


DOC # 0678434
06/30/2006 09:40 AM Deputy: GB
OFFICIAL RECORD
Requested By:
STEWART TITLE OF DOUGLAS
COUNTY

A.P.N. # 1319-30-712-001
ESCROW NO. TS09005912 / #16-007-14-01
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0606 PG-10727 RPTT: 0.00


WHEN RECORDED MAIL TO:
Joan J. Barker
163 No. Brewster Rd.
Brewster, NY 10509

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss
COUNTY OF Douglas }

JOAN J. BARKER of legal age, being first duly sworn, deposes
and says: That RONALD S. BARKER, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as RONALD S. BARKER

named as one of the parties in that certain Grant Deed dated November 12, 1998 executed by
Harich Tahoe Development, a Nevada general partnership
to Ronald S. Barker and Joan J. Barker, husband and wife
as joint tenants, recorded as Instrument No. 454710, on November 23, 1998
in Book 1198, Page 5144, of Official Records of Douglas
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:
See Exhibit 'A' attached hereto and by this reference made a part hereof.

DATE: _____
Joan J. Barker
Joan J. Barker

STATE OF New York }
 } ss.
COUNTY OF Dutchess }

This instrument was acknowledged before me on
4/4/06
by, Joan J. Barker
Signature _____
Notary Public

LOUIS J. VIGLOTTI
Notary Public, State of New York
Qualified in Dutchess County
Registration No. 02VI4802006
My Commission Expires on May 31, 2007

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

RECORDED DISTRICT 3950 REGISTER NUMBER 256

RESIDENCE

1. NAME: FIRST MIDDLE LAST Ronald S. Barker 2. SEX: MALE FEMALE [X] 1 [] 2 3A. DATE OF DEATH: MONTH DAY YEAR 11 04 2001 3B. HOUR: 11:31AM m

NCHS

4A. PLACE OF DEATH: HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify) 4B. IF FACILITY, DATE ADMITTED MONTH DAY YEAR

4C

4C. NAME OF FACILITY: (If not facility, give address) Putnam Hospital Center 4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN [] [] [X] Carmel 4E. COUNTY OF DEATH: Putnam

4G

4F. MEDICAL RECORD NO. 82702 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO YES [X] []

5. DATE OF BIRTH: MONTH DAY YEAR 07 13 1936 6A. AGE IN YEARS: 65 yrs. 6B. IF UNDER 1 YEAR ENTER: months days 6C. IF UNDER 1 DAY ENTER: hours minutes 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Yonkers, New York 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

7A

8. SERVED IN U.S. ARMED FORCES? NO YES [] [X] 1 '58-'62 9. RACE: (Black, White, etc.) white 10. HISPANIC ORIGIN? (If yes, specify) NO YES [X] [] 11. DECEDENT'S EDUCATION (Enter only the highest year of school completed. Do not circle range; enter specific number of years.) Elementary/Secondary (0-12) College (1-4 or 5+) 2

7B

12. SOCIAL SECURITY NUMBER: [REDACTED]-3990 13. MARITAL STATUS: NEVER MARRIED MARRIED SEPARATED WIDOWED DIVORCED [] [X] [] [] [] 14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Joan Biondi

9

15A. USUAL OCCUPATION: (Do not enter retired) Owner/Operator 15B. KIND OF BUSINESS OR INDUSTRY: Manufacturing 15C. NAME AND LOCALITY OF COMPANY OR FIRM: Brewster, NY Mold-Pro Technologies Corp.

10

16A. RESIDENCE: (State or Country if not USA) New York 16B. County or Region/ Province if not USA Putnam 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN [] [] [X] Southeast 16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [] NO [X] IF NO, SPECIFY TOWN:

SI

16D. STREET AND NUMBER OF RESIDENCE: 163 North Brewster Rd., Brewster 16E. ZIP CODE: 10509

25

17. NAME OF FATHER: FIRST MI LAST Oscar Barker Jr. 18. MAIDEN NAME OF MOTHER: FIRST MI LAST Catherine Flynn

30

19A. NAME OF INFORMANT: Mrs. Joan Barker 19B. MAILING ADDRESS: (Include zip code) 163 North Brewster Rd., Brewster, New York 10509

31

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) MONTH DAY YEAR Cremation 11 07 2001 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Ferncliff Crematory 20C. LOCATION: (City or town and state) Hartsdale, NY

31B

21A. NAME AND ADDRESS OF FUNERAL HOME: Beecher Funeral Home 1 Putnam Avenue Brewster, New York 10509 21B. REGISTRATION NUMBER: 00155

22A. NAME OF FUNERAL DIRECTOR: Richard T. Hazzard Jr. 22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature] 22C. REGISTRATION NUMBER: 02230

23A. SIGNATURE OF REGISTRAR: [Signature] 23B. DATE FILED: MONTH DAY YEAR 11 06 2001 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature] 24B. DATE ISSUED: MONTH DAY YEAR 11 06 2001

ITEMS 25 A-E THRU 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - ITEMS 25 F-K THRU 33 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: [Signature] MONTH DAY YEAR 11 04 2001 25F. 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. CORONER CORONER'S PHYSICIAN MEDICAL EXAMINER [X] [] [] SIGNATURE AND TITLE: William J. Stahl

25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR 25C. LAST SEEN ALIVE BY ATTENDANT: MONTH DAY YEAR 11 04 2001 11 31 2001 25D. NAME OF ATTENDING PHYSICIAN: 25E. ATTENDING PHYSICIAN LICENSE NUMBER: 140279

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A OR 25F: WILLIAM J. STAHL P.O. BOX 406 BREWSTER, N.Y. 10509

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES [X] 29A. AUTOPSY? NO YES REFUSED [X] [] [] 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES [] [X]

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).) PART I. IMMEDIATE CAUSE: (A) CARDIAC ARREST minutes (B) HYPERTENSIVE CARDIOVASCULAR DISEASE years (C) HYPERTENSION years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): CARCINOMA OF PROSTATE

31A. IF INJURY, DATE: MONTH DAY YEAR 31B. INJURY LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES [] [X] 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES [] [X] 33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO YES [] [] 33B. DATE OF DELIVERY: MONTH DAY YEAR

DOH-1961 (02-2000)

0678434 Page: 2 OF 3 06/30/2006 BK- 0606 PG- 10728

A TRUE COPY OF A TRANSCRIPT OF THIS IS FILED IN THE OFFICE OF THE TOWN CLERK OF THE TOWN OF BREWSTER, NEW YORK, ON 11-06-2001 BY [Signature]

EXHIBIT "A"

(160)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/1326th interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458, in Book 996, at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31°11'12" East, 81.16 feet; thence South 58°48'39" West, 57.52 feet; thence North 31°11'12" West, 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet, the chord of said curve bears North 60°39'00" East, 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 0463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 0463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each year in accordance with said Declaration.

A Portion of APN: 1319-30-712-001

