

RECORDING REQUESTED BY:

DOC # 0733193  
11/17/2008 01:10 PM Deputy: SG

OFFICIAL RECORD

Requested By:

LEE, KILKELLY, PAULSON &  
YOUNGER

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00  
BK-1108 PG- 3153 RPTT: 0.00



AND WHEN RECORDED MAIL TO:  
Attorney Loren R. Paulson  
Lee, Kilkelly, Paulson & Younger, S.C.  
✓ P. O. Box 2189  
Madison, WI 53701-2189

Order No.:  
Escrow No.:

APN: 1319-30-644-052 ptw

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT OF DEATH**

STATE OF WISCONSIN )  
COUNTY OF Dane ) SS.

DuWAYNE R. CARL, of legal age, being first duly sworn, deposes and says:

BEVERLY P. CARL is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain deed dated April 1, 1989, executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to DuWAYNE R. CARL and BEVERLY P. CARL, husband and wife as **joint tenants** with right of survivorship, recorded on April 18, 1989, as Instrument No. 200404, Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit A attached.

Dated: October 17, 2008

DuWayne R. Carl  
DuWAYNE R. CARL

Subscribed and sworn to before me on this  
17th day of October, 2008, by  
DuWayne R. Carl, proved to me on the basis of  
satisfactory evidence to be the person(s) who  
appeared before me.

Signature [Signature]

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

**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 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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. 144 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: 1319-30-644-052



OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Beverly P. Carl</b>		2. SEX <b>Female</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>June 3, 1933</b>	4a. AGE Last Birthday (Years) <b>74</b>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____
5. DATE OF DEATH (Month, Day, Year) <b>March 31, 2008</b>		6. SOCIAL SECURITY NUMBER <b>██████████0961</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>New London, Wisconsin</b>		8. COUNTY OF DEATH <b>Collier</b>	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not Institution, give street address) <b>Georgeson House (Building)</b>		11a. CITY, TOWN, OR LOCATION OF DEATH <b>Naples</b>	11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>DuWayne R. Carl</b>	
14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Collier</b>	14c. CITY, TOWN, OR LOCATION <b>Naples</b>
14d. STREET ADDRESS <b>9143 Pinnacle Court</b>		14e. APT. NO. _____	14f. ZIP CODE <b>34113</b>
14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") <b>Homemaker</b>	
15b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>		16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)	
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input checked="" type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): _____ <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>Clarence L. Strum</b>		21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Norma Kasper</b>	
22a. INFORMANT'S NAME <b>DuWayne R. Carl</b>		22b. RELATIONSHIP TO DECEDENT <b>Spouse</b>	23a. INFORMANT'S MAILING - STATE <b>Florida</b>
23b. CITY OR TOWN <b>Naples</b>		23c. STREET ADDRESS <b>9143 Pinnacle Court</b>	23d. ZIP CODE <b>34113</b>
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Little Wolf Cemetery</b>		25a. LOCATION - STATE <b>Wisconsin</b>	25b. LOCATION - CITY OR TOWN <b>Little Wolf</b>
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
26b. IF CREMATION: DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) <b>7042055</b>	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Kenneth E. Nelson</i>
28. NAME OF FUNERAL FACILITY <b>Fuller Funeral Home-Cremation Service</b>		29a. FACILITY'S MAILING - STATE <b>Florida</b>	
29b. CITY OR TOWN <b>Naples</b>		29c. STREET ADDRESS <b>1625 Pine Ridge Road</b>	29d. ZIP CODE <b>34109</b>
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) <i>[Signature]</i>		31b. DATE SIGNED (mm/dd/yyyy) <b>4/14/08</b>	32. TIME OF DEATH (24 hr.) <b>2214</b>
33. MEDICAL EXAMINER'S CASE NUMBER <b>2214</b>		34a. LICENSE NUMBER (of Certifier) <b>100604903</b>	
34b. CERTIFIER'S NAME <b>F. Krey</b>		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) <b>[Blank]</b>	
36a. CERTIFIER'S - STATE <b>Florida</b>		36b. CITY OR TOWN <b>Naples</b>	36c. STREET ADDRESS <b>1095 Whipoorwill Lane</b>
36d. ZIP CODE <b>34105</b>		37. SUBREGISTRAR - Signature and Date <i>[Signature]</i>	
38a. LOCAL REGISTRAR - Signature <i>[Signature]</i>		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>APR 09 2008</b>	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

*Rumjencia, cm*



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DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



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