

DOC # 764951  
06/08/2010 12:33PM Deputy: DW  
OFFICIAL RECORD  
Requested By:  
PREFERRED TRANSFERS  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-610 PG-1628 RPTT: 0.00

Ptn of ADN: ~~0000-40-050-450~~  
1319-30-712-001 Ptn.

**RECORDING REQUESTED and RETURN TO:**

Mary Tracy  
Preferred Transfers, LLC  
855 Trosper Road, Suite 108-322  
Tumwater, WA 98512-8108



File No:33829

RECORDERS USE ONLY

**AFFIDAVIT-DEATH OF JOINT TENANT**

STATE OF Arizona

SS.

COUNTY OF Maricopa

**Mary Tracy**, of legal age, being duly sworn, deposes and says

That Naomi Ann Collings, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Ann L. Collings**, named as one of the parties in that certain Corporation Grant Deed executed by Ridge Pointe Limited Partnership to Dale F. Collings and Ann L. Collings, recorded as Book 1098/Page 1651 on **10/09/1998**, of Official Records of Douglas County, covering the following described property situated in the County Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO FOR COMPLETE LEGAL DESCRIPTION

Dated: 5/18/10

X Mary Tracy  
Mary Tracy

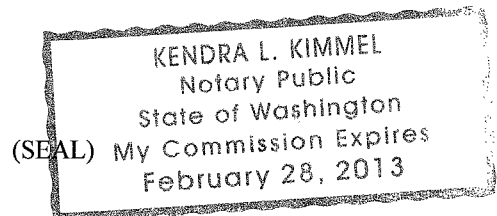
STATE OF WASHINGTON

COUNTY OF THURSTON

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME Kendra Kimmel NOTARY PUBLIC ON THIS 18<sup>th</sup> DAY OF May 2010, BY Mary Tracy, PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE [Signature]  
NOTARY PUBLIC

