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DOC # 0720952
04/07/2008 12:07 PM Deputy: PK
OFFICIAL RECORD
Requested By:
JAMES G SANFORD

Assessor's Parcel Number: 1319-30-645-003

Recording Requested By:

Name: James G. Sanford
Address: 1855 Plumas Street, Suite 1
City/State/Zip: Reno, NV 89509

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0408 PG- 1532 RPTT: 0.00



Mail Tax Statements to:

Name: Mr. Paul Schoenleber
Address: 4008 Ruth Court
City/State/Zip: Reno, NV 89509

Please complete Affirmation Statement below:

XXXX I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS.239B.030)

-OR-

I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: _____ (state specific law)

James G. Sanford
Signature (Print name under signature)
JAMES G. SANFORD

Attorney
Title

AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: Grant, Bargain Sale Deed (Document Title), Book: 0605 Page: 10705
Document # 0647643 recorded 06/23/05 (Date) in the Douglas County Recorders Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fees apply)

Recording Requested By:
James G. Sanford, Esq.
1855 Plumas Street, Suite 1
Reno, NV 89509

When Recorded Mail To:
Mr. Paul Schoenleber
4008 Ruth Court
Reno, NV 89509

APN: 1319-30-645-003

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

PAUL W. SCHOENLEBER, being first duly sworn, deposes and says: That **ROBERTA M. SCHOENLEBER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **ROBERTA M. SCHOENLEBER** named as one of the parties in that certain Grant, Bargain and Sale Deed, dated June 13, 2005, executed by **STEPHEN W. LUCEK I**, a Widower, Grantor, to **PAUL W. SCHOENLEBER AND ROBERTA M. SCHOENLEBER, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, Grantee**, recorded as Instrument No. 0647643, on June 23, 2005, in Book 0605, Page 10705, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stateline, County of Douglas, State of Nevada:

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


DATED: April 3, 2008.



PAUL W. SCHOENLEBER

SUBSCRIBED and SWORN to before me
on this 3 day of April, 2008, by
PAUL W. SCHOENLEBER, proved to me
on the basis of satisfactory evidence to be the
person who appeared before me.





Notary Public

EXHIBIT "A"

(42)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48^{ths} interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 275 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week every other year in ODD - numbered years in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;

thence S. 14°00'00" W. along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A Portion of APN: 1319-30-645-003

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2008002067

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,MIDDLE, LAST, SUFFIX) Roberta M. SCHOENLEBER		2. DATE OF DEATH (Mo/Day/Year) February 07, 2008		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not alther, give street and number) Renown South Meadows Medical Center		3d. If Hosp. or Inst. Indicate DOA, OP/Emar. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 77		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 10, 1930		9a. STATE OF BIRTH (If not U.S.A. name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) SCHOENLEBER	
13. SOCIAL SECURITY NUMBER ████████-██-6766		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 4008 Ruth Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) William E SEIDEL			17. MOTHER - NAME (First Middle Last Suffix) Rachel KROEGER		
18a. INFORMANT - NAME (Type or Print) Paul SCHOENLEBER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4008 Ruth Ct Reno, Nevada 89509		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMMY DERMODY SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 09		20c. NAME AND ADDRESS OF FACILITY Ross, Burke and Knobel Mortuary, Reno 2155 Kietzke Lane Reno, NV 89502	
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): TIMOTHY OSBORNE MD SIGNATURE AUTHENTICATED			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) February 07, 2008		21c. HOUR OF DEATH 14:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) TIMOTHY OSBORNE MD 1155 Mill Street Reno, NV 89502			
23b. LICENSE NUMBER 11873		24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 15, 2008	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (PART I) (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Respiratory Failure			
25. IMMEDIATE CAUSE (PART I) (a) DUE TO, OR AS A CONSEQUENCE OF: Acute Sepsis And Shock		Interval between onset and death			
25. IMMEDIATE CAUSE (PART I) (b) DUE TO, OR AS A CONSEQUENCE OF: Methicillin Resistant Staphylococcus Aureus		Interval between onset and death			
25. IMMEDIATE CAUSE (PART I) (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
25. IMMEDIATE CAUSE (PART II)		Interval between onset and death			
26. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

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BK- 0408
PG- 1535

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.

APR 04 2008

DEPUTY REGISTRAR

Mary A. Anderson

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

53955

