

07-130-19-8
APN: 1318-26-101-006 pfs

DOC # 0764073
05/21/2010 09:47 AM Deputy: PK

OFFICIAL RECORD
Requested By:
TREDWAY LUMSDAINE & DOYLE

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0510 PG- 4174 RPTT: 0.00

Attention: JOSEPH A. LUMSDAINE
Tredway, Lumsdaine & Doyle, LLP
10841 Paramount Boulevard
Downey, California 90241



Space above this line for recorder's use

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

APN: 07-130-19-8

ANITA LUCEV, of legal age, being first duly sworn, deposes and says: That BOGDAN LUCEV, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BOGDAN LUCEV, one of the parties in that certain Grant Bargain and Sale Deed dated August 3, 1984, executed by THE BANK OF CALIFORNIA, N.A., a national banking association, and DOUGLAS COUNTY TITLE CO., INC., a Nevada Corporation, as Co-Trustees of the Kingsbury Crossing Trust, to BOGDAN LUCEV and ANITA LUCEV, husband and wife as joint tenants, recorded as Instrument Number 104647, on August 7, 1984, in Official Records of Douglas County, Nevada, covering the following described property located in the County of Douglas, State of Nevada:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows: Parcel 3, as shown on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelson and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No., 17578.

Mail Tax Statements to:

LA/205327.26425-001

ANITA LUCEV
1003 Via La Paz
San Pedro, CA 90732

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No, 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration), during a "Use Period", within the High Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use to common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

Dated: May 3, 2010

Anita Lucev
ANITA LUCEV

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

Subscribed and sworn to (or affirmed) before me on May 3, 2010, by Anita Lucev, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Stacia Barler
Notary Public



Mail Tax Statements to:

ANITA LUCEV
1003 Via La Paz
San Pedro, CA 90732

LA/205327.26425-001

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH



BK- 0510
PG- 4176

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CERTIFICATE OF DEATH

3200919044405

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
BOGDAN				LUCEV	
AKA, ALIAS KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
		11/13/1935		73	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CROATIA		2340		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		10/31/2009		0530	
13. EDUCATION - Highest Level/degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		YES <input type="checkbox"/>		WHITE <input checked="" type="checkbox"/>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
MECHANIC/ENGINEER		SHIPPING INDUSTRY		50	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1003 VIA LA PAZ					
21. CITY					
SAN PEDRO					
22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
LOS ANGELES		90732		50	
25. STATE/FOREIGN COUNTRY					
CA					
26. INFORMANT'S NAME RELATIONSHIP					
ANITA LUCEV, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
1003 VIA LA PAZ, SAN PEDRO, CA 90732					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
ANITA				LEYVA	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
JURE		SRECKO		LUCEV	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
CROATIA		CVITA			
37. LAST (Maiden)		38. BIRTH STATE		39. BIRTH STATE	
CACE		CROATIA		CROATIA	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION			
11/09/2009		PRVIC LUKA CEMETERY PRVIC, LUKA, CROATIA, OT			
42. TYPE OF DISPOSITION(S)		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER	
CR/TR/BU		NOT EMBALMED			
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. DATE mm/dd/yyyy	
GREEN HILLS MORT MEM CHPL INC		FD1175		11/09/2009	
48. SIGNATURE OF LOCAL REGISTRAR		49. DATE mm/dd/yyyy			
JONATHAN FIELDING, MD		11/09/2009			
101. PLACE OF DEATH					
PALOS VERDES PARADISE HOMES, INC.					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. OTHER	
INPATIENT		Nursing Home/TC		<input checked="" type="checkbox"/>	
105. COUNTY		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		107. CITY	
LOS ANGELES		22 CAYUSE LANE		RANCHO PALOS VERD	
108. 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 vascular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE: (A) ALZHEIMER'S DEMENTIA					
Time Interval Between Onset and Death: (B) YRS					
109. DEATH REPORTED TO CORONER? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
110. EMPOWY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
111. ALPOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
112. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
PNEUMONIA, CHRONIC KIDNEY DISEASE STAGE 3, HYPERTENSION, PROTEIN CALORIE MALNUTRITION, ACUTE RENAL FAILURE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
NO					
115. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK					
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. SIGNATURE AND TITLE OF CERTIFIER		118. LICENSE NUMBER	
Decedent Attended Since: mm/dd/yyyy		Decedent Last Seen Alive: mm/dd/yyyy		G63816	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. DATE mm/dd/yyyy			
TIMOTHY JOE YEE M.D.		11/06/2009			
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		122. INJURED AT WORK?		123. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK			
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
127. SIGNATURE OF CORONER / DEPUTY CORONER					
128. DATE mm/dd/yyyy					
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
JONATHAN FIELDING, MD					
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENBUS TRACT	

This is a true-certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD DATE ISSUED
Director of Public Health and Registrar

H D 2 0 1 8 6 9 7
NOV 16 2009

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

