

17-

APN: PTN 139-30-645-003
Recording requested by and mail documents and tax statements to:

Name: William D Jones, Sr
Address: 1362 Paxton Drive
City/State/Zip: Knoxville, TN 37918

AFF111
Legalformsrus.com
www.legalformsrus.com

REQUESTED BY
William Jones
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 AUG 16 PM 3:20

WERNER CHRISTEN
RECORDER

\$ 17 PAID Ka DEPUTY

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, William D Jones, Sr

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Nancy P Jones

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

Nancy P Jones

named as one of the parties in that certain (type of deed) Grant, Bargain, Sale Deed

dated on the 23rd day of August, 1997, and executed by

Harich Tahoe Developments

known as Grantor(s), to William D Jones and Nancy P Jones

known as Grantees, as joint tenants, and recorded as instrument number 0421997

on the 19th day of September, 1997, in Book 0997P63791 of Official

Records of Douglas County, Nevada, covering the following described

property situated in the City of State Line County of Douglas

State of Nevada. (Set forth legal description and commonly known address)

Attached Exhibit "A" (42)

In Witness Whereof, I/We have hereunto set my/our hand(s) this 4 day of August 2004.

William D Jones
Signature

Signature


William D Jones
Print or type name here

Print or type name here

STATE OF NEVADA TN
COUNTY OF KNOX)

On this 4 day of July August, 2004, personally appeared before me, a Notary Public ANN WELLS personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who acknowledged that he executed this instrument. Witness my hand and official seal.

Ann Wells
Notary Public
My commission expires: _____
Consult an attorney if you doubt this forms fitness for your purpose.



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EXHIBIT "A" (42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 296 as shown and defined on said map; together 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment of Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13 - foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;
thence S. 14°00'00" W., along said Northerly line, 14.19 feet;
thence N. 52°20'29" W., 30.59 feet;
thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of APN: 42-010-40

REQUESTED BY
W.D.J.
Steward Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 SEP 19 A9:37

LINDA SLATER
RECORDER
\$ 8⁰⁰ PAID *BK* DEPUTY BK 0804 PG 06566

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BK0997PG379

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

TYPE PRINT
PERMANENT
FOR
INSTRUCTIONS
SEE HANDBOOK

STATE FILE
NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Nancy Pauline (Polly) Jones				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) February 19, 2002	
4. SOCIAL SECURITY NUMBER (of Decedent) 1673		5a. AGE-LAST BIRTHDAY (Name) 72		5b. UNDECEASED YEAR MOB: DAYS: HOURS: MIN:		6. DATE OF BIRTH (Month, Day, Year) July 22, 1929	
7. BIRTHPLACE (City and State or Foreign Country) Burnsville, North Carolina		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9a. FACILITY NAME (If not institution, give street and number) Fort Sanders Parkwest Medical Center		9b. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9c. CITY, TOWN, OR LOCATION OF DEATH Knoxville		9d. COUNTY OF DEATH Knox	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) William Desner Jones, Sr		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner		12b. KIND OF BUSINESS/INDUSTRY Nancy Lynn Fashions	
13a. RESIDENCE-STATE Tennessee		13b. COUNTY Knox		13c. CITY, TOWN OR LOCATION Knoxville		13d. STREET AND NUMBER OR RURAL LOCATION 2304 Craig Cove Road	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 37919		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE (American Indian, Black, White, etc.) (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 2 Years Business		17. FATHER'S NAME (First, Middle, Last) Jessie Lee Robertson					
18. MOTHER'S NAME (First, Middle, Maiden Surname) Lillie Nora Hensley						19. INFORMANT'S NAME (Type/Print) Nancy J. Land	
19a. RELATIONSHIP TO DECEASED Daughter		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1000 Gettysvue Drive, Knoxville, Tennessee 37922					
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input checked="" type="checkbox"/> Other (Specify) Entombment		20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Highland Memorial Cemetery Mausoleum		20c. LOCATION-City or Town, State Knoxville, Tennessee			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>William A. Wheeler</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4236		21c. SIGNATURE OF EMBALMER <i>Larry Bagburn</i>		21d. LICENSE NUMBER OF EMBALMER 4027	
22a. NAME AND ADDRESS OF FUNERAL HOME Stevens Mortuary, Inc.		22b. LICENSE NUMBER OF FUNERAL HOME 1304 Ogletown Avenue Knoxville, Tennessee 37917		22c. LICENSE NUMBER OF FUNERAL HOME 381			
23. REGISTRAR'S SIGNATURE <i>Justin Dykes</i>		24. DATE FILED (Month, Day, Year) Feb 28, 2002					
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Richard A. Antonucci</i>		25b. LICENSE NUMBER MD 17016		25c. DATE SIGNED (Month, Day, Year) 2/25/02			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Richard A. Antonucci, MD 9430 Parkwest Blvd Ste #120 Knoxville, TN 37922							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Cervical Carcinomatous Metastasis</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>Advanced Metastatic Breast Cancer</i> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						Interval Between Onset and Death 5-7 days 5-9 days	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED		31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Mark E. Jones
Mark E. Jones
Director and Local Registrar
Knox County Health Department

Date Issued
JUN 03 2004

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CERTIFICATION OF VITAL RECORD