. Exp. April 9, 2019

(seal of notary public)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200801002902

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
JAMES		YOUNG	
2. MIDDLE		5. AGE Yrs	
ALBERT		69	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy	
		06/14/1938	
9. BIRTH STATE/FOREIGN COUNTRY		12. MARITAL STATUS (at Time of Death)	
ME		MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH mm/dd/yyyy	
1351		04/13/2008	
11. EVER IN U.S. ARMED FORCES?		8. HOUR (24 Hours)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		0317	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		RATE CLERK	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
TRANSPORTATION		30	
20. DECEDENT'S RESIDENCE (Street and number or location)			
5512 ORINDA CT			
21. CITY		25. STATE/FOREIGN COUNTRY	
LIVERMORE		CA	
22. COUNTY/PROVINCE		23. ZIP CODE	
ALAMEDA		94551	
24. AGE IN COUNTY		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
24		5512 ORINDA CT, LIVERMORE, CA 94551	
28. NAME OF SURVIVING SPOUSE — FIRST			
BARBARA JEAN YOUNG, WIFE			
29. MIDDLE		30. LAST (Maiden Name)	
JEAN		LANGDON	
31. NAME OF FATHER — FIRST		33. LAST	
HERMAN		YOUNG	
32. MIDDLE		34. BIRTH STATE	
RUFUS		ME	
35. NAME OF MOTHER — FIRST		37. LAST (Maiden)	
KATHERINE		LEVIT	
36. MIDDLE		38. BIRTH STATE	
		ME	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
04/22/2008		RES OF B. YOUNG 5512 ORINDA CT, LIVERMORE, CA 94551	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
CALLAGHAN MORTUARY		FD416	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
ANTHONY ITON, M.D.		04/22/2008	
101. PLACE OF DEATH			
OWN RESIDENCE			
104. COUNTY		106. CITY	
ALAMEDA		LIVERMORE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		107. CAUSE OF DEATH	
5512 ORINDA COURT		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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER? (AT) Time Interval Between Onset and Death		109. DEATH REPORTED TO CORONER? (BT) APT. HOURS	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2008-01294	
110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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		113A. IF FEMALE, PREGNANT IN LAST YEAR?	
OLD MYOCARDIAL INFARCTION, DIABETES MELLITUS, PERIPHERAL VASCULAR DISEASE, HYPERTENSION, AND CAROTID STENOSIS		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
NO		Decedent Attended Since Decedent Last Seen Alive	
(A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER	
		J SMITH, DEPUTY CORONER	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER	
		117. DATE mm/dd/yyyy	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <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	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
		122. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
129. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
J SMITH		04/21/2008	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		123. INJURY DATE mm/dd/yyyy	
J SMITH, DEPUTY CORONER		122. HOUR (24 Hours)	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		012008000796486*	
		000651398	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 04/26/2008

Anthony Iton, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

(Sierra 02) 02-013-39-01

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 3** 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. **B1** 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 **SWING** "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: 1319-30-542-003