

17

DOC # 0706787  
08/02/2007 09:23 AM Deputy: SD  
OFFICIAL RECORD  
Requested By:  
JEFFREY W. WILKINSON

When recorded mail to:  
Jeffrey W. Wilkinson, P.C.  
3760 Highland Drive, Suite 500  
Salt Lake City, Utah 84106  
*APN PTN 1319-30-643-019*

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0807 PG-00738 RPTT: # 0

Mail Tax Notices To:  
Linda Page  
9740 South Sitzmark Drive  
Sandy, Utah 84092



**AFFIDAVIT OF JOINT OWNERSHIP**

STATE OF UTAH )  
 )  
 ) :ss.  
COUNTY OF SALT LAKE )

Being first duly sworn, LINDA D. PAGE, on her oath, deposes and says:

1. During his lifetime, FLOYD LYLE PAGE, also known as F. LYLE PAGE, who died in Bluffdale, Utah, on March 14, 2006, was a joint tenant of certain real property situate in Douglas County, State of Nevada, more particularly described as follows:

SEE EXHIBIT "A" ATTACHED HERETO  
AND INCORPORATED HEREIN BY REFERENCE

2. Attached as Exhibit "B" hereto is a certified copy of the Certificate of Death of FLOYD LYLE PAGE.

3. FLOYD LYLE PAGE is one and the same as the F. LYLE PAGE as shown on the titles as to the above described real property.

4. FLOYD LYLE PAGE was my spouse at the time of his death. I am the surviving joint tenant as to the above described real property.

FURTHER AFFIANT SAITH NOT.

Dated this 10th day of July, 2007.

*Linda D. Page*  
LINDA D. PAGE

STATE OF UTAH                    )  
  :SS  
COUNTY OF SALT LAKE        )

On the 10th day of July, 2007, personally appeared before me LINDA D. PAGE, the Affiant named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that she executed the same and that the statements contained therein are true.

*[Signature]*  
NOTARY PUBLIC  
Residing at:

My Commission Expires:

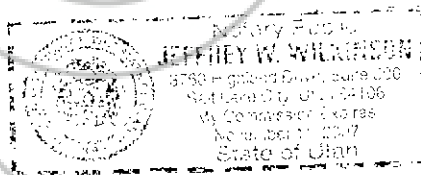


EXHIBIT "A"

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 16 as shown and defined on said map; 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 Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 Lot 28 only, for one week every other year in Odd -numbered years in accordance with said Declarations.

