

**OFFICIAL RECORD**

Requested By:

**STEWART TITLE OF DOUGLAS**

**COUNTY**

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00

BK-1006 PG-11236 RPTT: 0.00



A.P.N. # A ptn of 1319-30-519-022  
ESCROW NO. TS500222802  
RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**

WHEN RECORDED MAIL TO:

**El J. Pantaleoni**  
P.O. Box 1946  
Twain Harte, CA 95383

(Space Above For Recorder's Use Only)

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
                                       } ss.  
COUNTY OF Douglas }

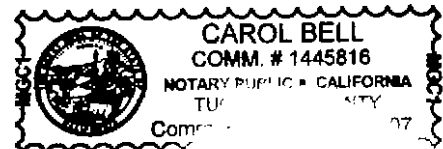
**El J. Pantaleoni**, of legal age, being first duly sworn, deposes and says: That **Patricia B. Pantaleoni**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Patricia B. Pantaleoni** named as one of the parties in that certain **Grant Deed** dated **September 19, 1993** executed by **RIDGE VIEW JOINT VENTURE, a Nevada joint venture** to **EL J. PANTALEONI and PATRICIA B. PANTALEONI, husband and wife** as joint tenants, recorded as Instrument No. **318883**, on **September 29, 1993** in Book **993**, Page **5956**, of Official Records of **Douglas** County, Nevada, covering the following described property situated in **Douglas** County, State of Nevada:  
**The Ridge View, One Bedroom, Swing Season, Week #50-022-28-02, Stateline, NV 89449. See Exhibit 'A'** attached hereto and by this reference made a part hereof.

DATE: June 19, 2006

\_\_\_\_\_  
El J. Pantaleoni

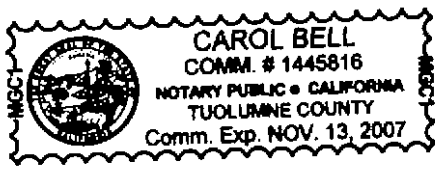
STATE OF California }  
                                       } ss.  
COUNTY OF Tuolumne }

This instrument was acknowledged before me on 10-20-06  
by **El J. Pantaleoni**



Signature Carol Bell

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)



**CERTIFICATION OF VITAL RECORD**

**CITY OF HOUSTON, TEXAS, USA**

STATE OF TEXAS                      CERTIFICATE OF DEATH                      STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST <b>PATRICIA</b>		(b) MIDDLE <b>BELLE</b>		(c) LAST <b>PANTALEONI</b>		(d) MAIDEN <b>ACHZIGER</b>		2. SEX <b>Female</b>	3. DATE OF DEATH <b>September 26, 2003</b>	
4. DATE OF BIRTH <b>October 19, 1946</b>		5. AGE (IN YEARS) <b>56</b>	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>Longmont, Colorado</b>	7. SOCIAL SECURITY NO. <b>██████████4837</b>						
8. RACE <b>Caucasian</b>		9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) <b>16</b>		
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>El John Pantaleoni</b>		14a. DECEASED'S USUAL OCCUPATION <b>Administrative Assistant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Junior College</b>				
15a. RESIDENCE STREET ADDRESS <b>22475 Ponderosa Drive</b>						15b. CITY OR TOWN <b>Twain Harte</b>				
15c. COUNTY <b>Tuolumne</b>		15d. STATE <b>California</b>		15e. ZIP CODE <b>95383</b>		15f. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
16. FATHER'S NAME <b>Theodore Achziger</b>				17. MOTHER'S MAIDEN NAME <b>Isabelle Dunmire</b>						
18. PLACE OF DEATH (CHECK ONLY ONE)										
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)										
19. COUNTY OF DEATH <b>Harris</b>		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>Houston</b>		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) <b>The Methodist Hospital</b>						
22. INFORMANT - SIGNATURE & RELATIONSHIP <b>El J. Pantaleoni - Husband</b>				23. MAILING ADDRESS OF INFORMANT <b>22475 Ponderosa Drive Twain Harte, California 95383</b>						
24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) <b>Mainland Crem Pantaleoni Cemetery</b>		25b. LOCATION (CITY, STATE) <b>La Marque, Texas Twain Harte, California</b>		26. NAME & ADDRESS OF FUNERAL HOME <b>ARLINGTON NATIONAL 5601 Arlington Houston, Texas 77076-4526</b>		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Candi L. Mollroy</i> <b>99743</b>		28. DATE OF DISPOSITION <b>Sept. 30, 2003</b>
30. CERTIFIER										
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.										
<input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.										
<input type="checkbox"/> JUSTICE OF THE PEACE										
31. SIGNATURE & TITLE OF CERTIFIER <i>Michael J. Reardon</i>				32. DATE SIGNED <b>SEPTEMBER 29, 2003</b>		33. TIME OF DEATH <b>2:57 P.M.</b>				
34. PRINTED NAME & ADDRESS OF CERTIFIER <b>Michael J. Reardon, M.D., 6560 Fannin #1002, Houston, Texas 77030</b>										
35. PART 1 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.								Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>RIGHT HEART FAILURE</b>								HOURS		
DUE TO (OR AS A LIKELY CONSEQUENCE OF):										
b. <b>RIGHT HEART RESECTION</b>								HOURS		
DUE TO (OR AS A LIKELY CONSEQUENCE OF):										
c. <b>ANGIOSARCOMA RIGHT HEART</b>								HOURS		
DUE TO (OR AS A LIKELY CONSEQUENCE OF):										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)								36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN								38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
39. WAS DECEASED PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK										
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)		
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)								
		41f. DESCRIBE HOW INJURY OCCURRED								
42a. REGISTRAR FILE NO. <b>02-14512</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>SEPT. 30, 2003</b>		42c. SIGNATURE OF LOCAL REGISTRAR <i>Greg M. Hinson</i>						

Texas Department of Health - Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 193, 193b)

VS-112 REV. 9/95

BK- 1006  
PG- 11237  
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DATE ISSUED **OCT 01 2003**

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code of Texas. This copy not valid without engraved border displaying seal and signature of the Registrar.

*Greg M. Hinson*  
Greg M. Hinson, Registrar  
BUREAU OF VITAL STATISTICS

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**EXHIBIT "A"**

(50)

**A timeshare estate comprised of:**

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

- (A) An undivided 1/24<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.**
- (B) Unit No. 022 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.**

**Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.**

**Parcel 3: the exclusive right to use said 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 said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".**

**A Portion of APN: 1319-30-519-022**

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

