

OFFICIAL RECORD

Requested By:

ALLISON MACKENZIE ETAL

APN: 1319-30-644-086^{pm}

When recorded return to:

DONA SUE WOOD

✓ 4314 Pine Breeze Drive

Kingwood, TX 77345

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00

BK-0610 PG-0509 RPTT: 0.00



The party executing this document hereby affirms that this document submitted for recording does contain the social security number of any person or persons pursuant to NRS 239B.030

AFFIDAVIT OF DEATH

STATE OF Texas)

: ss.

COUNTY OF Harris)

I, DONA SUE WOOD, of legal age, being first duly sworn, depose and say:

1. That LOUIS RANDOLPH WOOD, the decedent mentioned in the attached certified copy of Certificate of Death (Exhibit "A" attached hereto and incorporated herein by this reference), is the same person named as one of the parties to a 45% undivided interest as a joint tenant in that certain Grant Bargain and Sale Deed recorded May 15, 1992, as Document No. 278749, Book No. 592, Page No. 2738, executed by HARICH TAHOE DEVELOPMENTS to ROBERT WM. SULLIVAN & GWEN M. SULLIVAN, husband and wife as joint tenants, as to an undivided 50% interest & L.R. WOOD and DONA SUE WOOD, husband and wife as joint tenants, as to an undivided 45% interest & M. Johanna Wood, an unmarried woman, as to an undivided 5% interest, recorded in the Official Records of Douglas County, Nevada, and one of

the parties to a 5% undivided interest as a joint tenant in that certain Quitclaim Deed recorded July 2, 1993 as Document No. 311489, Book No. 793, Page No. 184 executed by M. JOHANNA WOOD, and re-recorded March 15, 2010 as Document No. 0760173, Book 0310, Page No. 3204, covering that certain real property situate in Douglas County, Nevada, more particularly described as follows:

(See Exhibit "B" attached hereto and incorporated herein by this reference)

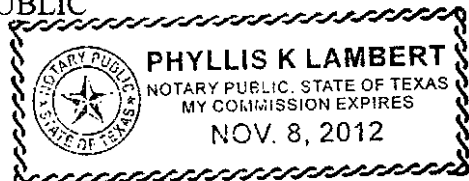
2. That the family relation of Affiant to the decedent on the date decedent died was spouse.
3. The undersigned does hereby swear under penalty of perjury that the foregoing assertions are true and correct.

DATED this 5th day of April, 2010.

Dona Sue Wood
DONA SUE WOOD

On April 5, 2010, personally appeared before me, a notary public, DONA SUE WOOD, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Surviving Joint Tenant, who acknowledged to me that she executed the foregoing document.

Phyllis K Lambert
NOTARY PUBLIC



CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH
State of Delaware (107)

OFFICE OF VITAL STATISTICS
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
LOCAL REG. NO. STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST) **Louis Randolph Wood** 2. SEX **Male** 3. DATE OF DEATH (MO., DAY, YR.) **May 14, 1998**

4. SOCIAL SECURITY NO. **0010** 5A. AGE (YRS) **43** 5B. UNDER 1 YEAR MONTHS **0** DAYS **0** 5C. UNDER 1 DAY HOURS **0** MINUTES **0** 6. DATE OF BIRTH (MO., DAY, YR.) **Mar. 29 1955** 7. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY) **Baltimore, Maryland**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES NO 9. ANATOMICAL GIFT CONSENT GRANTED NOT GRANTED 10A. PLACE OF DEATH (CHECK ONLY ONE. SEE INSTRUCTIONS ON OTHER SIDE) HOSPITAL INPATIENT OUTPATIENT DOA NURSING HOME RESIDENCE OTHER (SPECIFY) _____

10B. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER) **Christiana Care Health System Christiana Hospital** 10C. CITY, TOWN, OR LOCATION OF DEATH **Newark** 10D. COUNTY OF DEATH **New Castle**

11. MARITAL STATUS - MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPEC.) **Married** 12. MOST RECENT SPOUSE ALIVING DECEASED (MAIDEN NAME IF WIFE) **Dona Sue Driskill** 13A. DECEDENT'S USUAL OCCUPATION (ROAD OF WORK DURING MOST OF WORKING LIFE. DO NOT USE RETIRED) **Chemical Engineer** 13B. KIND OF BUSINESS/INDUSTRY **Chemical Manufacturing**

