

17

DOC # 0699371
04/18/2007 01:07 PM Deputy: GB
OFFICIAL RECORD
Requested By:
BERTHA COSBY

Assessor's Parcel Number: _____

Recording Requested By: _____

Name: Bertha I. Cosby

Address: 4651 Commer Hill Ln

City/State/Zip Las Vegas, NV 89121

Real Property Transfer Tax: \$ _____

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-0407 PG- 5429 RPTT: 0.00



AFFIDAVIT Terminating Joint Tenancy

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

PARCEL ONE:

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

- (A) An undivided 1/102nd 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; excepting 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.
- (B) Unit No. 033 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 Fourth Amended and restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40 and 41 as shown on said 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 of Official Records of Douglas County 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.

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, M. D. M.;
- (B) An easment for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612 and amended by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, of Official Records of Douglas County.

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 during QDD numbered years 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 week within said season.

REQUESTED BY
FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
SOME OF THE RECORDS OF NEVADA

'87 AUG 27 AM 10:03

SUZANNE BLANCHARD
RECORDER

PAID *De*

DEPUTY 160968

BOOK 887 PAGE 3290



BK- 0407
PG- 5431

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2006003384

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Rogers			1b. MIDDLE COSBY			1c. LAST COSBY			2. DATE OF DEATH (Mo/Day/Year) October 05, 2006			3a. COUNTY OF DEATH Clark		
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas				3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Sunrise Hospital Medical Center				3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient/Specify) Emergency Room / Outpatient				4. SEX Male		
5. RACE-(e.g. White, Black, American Indian) (Specify) Black		6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic		7a. AGE-Last birthday (Years) 64		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1942				
9a. STATE OF BIRTH (If not U.S.A., name country) Mississippi			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Bertha J EARLS			
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Facility Manager				14b. KIND OF BUSINESS OR INDUSTRY Management Corporation						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas		15d. STREET AND NUMBER 4651 Cornner Hill Ln.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Lucius COSBY						17. MOTHER - NAME (First Middle Last Suffix) Ella Ree STOKES								
18a. INFORMANT- NAME (Type or Print) Bertha J COSBY						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4651 Cornner Hill Ln, Las Vegas, Nevada 89121								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				19b. CEMETERY OR CREMATORY - NAME Palm Green Valley Cemetery				19c. LOCATION City or Town State Las Vegas Nevada 89044						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) Samuel, Catherine SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 Las Vegas Blvd N Las Vegas NV								
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DARVILLE JUDSON KNOWLES M.D.						22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)								
21b. DATE SIGNED (Mo/Day/Yr) October 09, 2006			21c. HOUR OF DEATH 10:00			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Darville Judson Knowles M.D. 3006 S Maryland Pkwy #565 Las Vegas, NV 89109									23b. LICENSE NUMBER 4481					
24a. REGISTRAR (Signature) KATHIE FRANKLIN SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 2006				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)														
PART I (a) Cardiorespiratory Arrest						Interval between onset and death 2 Hours								
DUE TO, OR AS A CONSEQUENCE OF:														
PART I (b) Coronary Artery Disease						Interval between onset and death Five Years								
DUE TO, OR AS A CONSEQUENCE OF:														
PART II Hypertension						Interval between onset and death								
26. AUTOPSY (Specify Yes or No) No														
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes														
28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED								
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)				28g. LOCATION STREET OR R.F.D. No.		CITY OR TOWN		STATE				

STATE REGISTRAR

Information Corrected, State Affidavit# 46319, 11/20/2006 - 18a 18b 18b 18b 18b

Information Corrected, State Affidavit# 46390, 11/17/2006 - 15d 18b 18b 18b 18b



BK- 0407
PG- 5432

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145291 CERTIFIED COPY OF VITAL RECORDS

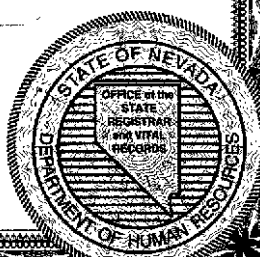
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

NOV 22 2006

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

[Signature]
SIGNATURE AUTHENTICATED
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE