

16

RECORDING REQUESTED BY

DOC # 0739603
03/16/2009 11:21 AM Deputy: DW

OFFICIAL RECORD

Requested By:

WALTER L BAXTER

AND WHEN RECORDED MAIL DOCUMENT

NAME Mr Walter Baxter
STREET ADDRESS 2522 Keyes Rd
CITY, STATE & ZIP CODE Snelling Ca 95369

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00
BK-0309 PG- 3548 RPTT: 0.00



TITLE ORDER NO.

ESCROW NO.

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

APN: PTN 1319-30-644-083

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF California

COUNTY OF Merced

Walter L Baxter, of legal age, being first duly sworn, deposes and says:

That Jean R. Baxter, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jean R. Baxter named as one of the parties in that certain

dated August 15, 1991 executed by Stewart Title of Douglas County, a Nevada Corporation to Walter L Baxter and Jean R. Baxter as joint tenants, recorded as Instrument No. 258708 on of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada concerning the following described real property situated in the City of Douglas, State of Nevada

(Insert legal description)
See attached Deed of Trust (Short Form)

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 15,980

Dated this 4th day of March, 2009

Walter L Baxter

(Signature of affiant)

State of California
County of MERCED

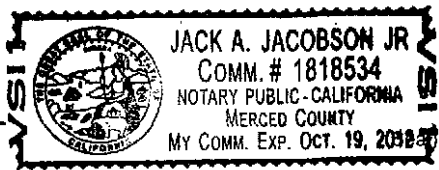
WALTER L. BAXTER

(Type or print full name of affiant)

Subscribed and sworn to (or affirmed) before me on this 4 day of MARCH, 2009

by JACK A. JACOBSON JR., proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Jack A. Jacobson Jr. (Signature)



* There are various types of deed forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.

MAIL TAX STATEMENT TO:

DOUGLAS COUNTY

EXHIBIT "A" (37)

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE

An undivided 1/51st interest in and to that certain condominium as follows:

- (A) An undivided 1/106th interest as tenants-in-common, in and to Lot 37 as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, State of Nevada.
- (B) Unit No. 174 as shown and defined on said last Condominium Plan.

PARCEL TWO

- (A) a non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe developments in deed recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East M.D.B. & M.; and
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL THREE

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, range 19 East, M.D.B. & M. for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in book 173 Page 229 of Official Records and in modifications thereof: (1) recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records; (2) recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records; and (3) recorded July 26, 1989, as Document No. 207446, in Book 789, Page 3011.

PARCEL FOUR

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 30, 35, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - 10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East M.D.B. & M. for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 and as amended from time to time of Official Records of Douglas County, State of Nevada.

PARCEL FIVE

The Exclusive right to use any UNIT of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461 of Official Records of Douglas County, Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the purposes provided for in the Fourth Amended and Restated Declaration of covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use week within the prime season, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive right may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

A Portion of APN 42-286-16

REQUESTED BY
STEWART TITLE & DOUGLAS COUNTY
IN THE COUNTY RECORDS OF
DOUGLAS COUNTY, NEVADA

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DEPUTY
891 8884279



BK- 0309
PG- 3549

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of MERCED

HEALTH DEPARTMENT

MERCED, CALIFORNIA

CERTIFICATE OF DEATH

320092400011

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) Jean		2. MIDDLE D.	
3. LAST (Family) Baxter		4. DATE OF BIRTH mm/dd/yyyy 01/24/1930	
5. AGE Yrs. 78		6. SEX F	
8. BIRTH STATE/FOREIGN COUNTRY Missouri		10. SOCIAL SECURITY NUMBER 3668	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SPO* (at time of death) Married	
13. EDUCATION - Highest Level/degree (see worksheet on back) Bachelors		14. WAS DECEASED HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) Caucasian		7. DATE OF DEATH mm/dd/yyyy 01/07/2009	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. Homemaker		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Own Home	
19. YEARS IN OCCUPATION 56		20. DECEASED'S RESIDENCE (Street and number, or location) 2522 Keyes Road	
21. CITY Snelling		22. COUNTY/PROVINCE Merced	
23. ZIP CODE 95369		24. YEARS IN COUNTY 6	
25. STATE/FOREIGN COUNTRY California		26. INFORMANT'S NAME, RELATIONSHIP Walter Baxter - Husband	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2522 Keyes Road, Snelling, California 95369		28. NAME OF SURVIVING SPOUSE/SPO* - FIRST Walter	
29. MIDDLE L.		30. LAST (BIRTH NAME) Baxter	
31. NAME OF FATHER/PARENT - FIRST Raymond		32. MIDDLE Fulhorst	
33. NAME OF MOTHER/PARENT - FIRST Walberga		34. BIRTH STATE MO	
35. MIDDLE Joeger		36. BIRTH STATE MO	
37. LAST (BIRTH NAME) Joeger		38. BIRTH STATE MO	
39. DISPOSITION DATE mm/dd/yyyy 01/14/2009		40. PLACE OF FINAL DISPOSITION Residence of Walter Baxter, 2522 Keyes Road, Snelling, California 95369	
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT Turlock Funeral Home	
45. LICENSE NUMBER FD 1843		46. SIGNATURE OF LOCAL REGISTRAR Jan L. ...	
47. DATE mm/dd/yyyy 01/14/2009 EFS		48. SIGNATURE OF LOCAL REGISTRAR	
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOR <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTRY Merced		104. CITY Snelling	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2522 Keyes Road		106. CITY Snelling	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) Final disease or condition resulting in death Cerebral Vascular Accident Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B) (disease or injury that initiated the events resulting in death) LAST. Atherosclerosis		108. DEATH REPORTED TO CORONER Time Interval Between Cause and Death (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3 Days (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 20-09	
109. UNDERLYING CAUSE (B) Diabetes Mellitus Type II, Hypertension, Recurrent GI Bleed		110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) No		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Last Seen Alive (A) mm/dd/yyyy 12/08/2004 (B) mm/dd/yyyy 10/30/2008		115. SIGNATURE AND TITLE OF CERTIFIER Cheryl Horsley MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Cheryl Horsley MD, 1015 East Main Street, Turlock, CA 95380		117. LICENSE NUMBER G 46416	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. DATE mm/dd/yyyy 01/12/2009	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hours)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. HOUR (24 Hours)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

BK- 0309
PG- 3550
Page: 3 Of 3 03/16/2009
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF MERCED

SS

DATE ISSUED

JAN 22 2009

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY HEALTH DEPARTMENT.

Jan L. ...
HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