14A. RESIDENCE - STATE **Delaware** 14B. COUNTY **New Castle** 14C. CITY, TOWN, OR LOCATION **Newark** 14D. STREET AND NUMBER **23 Spinet Rd., Sherwood Forest**

14E. INSIDE CITY LIMITS? (YES OR NO) **No** 14F. ZIP CODE **19713** 15. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY NO OR YES. SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO YES (Specify) _____ 16. RACE - AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY) **White** 17. DECEDENT'S EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ELEMENTARY/SECONDARY (9-12) **6+** COLLEGE (1-4 OR 5+)

PARENTS

18. FATHER'S NAME (FIRST, MIDDLE, LAST) **Louis A. Wood** 19. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME) **Mary Johanna Feaga**

INFORMANT

20A. INFORMANT'S NAME (TYPE/PRINT) **Dona Sue Wood - Wife** 20B. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) **23 Spinet Rd., Sherwood Forest, Newark, DE 19713**

DISPOSITION

21A. METHOD OF DISPOSITION BURIAL CREMATION REMOVAL FROM STATE DONATION OTHER (SPECIFY) _____ 21B. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE) **Silverbrook Crematory** 21C. LOCATION (CITY, TOWN, STATE) **Wilmington, Delaware**

22A. SIGNATURE OF BURIAL DIRECTOR *[Signature]* 22B. LICENSE NUMBER (OF LICENSEE) **K1000414** 22C. NAME AND ADDRESS OF FACILITY **Spicer-Mullikin Funeral Homes, Inc. 1000 N. DuPont Pkwy, New Castle, DE**

24. REGISTRAR'S SIGNATURE *[Signature]* 25. DATE FILED (MO., DAY, YR.) **MAY 19 1998**

PRONOUNCING OFFICIAL

COMPLETE ITEMS 26 A-C ONLY WHEN CERTIFYING PHYSICIAN IS NOT AVAILABLE AT TIME OF DEATH TO CERTIFY CAUSE OF DEATH.

26A. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED ALL PM **Reynold Agard, M.D.** 26B. LICENSE NUMBER **Resident** 26C. DATE SIGNED (MO., DAY, YR.) **05/14/1998**

27. TIME OF DEATH **0403** 28. DATE PRONOUNCED DEAD (MO., DAY, YR.) **May 14, 1998** 29. WAS CASE REFERRED TO MEDICAL EXAMINER? (YES OR NO) **NO**

CERTIFIER

30A. CERTIFIER (CHECK ONLY ONE) CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 26) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying the cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

30B. SIGNATURE AND TITLE OF CERTIFIER *[Signature]* 30C. LICENSE NUMBER **1994** 30D. DATE SIGNED (MO., DAY, YR.) **5/14/98**

31. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 40) (TYPE/PRINT) **Irena Stolar, M.D., 320 Christiana Med Ctr Newark, DE 19702**

32A. WAS AN AUTOPSY PERFORMED? YES NO 32B. MANNER OF DEATH NATURAL ACCIDENT SUICIDE HOMICIDE PENDING INVESTIGATION UNDETERMINED

33. DATE OF INJURY (MO., DAY, YR.) _____ 34. TIME OF INJURY _____ 35. PLACE OF INJURY (AT HOME, RURAL STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) _____ 36. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE) _____

PART II DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE PER EACH LINE.

IMMEDIATE CAUSE (FINAL DISEASE, INJURY OR CONDITION THAT IN YOUR OPINION CAUSED THE DEATH)

IMMEDIATE CAUSE (A) **Electromechanical Dissociation**

DUE TO (B) **Cardiac Arrest**

DUE TO (C) **Ischemic Cardiomyopathy**

DUE TO (D) **Coronary Artery Disease**

SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY WHICH INITIATED EVENTS RESULTING IN DEATH) LAST

PART II OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO CAUSE OF DEATH **Insulin-dependent Diabetes Mellitus, Reriplearal Disease, Renal Dysfunction**

102849

(2) LOCAL REGISTRAR'S COPY

This is to certify that this is a true and correct reproduction or abstract of the official record filed by **1690021681** with the Delaware Division of Public Health.

Any alteration of this document is prohibited. Do not accept unless on security paper with the raised seal of the Office of Vital Statistics.

State Registrar *[Signature]*

BK- 0610
PG- 511
0764717 Page: 3 Of 4 06/02/2010



EXHIBIT "B"

All that certain parcel of real property situate in Douglas County, state of Nevada, more particularly described as follows:

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 interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13th 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. 176 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: 1319-30-644-086