A portion of APN: 42-254-16



# STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL

LOCAL FILE NUMBER <b>18-1257</b>		<b>CERTIFICATE OF DEATH</b>		STATE FILE NUMBER
1. DECEDENT'S LEGAL NAME (Include MA, if any) (Print, Middle, Last) <b>Floyd Lyle Page</b>		2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo., Day, Yr.) <b>Fd MAR 14, 2006</b>	3b. TIME OF DEATH (24 Hr. Clock) <b>Fd 14:00</b>
4. DATE OF BIRTH (Mo., Day, Yr.) <b>Sept. 7, 1941</b>	5. AGE Last Birthday (Years) Months Days <b>64</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>Osceola, Iowa</b>	7. SOCIAL SECURITY NUMBER [REDACTED]	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. D.O.A. <input type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 6. Other (specify) <b>Other - Roadway</b>				
9. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address or location) <b>18100 Camp Williams Road</b>		10. COUNTY OF DEATH <b>Salt Lake</b>	11. CITY, TOWN OR LOCATION OF DEATH <b>Bluffdale</b>	
12. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Unknown	14. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>Linda Dolan</b>	
15a. DECEDENT'S USUAL OCCUPATION (Give best of work done during most of working life. Do not abbreviate.) <b>School Teacher/Surveyor</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Granite Schools/UDOT</b>	15c. RESIDENCE - STREET AND NUMBER <b>9740 Sitzmark Drive</b>	
16. STATE <b>Utah</b>	17. COUNTY <b>Salt Lake</b>	18. CITY, TOWN, COMMUNITY OR RURAL <b>Sandy</b>	19. ZIP CODE <b>84092</b>	20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
21. FATHER'S NAME (Print, Middle, Last) <b>Lloyd Ezra Page</b>		22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Print, Middle, Last) <b>Sara Mae Shelnett</b>		
23. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) <b>Linda R. Page, Wife, 9740 Sitzmark Dr., Sandy, Utah 84092</b>				
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Cremation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Possession <input type="checkbox"/> 6. Suspended		25. DATE OF DISPOSITION <b>March 18, 2006</b>	26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Larkin Sunset Gardens Cemetery</b>	
27. LOCATION OF DISPOSITION - City or Town, State <b>Sandy, Utah</b>		28. LICENSEE NUMBER <b>113395</b>	29. FUNERAL HOME (Name and complete address) <b>Larkin Sunset Gardens 1950 East 10600 South Sandy, Utah 84092</b>	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		31. SIGNATURE OF CERTIFIER <i>[Signature]</i> LIC No. <b>91-185851-1205</b> DATE SIGNED <b>MAR 15, 2006</b>		
32. CERTIFIER (Check only one) <input type="checkbox"/> 1. 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		33. Was Medical Examiner Certificate? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
<input checked="" type="checkbox"/> 2. 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		M.E. Case No. <b>200600375</b>		
34. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Print 24) (Type Print) <b>Maureen J. Frikke, M.D., Asst. Med. Examiner 48 N Medical Dr., Salt Lake City, UT 84113</b>		35. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN		
36. PART I: Enter the chain of events, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. <b>GUNSHOT WOUND OF THE HEAD</b> (Due to or as a consequence of)				
37. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>GUNSHOT WOUND OF THE HEAD</b> (Due to or as a consequence of)				
38. UNDERLYING CAUSE (Disease or injury that initiated events leading to death) LAB? <b>LAB?</b> (Due to or as a consequence of)				
39. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
40. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Is unknown in relation to the cause of death <input type="checkbox"/> 5. NON USER		41. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be determined <input type="checkbox"/> 6. Pending investigation		42. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year
43. DATE OF INJURY (Mo., Day, Yr.) <b>Unknown</b>		44. TIME OF INJURY (24 Hr. Clock) <b>Unknown</b>	45. INJURY AT WORK? <b>No</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	46. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>Roadway</b>
47. LOCATION (Street or rural route number, city or town, county and state) <b>18100 Camp Williams Road, Bluffdale, Salt Lake County, Utah</b>		48. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 36) <b>Self-inflicted injury with a handgun.</b>		
49. WAS DECEDENT OF LEGAL AGE? (Check the box if decedent is a foreign national) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		50. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent's ancestry/ethnicity or descent is) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Korean <input type="checkbox"/> 10. Asian Indian <input type="checkbox"/> 11. Vietnamese <input type="checkbox"/> 12. Samoan <input type="checkbox"/> 13. Guamanian or Chamorro <input type="checkbox"/> 14. Other Pacific Islander (Specify) <input type="checkbox"/> 15. Other (Specify)		51. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade, no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's degree (e.g., BA, BS, BE) <input checked="" type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEd, MEng, MDiv, MEd, MEd, MEd) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)
52. RACE AND EDUCATION		53. REGISTRAR'S SIGNATURE <i>[Signature]</i>		
54. DATE FILED (Mo., Day, Yr.) <b>March 16, 2006</b>		55. REGISTRAR'S NAME <b>Barry E. Nangle</b>		

BK- 0807 PG- 740.A 0706787 Page: 4 OF 4 08/02/2007

SOH-BV/RHS 96 (9/96)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date issued: **MARCH 16, 2006**  
 County: **SALT LAKE**  
 Registrar: *[Signature]*  
 Barry E. Nangle  
 DIRECTOR OF VITAL RECORDS

By  
*[Signature]*

LL01577984



\* 0 1 5 7 7 9 8 4 \*

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.



MESU 2.04