## REQUESTED BY Stewart Title of Douglas County

IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

A portion of

A.P.N. # 1319-30-721-008

ESCROW NO. <u>TS09005226 / #31-0</u>88-15-01

RECORDING REQUESTED BY:

STEWART TITLE COMPANY

2004 OCT 22 AM 10: 31

WERNER CHRISTEN RECORDER

17 PAID KA DEPUTY

WHEN RECORDED MAIL TO:

CARL D. HOOVER
4506 NE 114th STREET
VANCOUVER, WA 98686

Signature U

AFFIDAVIT - DEATH OF JOINT TENANT STATE OF NEVADA } ss COUNTY OF Douglas CARL D. HOOVER of legal age, being first duly sworn, deposes PEGGY L. HOOVER , the decedent mentioned in the attached and says: That\_\_\_ PEGGY L. HOOVER certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Deed dated February 26, 1984 executed by Harich Tahoe Development, a Nevada general partnership Carl D. Hoover and Peggy L. Hoover, husband and wife as joint tenants, recorded as Instrument No. 99444 on April 11, 1984 \_, of Official Records of \_\_\_ in Book 484 , Page 960 Douglas County, Nevada, covering the following described property situated in County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof. DATE: 8-20-04 CARL D. HOOVER SS COUNTY OF This instrument was acknowledged before me on

> 0627361 BK1004PG09110

## STATE OF WASHINGTON DEPARMENT OF HEALTH

cical File Number 11. Legal Name (colude AKA's #any): First	Middle	State Certificate o				
Pegey	Louise H	óóver	Apr	il 18, 200	4	
3. Sex (M/F) 4a. Age - Last Bin	thday 45. Under 1 Year	4c. Under 1 Day Hours Minutes	5. Social Security I	Number	6. County of	
Femále 59 7. Birthdate 8a. Birth	8 377 V2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b. (State or Foreign Country	1 / 1 /2 / 2 / 2 / 2	465 s Education	Clark	<b>C</b> 3 / 3/2
	zark	Arkansas		School Gra	duate or	: GED com
10. Was Decedent of Hispanic Origin?	(Yes or No) If yes, specify,	11. Decedent's Rac	e(s)	* * * * * * * * * * * * * * * * * * * *	, h:	2. Was Decedent
NO 5 13a. Residence; Number and Street (e.g.	- FOA DE SID ON Markeds And Man	White	<u> </u>	13b. City (		Armed Forces?
4506 NE 114th Street				1	couver	
	3d. Tribal Reservation Name (if	applicable) 13e. State or I	Foreign Country	13f. Zip Code		13g. Inside Cit
Clark 9 14. Estimated length of time at residence	AP 14 MAI DAME OF THE ST	Washi	ngton	98686	· · · · · · · · · · · · · · · · · · ·	☐ Yes 【X[N
Clark 14. Estimated length of time at residence 1 1/2 years	Married	- 1	Spouse's Name (Gwe na D. Hoover	me prior to first marna	36)	1 1
2 17. Usual Occupation (indicate type of wor	rk done during most of working life. (	(DO NOT USE RETIRED). 18. K	ind of Business/Industry	(Do not use Company	/ Name)	
छ Order Clerk	·		<u>Spice Busines</u>			7
19. Father's Name (First, Middle, Last, Suff	fix)	3	other's Name Before Fi	rst Marriage (First, N	liddle, Last)	
John Harris 8 21. Informant's Name	22. Relationship to Dece		Leola Turner	D No. City or Town	Strie	70
Garl D. Hoover	Husband		E 114th Stree		uver, WA	. 98686
24. Place of Death, if Death Occurred In a Hos	spital:		of Death, if Death Occurred		ın a Hospital:	
OF FORMAN NAME OF THE PROPERTY OF	has 0 street or inseting		ecedent's Hor		26b. State	haz 2'= '`
25. Facility Name (if not a facility, give num) 4506 NE 114thStreet			26a. City, Town, or L Vancouve	1 1	WA	27. Zip Code 98686
28. Method of Disposition	29. Place of Final Disposition	วก (Name of cemetery, creme			ity/Town, and	
Cremation	Young's Crem				i, Orego	η
31. Name and Complete Address of Fur	neral Facility		\/	00005	32. Date of Di	•
Davies Cremation & 33. Funeral Director Signature X	Burial P.O. Bo	0X 61/4/ Vai	ncouver, WA	98666	April	<u>20, 200</u> 4
Sol I diversi onector dignature X	1 16 B.					1.
34. Enter the <u>chain of events</u> – diseases ventricular fibrillation without showing the					s cardiac arresi	t. respiratory arr
		ATE. Add additional lines			1	
1		74	s if necessary.		1	nval between Onse
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DOLL 71 - MOS (EVOC



## **Affidavit for Correction**

Center for Health Statistics P.O. Box 9709 Olympia, WA 98507-9709 (360) 236-4300

This is a legal Document. (	omplete in ink and do not alter.

	ST	ATE OFFICE USE	ONLY					
State File Number	Fee Number		itials Date	Affidavit Number				
Use the section below for requesting any changes on the record.								
Record Type:   Bir	th 🗌 Dea	ath	Marriage	Dissolution				
1. Name on record:		2	. Date of Event:	3. Place of Event: (City or County)				
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)								
		s Incorrect or Inco	mplete as follow	VS: The True fact is:				
6.	he Record now shows:	7.		The True fact is:				
8.		9.						
10.		11.						
12.		13.						
,	son as: Self Parent Funeral Director	☐ Guardian ☐ Other (Specify)	☐ Informant )	Telephone Number:				
	y of perjury under the laws of the	ne State of Washir	gton that the fo	orgoing is true and correct.				
15. Signature:	16. Date:	17. Address:						
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.								
	blished by documentary proof submit proof: Certificate of Naturalization	tted with the affidavit Medical Rec		School Record				
- Zampioo oi doodiiionidiiy	Hospital Records	Military Reco	ord (DD-214)	Voter's Registration Card (if it bears an				
	Insurance Records Marriage/Divorce Records	Birth Record Passport		effective date) Alien Registration Card (front and back)				
Birth Certificates:								
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.  2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.								
<ol> <li>Proof must be five (or more) years old or have been established within five years of birth.</li> <li>Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:         <ul> <li>This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.</li> </ul> </li> </ol>								
<ul> <li>The new last nam</li> </ul>	e mav be the mother's maiden name o	r father's name (if pres	ent on the certificat	e) or any combination of the two. spelling changes may be made with an affidavit and				
documentary process. 5. Parent(s) may char 6. This affidavit cann	of. Ige their child's first or middle name by Ige the used to add a father to a birth	completing and signing certificate. (Use the p	ng an affidavit for co	orrection (until their child's 18th birthday). form DOH/CHS 021)				
Death Certificates:			7	The state of the s				
<ol> <li>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> </ol>								
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.								
Marriage/Dissolution (Divorce) Certificates:  1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.								
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution)								
50170115 020 (nev. 3/2002)	/ )			<b>UENIIFIEU</b>				

MAY 25 2004

Dr. Karen Steingart, mal Dr. Karen Steingart Health Officer Clark County Health Dept.

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## **EXHIBIT "A"**

(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. 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, "Season" as defined in and in for one week each year in the SUMMER accordance with said Declarations.

A Portion of APN: 1319-30-721-008