NOTARY EXPIRATION DATE: 11/8/13



**CERTIFICATION OF VITAL RECORD**

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

**STATE OF ARIZONA**

ORIGINAL  
STATE  
COPY

**STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH**

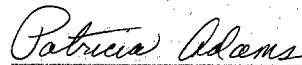
DEATH NO. 102-2009-038940

1. NAME OF DECEASED A. FIRST: NAOMI B. MIDDLE: ANN C. LAST: COLLINGS			2. SEX: FEMALE	3. DATE OF DEATH: 11-11-2009 MONTH: 11 DAY: 11 YEAR: 2009			
4A. RACE: CAUCASIAN		4B. WAS DECEDENT OF HISPANIC ORIGIN: NO		4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		5. WAS DECEASED EVER IN U.S. ARMED FORCES?: NO	
6. PLACE OF DEATH: MARICOPA 6A. COUNTY: MARICOPA		6B. TOWN OR CITY: SUN CITY WEST		6C. HOSPITAL OR INSTITUTION: 14108 W PINETREE DR		6D. DECEDENT'S RESIDENCE	
7. DATE OF BIRTH: 01-28-1932 MONTH: 01 DAY: 28 YEAR: 1932		8A. AGE (YEARS LAST BIRTHDAY): 77	8B. UNDER 1 YEAR MOS. DAYS	8C. UNDER 1 DAY HRS. MIN.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED 10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): DALE F COLLINGS		
11. STATE AND CITY OF BIRTH: HAMMOND, INDIANA		12. CITIZEN OF WHAT COUNTRY? INTENTIONALLY LEFT BLANK		13. SOCIAL SECURITY NO.: ██████████-6425		14. USUAL OCCUPATION: HOMEMAKER	
15. USUAL RESIDENCE: ARIZONA 15A. STATE: ARIZONA 15B. COUNTY: MARICOPA		15C. TOWN OR CITY: SUN CITY WEST		15D. ZIP CODE: 85375		16. HOW LONG IN ARIZONA?: 17 YEARS	
15E. STREET ADDRESS OR R.F.D.: 14108 W PINETREE DR.		15F. INSIDE CITY LIMITS?: YES	15G. ON RESERVATIONS: NO	18. PREVIOUS STATE OF RESIDENCE: INTENTIONALLY LEFT BLANK		17. EDUCATION HIGHEST GRADE COMPLETED: 4 YEARS OF COLLEGE 17A. ELEMENTARY SECONDARY (0-12): 17B. COLLEGE (1-4 or 5+): 4	
19. FATHER'S NAME: ARTHUR E LETSINGER A. FIRST: ARTHUR B. MIDDLE: E C. LAST: LETSINGER			20. MOTHER'S MAIDEN NAME: NAOMI L FAWCETT A. FIRST: NAOMI B. MIDDLE: L C. LAST: FAWCETT				
21. INFORMANT'S SIGNATURE: DALE F COLLINGS			22. RELATIONSHIP TO DECEASED: SPOUSE			23. ADDRESS: 14108 W PINETREE DR, SUN CITY WEST, ARIZONA 85375	
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION		25. DATE: 11-16-2009		26. CEMETERY OR CREMATORY - NAME/LOCATION: CAMINO DEL SOL CREMATORY, SUN CITY WEST 26A. ARIZONA		27. EMBALMER'S SIGNATURE: INTENTIONALLY LEFT BLANK 27B. CERT. NO.	
28. FUNERAL HOME: CAMINO DEL SOL FUNERAL CHAPEL & CREMATION		28A. NAME: 13738 CAMINO DEL SOL SUN CITY WEST, AZ		28B. STREET ADDRESS: 13738 CAMINO DEL SOL SUN CITY WEST, AZ		28C. CITY AND STATE: SUN CITY WEST, ARIZONA	
29. FUNERAL DIRECTOR or person acting as such (SIGNATURE): STEPHANIE S ZELT, FUNERAL DIRECTOR		29A. DIRECTOR		29B. CERT. NO.: F1116			
30. SIGNATURE AND TITLE: ASHISH SACHDEVA, M.D.		31. DATE SIGNED (Mo., Day, Year): 11-12-2009		32. HOUR OF DEATH: 0921		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
34. SIGNATURE AND TITLE:		35. DATE SIGNED (Mo., Day, Year):		36. HOUR OF DEATH:		37. PRONOUNCED DEAD (Mo., Day, Year):	
38. AT		39. ON		40. PRONOUNCED DEAD (Hour)			
39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY: ASHISH SACHDEVA, M.D. 13090 N 94TH DR PEORIA, AZ 85381				40. AUTHORIZED FOR CREMATION: YES		41. MEDICAL EXAMINER'S SIGNATURE: MARK A. FISCHIONE	
42. DATE REGISTERED: 11-17-2009		43. REG. FILE NO.: 2009MC-041252		44. REGISTRAR'S SIGNATURE: MICHELE CASTANEDA-MARTINEZ		45. REG. DISTRICT: INTENTIONALLY LEFT BLANK	
46. DATE REC'D IN STATE OFFICE: INTENTIONALLY LEFT BLANK		47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ONEACH LINE): ESOPHAGEAL CANCER		47B. DUE TO OR AS A CONSEQUENCE OF:		47C. DUE TO OR AS A CONSEQUENCE OF:	
48. MANNER OF DEATH: NATURAL DEATH		49. AUTOPSY: NO		50. WAS CASE REFERRED TO MEDICAL EXAMINER: YES		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN	
51. SUPPLEMENTARY ENTRIES:		52. DATE OF INJURY: MO DAY YR HOUR		53. INJURY AT WORK?:		54. DESCRIBE HOW INJURY OCCURRED:	
55. PLACE OF INJURY SPECIFY:		56. WHERE LOCATED?:		57. STREET ADDRESS:		CITY OR TOWN STATE	


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Date Issued: 11-20-2009

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

  
 PATRICIA ADAMS  
 ASSISTANT STATE REGISTRAR

  
 Arizona  
 Department of  
 Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

2881321



**Exhibit "A"**

**A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/1326th interest in and to Lot 160 as shown and defined on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996, at Page 2133, Official Records, Douglas County, Nevada, together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997 as Document NO. 0425591, and subject to said Declaration; with the exclusive right to use said interest in Lot 160 only, for one Use Period every other year in even-numbered years in accordance with said Declaration.**

**A portion of APN: 0000-40-050-450**

**Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.**

**File:33829**

