

When recorded mail to:

Rosemarie Leonard

AFFIDAVIT BY SURVIVING JOINT TENANT

1 STATE OF New York)
2)ss
3 COUNTY OF Schenectady)

4 ROSEMARIE LEONARD being first duly sworn, de-
5 poses and says:

6 That Affiant is the surviving spouse of WILLIAM J. LEONARD
7 and that the Affiant and the said WILLIAM J. LEONARD
8 WILLIAM J. LEONARD, deceased are the Grantees in Joint Tenancy under
9 that certain Joint Tenancy Deed dated the 10TH day of September, 1988
10 under the terms of which HARICH TAHOE DEVELOPMENTS, a Nevada General Partnership
11 was Seller, to WILLIAM J. LEONARD and ROSEMARIE LEONARD
12 husband and wife, as Joint Tenants, upon the terms, covenants, and pro-
13 visions as set forth therein, said document recorded September 21st,
14 1988 in Book 988, Page 3109 being Document No. 186858,
15 of the Official Records in Douglas County, Nevada, affecting all
16 that certain piece or parcel of land, situate in the County of Douglas,
17 State of Nevada. as described in Exhibit "A" attached hereto and made a
18 part hereof

19
20
21
22 That the said WILLIAM J. LEONARD one of the Grantees
23 on the Joint Tenancy Deed, died on the 24th day of June,
24 1989 in Schenectady, New York and is the identical per-
25 son named in the Certificate of Death. That all interest in and to said
26 real property hereinabove described, vested absolutely in Affiant as of
27 the date of decedent's death.

28 Rosemarie Leonard
29 Rosemarie Loenard

30 SUBSCRIBED AND SWORN TO BEFORE ME,
31 this 31st day of January,
32 1990.

Jill H. Kuczek
Notary Public
Registration #4957237
My commission expires 10-16-91

