

18

OFFICIAL RECORD

Requested By:  
NINFA M HALL

When Recorded, Mail to:

Ninfa M. Hall  
710 Del Ganado Rd.  
San Rafael, CA 94903

APN: 1319-30-722-007 Ptn.

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00  
BK-0809 PG- 7825 RPTT: 0.00



AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )

COUNTY OF Douglas )ss.

Ninfa M. Hall hereby swears (or affirms) under penalty of perjury that the following assertions are true of his/her own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am Ninfa M. Hall, the person named as one of the grantees in that certain Grant Deed recorded as Instrument No. 087743 in Book 983, of the Official Records in the Office of the County Recorder of Douglas County, Nevada.

3. The property which is the subject of the above-described deed is located in the county of Douglas, state of Nevada, and is more particularly described as follows:  
see exhibit "A" attached

4. James J. Hall was one of the grantees named in said deed and is the identical person named as James J. Hall, the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am Ninfa M. Hall, Widow  
Affiant to deceased joint tenant).

5. As recited in the above-described Certificate of Death, James J. Hall died on the 5 day of Sept., 1994, in San Rafael, CA. County, Marin.

Ninfa M. Hall  
(TYPE AFFIANT'S NAME HERE)

NINFA HALL

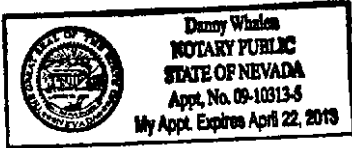
(JURAT)

State of Nevada

County of Douglas

This instrument was acknowledged before me on 8/31/09 by

Minfa Maria Hall



Danny Whalen  
Danny Whalen (Notary)

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OF 2

COUNTY OF MARIN

CERTIFICATE OF CALIFORNIA 394 21-001267

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) <b>JAMES</b>			2. MIDDLE <b>JOSEPH</b>			3. LAST (FAMILY) <b>HALL</b>				
4. DATE OF BIRTH MM/DD/CCYY <b>12/31/1929</b>			5. AGE YRS. <b>64</b>			6. UNDER 1 YEAR MONTHS: _____ DAYS: _____		7. DATE OF DEATH MM/DD/CCYY <b>09/05/1994</b>		8. HOUR <b>1700</b>
9. STATE OF BIRTH <b>CA</b>		10. SOCIAL SECURITY NO. <b>6050</b>			11. MILITARY SERVICE <b>52 TO 1954</b> <input type="checkbox"/> NONE			12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>
14. RACE <b>Caucasian</b>			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>Pacific Bell</b>				
17. OCCUPATION <b>Telephone Installer</b>			18. KIND OF BUSINESS <b>Telephone Public Utilities</b>			19. YEARS IN OCCUPATION <b>40</b>				
20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>710 Del Ganado Road</b>										
21. CITY <b>San Rafael</b>			22. COUNTY <b>Marin</b>			23. ZIP CODE <b>94903</b>		24. YRS IN COUNTY <b>32</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>
26. NAME, RELATIONSHIP <b>Nifa M. Hall, Wife</b>						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>710 Del Ganado Road, San Rafael, Ca. 94903</b>				
28. NAME OF SURVIVING SPOUSE—FIRST <b>Nifa</b>			29. MIDDLE <b>Maria</b>			30. LAST (MAIDEN NAME) <b>Selva</b>				
31. NAME OF FATHER—FIRST <b>William</b>			32. MIDDLE <b>Hall</b>			33. LAST <b>Hall</b>			34. BIRTH STATE <b>Ireland</b>	
35. NAME OF MOTHER—FIRST <b>Margaret</b>			36. MIDDLE <b>Ann</b>			37. LAST (MAIDEN) <b>Harper</b>			38. BIRTH STATE <b>Ireland</b>	
39. DATE MM/DD/CCYY <b>09/09/1994</b>		40. PLACE OF FINAL DISPOSITION <b>Mt. Tamalpais Cemetery, San Rafael, California</b>								
41. TYPE OF DISPOSITION <b>CR/BU</b>			42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>					43. LICENSE NO.		
44. NAME OF FUNERAL DIRECTOR <b>Mt. Tamalpais Mortuary</b>			45. LICENSE NO. <b>FD 1410</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>Frank S. Schwartz, M.D.</b>			47. DATE MM/DD/CCYY <b>09/07/1994</b>		
101. PLACE OF DEATH <b>At Home</b>			102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. MOB. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY <b>Marin</b>			
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>710 Del Ganado Road</b>										
106. CITY <b>San Rafael</b>										
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH <b>18 mos</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		
IMMEDIATE CAUSE (A) <b>Extensive Small Cell Lung Cancer</b>								109. BODY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO (B) <b>1 OF 2</b>								110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (C)								111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO (D)										
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107										
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>3.9.94 FNA Sternal mass</b>										
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY <b>3.27.94</b> DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>8.30.94</b>			115. SIGNATURE AND TITLE OF CERTIFIER <b>Frank S. Schwartz MD</b>			116. LICENSE NO. <b>650943</b>		117. DATE MM/DD/CCYY <b>9.7.94</b>		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP <b>Bobbie Head, MD, 1350 S. Eliseo Dr. Greenbrae, CA. 94904</b>			119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)										
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)										

