

OFFICIAL RECORD

Requested By:
TITLE OUTLET INC

1319-30-645-007
A Portion of APN: ~~42-010-40~~

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 3 Fee: 16.00
BK-0508 PG-4630 RPTT: 0.00



Prepared by and Return to:
✓ Jomari Borrero
Title Outlet, Inc.
2710 Rew Circle, Suite 300
Ocoee, Florida 34761

File Number: T02130820

AFFIDAVIT-DEATH CERTIFICATE

STATE OF Nevada
COUNTY OF Douglas

BEFORE ME, the undersigned authority, authorized to take acknowledgements in the State and County aforesaid personally appeared, **Wilka Valdes** who after being duly sworn deposes and says:

That I have reviewed a certified copy of the Death Certificate of **Kathryn S. Stoddard** (the deceased), a copy of which I have retained in my file in conjunction with the sale or finance of real property located in **Douglas County, Nevada**, to wit:

EXHIBIT "A" (42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths 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. 278 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 in the 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 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 each year 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: 42-010-40

The following information is contained within the Death Certificate pertaining to the Deceased:

Sex: Female
Date of Birth: August 16, 1955
Date of Death: October 29, 2001
Place of Residence: 5165 St. Adrews Drive, Vero Beach, FL 32967
Marital Status: Married
Surviving Spouses Name: William H. Stoddard
Social Security No: N/A

Further Affiant says not.

Signed, Sealed and delivered in the presence of:

[Signature]
Witness
Joman Borrero
Print Name

[Signature]
Wilka Valdes
[Signature]
Witness
Dagmaris Maldonado
Print Name

The foregoing instrument was sworn to, subscribed and acknowledged before me this 22nd day of April, 2008, by Wilka Valdes who was personally known to me or who produced FL DL as identification.

Notary Public
[Signature]
Printed Name: Dagmaris Maldonado
Commission Number: DD554841
My Commission expires: 05/21/2010

NOTARY PUBLIC-STATE OF FLORIDA
Dagmaris Maldonado
Commission # DD554841
My Comm. Expires: 05/21/2010

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

RECORDED DISTRICT 5263 REGISTER NUMBER 264

1. NAME: FIRST MIDDLE LAST Kathryn S. Stoddard 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH DAY YEAR 10 29 2001 3B. HOUR: 9:55 A.

4A. PLACE OF DEATH: HOSPITAL INPATIENT HOSPITAL OUTPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify) 4B. IF FACILITY, DATE ADMITTED MONTH DAY YEAR 10 26 2001

4C. NAME OF FACILITY: (If not facility, give address) Catskill Regional Medical Center 4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Thompson 4E. COUNTY OF DEATH: Sullivan

4F. MEDICAL RECORD NO. 154592 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO YES [X]

5. DATE OF BIRTH: MONTH DAY YEAR 08 16 1955 6A. AGE IN YEARS: 46 yrs 6B. IF UNDER 1 YEAR ENTER: months days 6C. IF UNDER 1 DAY, ENTER: hours minutes 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Central Islip, NY 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? NO YES [X] 9. RACE: (Black, White, etc.) White 10. HISPANIC ORIGIN? (If yes, specify) NO YES [X] 11. DECEDENT'S EDUCATION (Enter only the highest year of school completed. Do not circle range; enter specific number of years.) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2

12. SOCIAL SECURITY NUMBER: 7514 13. MARITAL STATUS: NEVER MARRIED MARRIED SEPARATED WIDOWED DIVORCED [X] 14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. William H. Stoddard

15A. USUAL OCCUPATION: (Do not enter retired) Office Manager 15B. KIND OF BUSINESS OR INDUSTRY: Construction Co. 15C. NAME AND LOCALITY OF COMPANY OR FIRM: Poley Paving Corp. Liberty, NY

16A. RESIDENCE: (State or Country if not USA) Florida 16B. County or Region/Province if not USA Indian River 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Vero Beach 16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [X] NO [] IF NO, SPECIFY TOWN:

16D. STREET AND NUMBER OF RESIDENCE: 5765 St. Andrews Drive Vero Beach FL 16E. ZIP CODE 32967

17. NAME OF FATHER: FIRST MI LAST Paul Jensen 18. MAIDEN NAME OF MOTHER: FIRST MI LAST Yvonne Pitts

19A. NAME OF INFORMANT: William H. Stoddard 19B. MAILING ADDRESS: (Include zip code) 5765 St. Andrews Dr. Vero Beach FL 32967

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) MONTH DAY YEAR Burial 11 02 2001 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: St. Peter's Cemetery 20C. LOCATION: (City or town and state) Liberty, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: Ramsay's Funeral Homes Inc. 275 S. Main St. Liberty, NY 12754 21B. REGISTRATION NUMBER: 01536 22A. NAME OF FUNERAL DIRECTOR: Thomas E. Warran 22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature] 22C. REGISTRATION NUMBER: 05344

23A. SIGNATURE OF REGISTRAR: [Signature] 23B. DATE FILED: MONTH DAY YEAR 10 30 2001 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature] 24B. DATE ISSUED: MONTH DAY YEAR 10 30 2001

ITEMS 25 A-E THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- ITEMS 25 F-K THRU 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: [Signature] MONTH DAY YEAR 10 29 2001

25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH DAY YEAR 10 22 2001 TO MONTH DAY YEAR 10 29 2001 25C. LAST SEEN ALIVE BY ATTENDANT: MONTH DAY YEAR 10 29 2001

25D. NAME OF ATTENDING PHYSICIAN: Dr. J. Arthur Riesenbergh 25E. ATTENDING PHYSICIAN LICENSE NUMBER: 72742

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A OR 25F: Dr. J. Arthur Riesenbergh MD 126 N. Main St. Liberty, NY 12754

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION [X] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES [X] 0 [] 1 YES [] 2

25F. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: [Signature] 25G. PRONOUNCED DEAD ON: MONTH DAY YEAR 25H. HOUR: 25I. DATE SIGNED: MONTH DAY YEAR

25J. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER: [Signature] 25K. ME/CON. PHYS. LICENSE NUMBER

29A. AUTOPSY? NO YES REFUSED TO DETERMINE CAUSE OF DEATH? [X] 0 [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES [X] 0 [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 []

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)). PART I. IMMEDIATE CAUSE: (A) Due to CR AS A CONSEQUENCE OF: Pulmonary embolism (B) Due to CR AS A CONSEQUENCE OF: Metastatic lung disease secondary to melanoma (C) Due to CR AS A CONSEQUENCE OF: Carcinoid tumor

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH DAY YEAR 31B. INJURY LOC: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES [] 0 [] 1 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES [] 0 [] 1 33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO YES [] 0 [] 1 33B. DATE OF DELIVERY: MONTH DAY YEAR