220927

NEW YORK STATE
DEPARTMENT OF HEALTH
**CERTIFICATE
OF DEATH**

STATE FILE NUMBER

RECORDED DISTRICT
4601
REGISTER NUMBER

1. NAME: FIRST William			MIDDLE J.			LAST LEONARD			2. SEX: MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2		3A. DATE OF DEATH: MONTH DAY YEAR 6 24 89			3B. HOUR: 5:38 a m			
4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA <input type="checkbox"/> 1 ER <input checked="" type="checkbox"/> 2 HOSPITAL OUTPATIENT <input type="checkbox"/> 3 HOSPITAL INPATIENT <input type="checkbox"/> 4 NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> OTHER (Specify)								4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR 6 24 89									
4C. NAME OF FACILITY: (If not facility give address) Ellis Hospital								4D. LOCALITY: (Check one and specify) CITY OF <input checked="" type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input type="checkbox"/> Sch'dy			4E. COUNTY OF DEATH: Schenectady						
4F. MEDICAL RECORD NO.: 191849			4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES														
5. DATE OF BIRTH: MONTH DAY YEAR 12 13 1938			6. AGE: 50 yrs. IF UNDER 1 YEAR: months days IF UNDER 1 DAY: hours minutes			7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) Troy, NY			7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:								
8. SERVED IN U.S. ARMED FORCES? (Specify years) <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1			9. RACE: (Black, White, etc.) White			10. HISPANIC ORIGIN? (If yes, specify) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			11. EDUCATION: (Check only one) 0-11 <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13-15 <input type="checkbox"/> 16 <input type="checkbox"/> 17+ <input type="checkbox"/> 5								
12. SOCIAL SECURITY NUMBER: 8008			13. MARITAL STATUS: NEVER MARRIED OR SEPARATED <input type="checkbox"/> 1 MARRIED <input checked="" type="checkbox"/> 2 WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4			14. SURVIVING SPOUSE: (If wife, provide maiden name) Rose Marie Grosso											
15A. USUAL OCCUPATION: (Do not enter retired) Site Representative				15B. KIND OF BUSINESS OR INDUSTRY: overseas communication Contell, Vienna, VA				15C. NAME AND LOCALITY OF COMPANY OR FIRM:									
16A. RESIDENCE, STATE: New York			16B. COUNTY: Sch'dy			16C. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/> Rotterdam			16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NO, SPECIFY TOWN								
16D. STREET AND NUMBER OF RESIDENCE: 2812 Granville Ave. Rotterdam, New York								16E. ZIP CODE: 12306		16G. Rotterdam							
17. NAME OF FATHER: FIRST MI LAST Thomas A. Leonard			18. MAIDEN NAME OF MOTHER: FIRST MI LAST Anna Messitt														
19A. NAME OF INFORMANT: Rose Marie Leonard						19B. MAILING ADDRESS: (Include zip code) 2812 Granville Ave. Rotterdam, N.Y. 12306											
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) Burial				20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: St. Cyril's Cemetery			20C. LOCATION: (City or town and state) Rotterdam, NY										
21A. NAME AND ADDRESS OF FUNERAL HOME: DEMARCO-STONE FUNERAL HOME 1605 Helderberg Ave. Sch'dy						21B. REGISTRATION NUMBER 00622											
22A. NAME OF FUNERAL DIRECTOR: Michael E. DeMarco						22B. SIGNATURE OF FUNERAL DIRECTOR: <i>Michael E. DeMarco</i>		22C. REGISTRATION NUMBER 07661									
23A. SIGNATURE OF REGISTRAR: <i>K. Morandi-Catella</i>			23B. DATE FILED: MONTH DAY YEAR 06 26 89			24A. BURIAL OR REMOVAL PERMIT ISSUED BY: <i>Kaylet Serock</i>			24B. DATE ISSUED: MONTH DAY YEAR 06 26 89								
ITEMS 25 THROUGH 33 TO BE COMPLETED BY CERTIFYING PHYSICIAN						ITEMS 25 THROUGH 33 TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER											
25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: _____ MONTH DAY YEAR						25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED SIGNATURE AND TITLE: <i>C. Reilly</i> CORONER'S PHYSICIAN MEDICAL EXAMINER											
25B. THE PHYSICIAN ATTENDED THE DECEASED FROM _____ TO _____			25C. LAST SEEN ALIVE: MONTH DAY YEAR			25B. PRONOUNCED DEAD ON 6 24 89 AT 6 AM			25D. DATE SIGNED: MONTH DAY YEAR 6 24 89								
25D. NAME OF ATTENDING PHYSICIAN: Charles J. Reilly, M.D. Schenectady, NY 12308						25E. LICENSE NUMBER 1101 Nott Street		25F. ME/COR. PHYS. LICENSE NUMBER 087034									
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input type="checkbox"/> 6						28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES			29A. AUTOPSY? <input checked="" type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES			29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES					
CONFIDENTIAL						SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH						CONFIDENTIAL					
30. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH																	
PART I. IMMEDIATE CAUSE: (A) cardiac arrest DUE TO OR AS A CONSEQUENCE OF: (B) coronary artery disease DUE TO OR AS A CONSEQUENCE OF: (C)																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(A)																	
31A. IF INJURY, DATE: MONTH DAY YEAR			31B. LOCALITY: (City or town and county and state)			31C. DESCRIBE HOW INJURY OCCURRED											
31D. PLACE:			31E. AT WORK? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES		32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES		33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES		33B. DATE OF DELIVERY: MONTH DAY YEAR								

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF A RECORD ON FILE IN THE OFFICE OF THE BUREAU OF VITAL RECORDS, CITY OF SCHENECTADY, NEW YORK

NAME OF DECEDENT
William Leonard
191849
For use by physician or institution

DECEDENT
DISPOSITION
CERTIFIER
CAUSE OF DEATH

"EXHIBIT A"

PARCEL ONE:

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

- (A) An undivided 1/38th interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.
- (B) Unit No. 023 as shown and defined on said Condominium Plan.

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 the modifications 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 the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

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, - and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, 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 for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use week within the "PRIME season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said use week within said "use season".

A Portion of APN 42-261-23

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'90 FEB 28 P1:43

SUZANNE BEAUDREAU
RECORDER

220927

\$700 PAID K12 DEPUTY

BOOK 290 PAGE 4021