BK- 0809  
PG- 7827  
Page: 3 Of 5  
08/31/2009  
0749975

CERTIFIED COPY OF VITAL RECORDS

SIGNATURE OF CORONER OR DEPUTY CORONER STATE OF CALIFORNIA COUNTY OF MARIN TYPED **Joan C. Thayer** TITLE OF CORONER OR DEPUTY CORONER  
 This is a true and exact reproduction of the document officially registered and placed on file in the office of the Marin County Assessor-Recorder  
 JOAN C. THAYER  
 MARIN COUNTY ASSESSOR-RECORDER

DATE ISSUED **3/24/99** BY **Joan C. Thayer** Deputy

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF MARIN**  
 SAN RAFAEL, CALIFORNIA

BK- 0809  
 PG- 7828  
 0749975 Page: 4 Of 5 08/31/2009

**2** OF **2**

**AFFIDAVIT TO AMEND A RECORD**

3 94 21 001267

STATE FILE NUMBER \_\_\_\_\_ NO ERASURES, WHITEOUTS, OR ALTERATIONS \_\_\_\_\_ LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER \_\_\_\_\_

STATE/LOCAL REGISTRAR USE ONLY 1A. \_\_\_\_\_ 1B. \_\_\_\_\_ 1C. \_\_\_\_\_

**PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY**

NAME AS IT APPEARS ON RECORD	1A. NAME—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
	JAMES	JOSEPH	HALL
ADDITIONAL INFORMATION TO LOCATE RECORD	2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE
	M	09/05/1994	San Rafael
	5. FATHER'S NAME AS STATED ON ORIGINAL		6. MOTHER'S NAME AS STATED ON ORIGINAL
	William Hall		Margaret Ann Harper

**PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS**

**2** OF **2**

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
		26	Nifa
	28	Nifa	Ninfa

REASON FOR CORRECTION 9. Requested by family for correction

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

10A. SIGNATURE OF FIRST PERSON	10B. TITLE/RELATIONSHIP TO PERSON IN PART I	10C. DATE SIGNED
<i>Tom Nelson</i>	Cemetery Director	09/15/1994
10D. AGE	10E. ADDRESS (STREET, CITY, STATE, ZIP)	
Legal	2500 5th Avenue San Rafael, Ca. 94901	

USE BLACK INK ONLY

11A. SIGNATURE OF SECOND PERSON	11B. TITLE/RELATIONSHIP TO PERSON IN PART I	11C. DATE SIGNED
<i>Bethy A. Nelson</i>	Funeral Director	09/15/1994
11D. AGE	11E. ADDRESS (STREET, CITY, STATE, ZIP)	
Legal	2500 5th Avenue San Rafael, Ca. 94901	

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
	<i>Fred S. Schmitt, M.D.</i>	09/20/1994

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR 90574 VS 24 (REV. 8/81) 91 6095



**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF MARIN

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Marin County Assessor-Recorder.

*Joan C. Thayer*  
 JOAN C. THAYER  
 MARIN COUNTY ASSESSOR-RECORDER



DATE ISSUED 3/24/99 BY James Ray Deputy

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.



*Legal Description*

**EXHIBIT "A"**

**A Timeshare Estate comprised of:**

**Parcel One:**

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

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 32 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 101 to 120 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. 167 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

**Parcel Two:**

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, 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 modification thereof recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

**Parcel Three:**

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots, 29, 39, 40, and 41 as shown on said Tahoe Village Unit No. 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

**Parcel Four:**

- (a) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-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.M., - and -
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612, and amended by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, Official Records, Douglas County, State of Nevada.

**Parcel Five:**

The Exclusive right to use said UNIT 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 during ONE "use week" within the summer "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said use week within said season.

NOTE: For use with First Phase Deeds and Deeds of Trust on Lot 32.

SPACE BELOW FOR RECORDER'S USE

REQUESTED BY  
**STEWART TITLE OF NORTHERN NEVADA**

14 OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA  
*8/28/09*  
1983 SEP 28 PM 1:52

SUZANNE BHAUDREAU  
RECORDER

*Suzanne Bhaudreau*

**087743**

BOOK **983** PAGE **2402**