

A.P.N. #	A ptn of 1319-30-644-077
Escrow No.	1002685-TS/AH
Recording Requested By Stewart Title of Nevada:	
Mail Tax Statements To:	Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449
When Recorded Mail To:	
Judy M. Bates	
3722 Big Oaks Blvd.	
Saltillo, MS 38866	

Douglas County - NV
 Werner Christen - Recorder
 Page: 1 of 3 Fee: 16.00
 BK-0108 PG- 2686 RPTT: 0.00



AFFIDAVIT – DEATH OF JOINT TENANT

State of Nevada }
 } ss.
 County of Douglas }

JUDY M. BATES, of legal age, being first duly sworn, deposes and says: That **JERRY W. BATES**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **JERRY W. BATES** named as one of the parties in that certain Grant Deed dated September 8, 1989 executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **JERRY W. BATES** and **JUDY M. BATES**, husband and wife as joint tenants, recorded as Document No. 211065, on September 18, 1989 in Book 989 at Page 2081, of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Plaza Building, Prime Season, Week #37-168-11-01, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 1-8-08

Judy M. Bates
 JUDY M. BATES

State of MONROE MISSISSIPPI
 } ss.
 County of MONROE }

This instrument was acknowledged before me on JANUARY 8, 2008 (date)

By: JUDY M. BATES

Signature: Rog. H. Brown
 Notary Public

MY COMMISSION EXPIRES JUNE 19, 2008

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESS 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 NEVADA, WESTERN DIVISION

SEAL

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE NUMBER

123- 07-020118

TYPE OR PRINT WITH BLACK INK

FILING DATE **OCT 05 2007**

DECEASED

1. NAME: First **Jerry**, Middle **Wayne**, Last **Bates** 2. SEX: **Male** 3a. HOUR OF DEATH: **11:25 a.m.** 3b. DATE OF DEATH (Month, Day, Year): **September 30, 2007**

4. RACE (Specify White, Black, American Indian, etc.): **White** 5a. AGE AT LAST BIRTHDAY: **62** Years 5b. MOS: 5c. DAYS: 5d. HOURS: 5e. MINS: 6. DATE OF BIRTH (Month, Day, Year): **Jan. 22, 1945** 7a. COUNTY OF DEATH: **Lee**

7b. CITY OR TOWN OF DEATH: **Tupelo** 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location): **North Mississippi Medical Center 41T** 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM. OR DCA: **Inpatient** 8. STATE OF BIRTH: **Ms.**

9. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elem/High School College (0-12)** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **Married** 11. SURVIVING SPOUSE (If wife, give maiden name): **Judy Montgomery** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): **NO**

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.): **Anglo-American** 14. SOCIAL SECURITY NUMBER: **[REDACTED]-6895** 15a. USUAL OCCUPATION (Kind of work done most of working life): **Businessman** 15b. KIND OF BUSINESS OR INDUSTRY: **Trucking Ind.**

16a. RESIDENCE-STATE: **Ms.** 16b. COUNTY: **Lee** 16c. CITY OR TOWN: **Salttillo** 16d. INSIDE CITY LIMITS (Specify Yes or No): **Yes** 16e. STREET AND NUMBER OR RURAL LOCATION: **3722 Big Oaks Blvd.**

17. FATHER-NAME: First **Archie**, Middle **Bates**, Last **Bates** 18. MOTHER-NAME: First **Katherine**, Middle **Credille**, Maiden **Credille**

19a. INFORMANT-NAME (Type or print): **Judy Bates** 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **3722 Big Oaks Blvd. Salttillo, Ms. 38866**

20a. BURIAL, CREMATION, REMOVAL (Specify): **Burial** 20b. CEMETERY, CREMATORY-NAME: **New Bethel Cem.** 20c. LOCATION (City and State): **Belmont, Ms.** 21a. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER: **Holland-Harris F.D. 41 H** 21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **5281 Cliff Gookin Blvd. Tupelo, Ms. 38801**

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print): **R Miller, RN** 22b. PRONOUNCED DEAD (Month, Day, Year) ON: **September 30, 2007** 22c. PRONOUNCED DEAD (Hour) AT: **11:25 a.m.**

23a. CERTIFIER-NAME (Type or print): **Carolyn Gillentine** 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **PO Box 295, Mooreville, MS 38857**

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. 24b. DATE SIGNED (Month, Day, Year): 24c. STATE LICENSE NUMBER: 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. 24f. TITLE: **Lee County Coroner** 24g. DATE SIGNED (Month, Day, Year): **October 1, 2007**

25. PART I: DEATH CAUSED BY: (a) **Subdural Hematoma** (b) **Head Injury** (c) **Hit head on Ladder while cleaning motor home**

26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I: 27. AUTOPSY (Yes or No): **no** 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): **yes**

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): **accident** 29b. DATE OF INJURY: **8-29-07** 29c. HOUR OF INJURY: **unk** 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: **hit head on ladder while cleaning motor home**

29e. INJURY AT WORK (Yes or No): **no** 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.): **business** 29g. LOCATION: **Hwy 6 East Pontotoc MS**

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Had Decedent been Pregnant Within 90 Days Prior to Death? Yes No



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THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

OCT-9 2007

Judy Moulder
Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 168 as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-077

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