

17

Assessor's Parcel Number: 1319-30-645-003

Recording Requested By: (Return To:)

PFN

✓ Name: Mark + Jennifer Dylewski

Address: 17221 SW 88 CT

City/State/Zip Palmetto Bay, FL
33157

Real Property Transfer Tax:

DOC # 0764077
05/21/2010 10:36 AM Deputy: PK

OFFICIAL RECORD

Requested By:

JENNIFER L DYLEWSKI

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00

BK-0510 PG- 4185 RPTT: 0.00



\$ 0

Affidavit of Death of Joint Tenant

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF FLORIDA
COUNTY OF VOLUSIA

Marion O. Dylewski being duly sworn, deposes and says the following:

1. She was and is the former spouse and widow of the late Richard M. Dylewski, formerly a resident of 5 Santa Lucia Avenue, Ormond Beach, Florida.
2. At the time of his decease on February 1, 2008 in Key Colony Beach, Monroe County, Florida, Richard M. Dylewski was domiciled at the above address located in Volusia County, Florida.
3. The property located in the State of Nevada was a part of his estate and passed to your affiant pursuant to the estate administration proceedings, now closed, that were had in the State of Florida.
4. This affidavit is made by your affiant, as sole surviving tenant in that property ownership in order to effect a transfer of this property interest to third parties.
5. That in conjunction with the estate proceedings for the late Richard M. Dylewski, your affiant would state that any and all Federal or State tax liabilities arising from or out of decedent's death have been settled.

Marion Dylewski
Marion O. Dylewski

Sworn to before me a Notary Public in and for said state this 22 day of April, 2010 by Marion O. Dylewski, to me well known (✓) or who has produced _____ as identification and who did take an oath.

Marilynn J. Yarbrough
Notary Public, State of Florida
My Commission Expires:



DOUGLAS COUNTY

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. 296 as shown and defined on said map; together 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 Restated 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 of Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on 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

OFFICE of VITAL STATISTICS

CERTIFIED COPY

0764077 Page: 4 Of 4 05/21/2010 BK- 0510 PG- 4188

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO. *045*

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Richard Michael Dylewski		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) September 15, 1939		4a. AGE-Last Birthday (Years) 68	4b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____
4c. UNDER 1 YEAR		4d. UNDER 1 DAY Hours _____ Minutes _____	
5. DATE OF DEATH (Month, Day, Year) February 1, 2008			
6. SOCIAL SECURITY NUMBER ██████████-4560		7. BIRTHPLACE (City and State or Foreign Country) Hartford, Connecticut	
8. COUNTY OF DEATH Monroe			
9. PLACE OF DEATH (Specify only one) HOSPITAL: Inpatient _____ Emergency Room/Outpatient _____ Dead on Arrival _____ NON-HOSPITAL: Hospice Facility _____ Nursing Home/Long Term Care Facility _____ <input checked="" type="checkbox"/> Decedent's Home _____ Other (Specify): _____			
10. FACILITY NAME (If not institution, give street address) 540 10th Street		11a. CITY, TOWN, OR LOCATION OF DEATH Key Colony Beach	
11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes _____ No			
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married _____ Married, but Separated _____ Widowed _____ Divorced _____ Never Married _____		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Marion Okon	
14a. RESIDENCE - STATE Florida		14b. COUNTY Volusia	
14c. CITY, TOWN, OR LOCATION Ormond Beach		14d. APT. NO. _____ 14e. ZIP CODE 32174	
14f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes _____ No			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired." Owner/Operator		15b. KIND OF BUSINESS/INDUSTRY Mechanical Engineering	
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 _____ Black or African American _____ American Indian or Alaskan Native (Specify tribe) _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____ Vietnamese _____ Other Asian (Specify) _____ Native Hawaiian _____ Guamanian or Chamorro _____ Samoan _____ Other Pacific Isl. (Specify) _____ Other (Specify) _____			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) _____ Yes (If Yes, specify) <input checked="" type="checkbox"/> No _____ Mexican _____ Puerto Rican _____ Cuban _____ Central/South American _____ Other Hispanic (Specify) _____ Haitian _____			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) _____ 8th or less _____ High school but no diploma _____ High school diploma or GED _____ College but no degree _____ College degree (Specify): Associate _____ Bachelor's _____ Master's _____ Doctorate _____			19. WAS DECEDENT EVER IN U.S. ARMED FORCES? _____ Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) Theodore Dylewski		21. MOTHER'S NAME (First, Middle, Maiden Surname) Gladys Karwin	
22a. INFORMANT'S NAME Marion Dylewski		22b. RELATIONSHIP TO DECEDENT Spouse	
22c. INFORMANT'S MAILING - STATE Florida			
23a. CITY OR TOWN Ormond Beach		23b. STREET ADDRESS 5 Santa Lucia Avenue	
23c. ZIP CODE 32174			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Daytona Memorial Park		25a. LOCATION - STATE Florida	
25b. LOCATION - CITY OR TOWN Daytona Beach			
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial _____ Entombment _____ Cremation _____ Donation _____ Removal from State _____ Other (Specify) _____			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? _____ Yes _____ No		27a. LICENSE NUMBER (of Licensee) FO44512	
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH. <i>[Signature]</i>		28a. FACILITY'S MAILING - STATE Florida	
28b. CITY OR TOWN Big Pine Key		28c. STREET ADDRESS 31140 Overseas Highway	
28d. ZIP CODE 33043			
30. CERTIFIER 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 checked="" 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) 02/02/2008	
32. TIME OF DEATH (24 hr.) 1713		33. MEDICAL EXAMINER'S CASE NUMBER 08.16.00021	
34a. LICENSE NUMBER (of Certifier) ME 80054		34b. CERTIFIER'S NAME Michael D. Hunter, MD	
34c. NAME OF ATTENDING PHYSICIAN (If other than Certifier)		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S STATE Florida		36b. CITY OR TOWN Ramrod Key	
36c. STREET ADDRESS 27223 Overseas Highway		36d. ZIP CODE 33042	
37. SUBREGISTRAR - Signature and Date <i>[Signature]</i>		38a. LOCAL REGISTRAR - Signature <i>[Signature]</i>	
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) Feb. 7, 2008			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1947 (08/04)

34418063

CERTIFICATION OF VITAL RECORD



* 3 4 4 1 A 0 6 3 *