

DOC # 778265
02/08/2011 12:14PM Deputy: PK
OFFICIAL RECORD
Requested By:
FIRST AMERICAN - NVOD LA
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: 18.00
BK-211 PG-1471 RPTT: 0.00



A.P.N.: 13-19-30-512-011(PTN)
File No: TRAN-7779 (cg)

When Recorded return to, and mail Tax Statements to:
Darlyne E. Iverson
234 Christine Way
Pismo Beach, CA 93449

AFFIDAVIT - TERMINATING JOINT TENANCY

Darlyne E. Iverson, of legal age, being first duly sworn, deposes and says:

That **James E. Iverson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James E. Iverson** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **May 20, 1988** executed by **James E. Iverson** to **James E. Iverson and Darlyne E. Iverson** as joint tenants, recorded as Document No. **179025** on **May 31, 1988** in Book **588**, Page **4067** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

A Time Share estate comprised of:

PARCEL 1:

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

(a) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254

(b) Unit No. 018-11 as shown and defined on said 7th Amended Map of Tahoe Village Unit No. 1.

PARCEL 2:

A non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.



File No.: TRAN-7779

NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) Sandra Souza

Address: 559 Five Cities Dr. Pismo Beach

Daytime Phone Number: 805 - 713 - 6600

State: CA

County: San Luis Obispo

In the event **First American Title Insurance Company**, a(n) **California** Corporation comes across a problem with the Notary section I, Sandra S. Souza (notary public) authorizes **First American Title Insurance Company**, a(n) **California** Corporation to make changes to the notary section only.

[Signature]
Notary Public signature



CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

File No:

STATE OF California)SS
COUNTY OF San Luis Obispo)

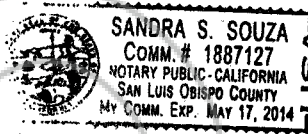
On 12/23/10 before me, Sandra S. Souza, Notary Public, personally appeared Darlene E. Iverson

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



This area for official notarial seal.

OPTIONAL SECTION CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the documents.

- INDIVIDUAL
- CORPORATE OFFICER(S) TITLE(S)
- PARTNER(S) LIMITED GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER

SIGNER IS REPRESENTING:

Name of Person or Entity

Name of Person or Entity

OPTIONAL SECTION

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW

TITLE OR TYPE OF DOCUMENT: AFFIDAVIT

NUMBER OF PAGES 2 DATE OF DOCUMENT 12/16/10

SIGNER(S) OTHER THAN NAMED ABOVE N/A

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

CERTIFICATE OF DEATH

3200840001481

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) JAMES		3. LAST (Family) IVERSON	
2. MIDDLE E		4. DATE OF BIRTH mm/dd/yyyy 05/17/1937	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 71 IF UNDER ONE YEAR: Months Days Hours Minutes IF UNDER 24 HOURS: Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY SD		10. SOCIAL SECURITY NUMBER 4 -6221	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION — Highest Level/Degree (See worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED INVESTIGATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CALIFORNIA HIGHWAY PATROL	
19. YEARS IN OCCUPATION 32		20. DECEDENT'S RESIDENCE (Street and number or location) 234 CHRISTINE WAY	
21. CITY PISMO BEACH		22. COUNTY/PROVINCE SAN LUIS OBISPO	
23. ZIP CODE 93449		24. YEARS IN COUNTY 25	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DARLYNE IVERSON, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 234 CHRISTINE WAY, PISMO BEACH, CA 93449		28. NAME OF SURVIVING SPOUSE — FIRST DARLYNE	
29. MIDDLE MARLYS		30. LAST (Maiden Name) EKREN	
31. NAME OF FATHER — FIRST JOHN		32. MIDDLE ELLARD	
33. LAST IVERSON		34. BIRTH STATE MN	
35. NAME OF MOTHER — FIRST ETHEL		36. MIDDLE S.	
37. LAST (Maiden) JACOBSON		38. BIRTH STATE MN	
39. DISPOSITION DATE mm/dd/yyyy 09/19/2008		40. PLACE OF FINAL DISPOSITION LOS OSOS VALLEY MEMORIAL PARK 2260 LOS OSOS VALLEY ROAD, LOS OSOS, CA 93402	
41. TYPE OF DISPOSITION(S) CRBU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT LOS OSOS VALLEY FUNERALS & CREM	
45. LICENSE NUMBER FD1436		46. SIGNATURE OF LOCAL REGISTRAR PENNY BORENSTEIN, MD	
47. DATE mm/dd/yyyy 09/16/2008		101. PLACE OF DEATH SIERRA VISTA REGIONAL MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN LUIS OBISPO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1010 MURRAY AVE.	
106. CITY SAN LUIS OBISPO		107. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) RESPIRATORY ARREST	
108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Time Interval Between Onset and Death 15 MINS	
110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NONE		115. SIGNATURE AND TITLE OF CERTIFIER DONALD A RAMBERG M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DONALD A RAMBERG M.D. 699 CALIFORNIA BLVD STE B, SAN LUIS OBISPO, CA 93401		117. LICENSE NUMBER G56939	
118. DATE mm/dd/yyyy 09/09/2008		119. DATE mm/dd/yyyy 09/10/2008	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. FAX AUTH. #	
STATE REGISTRAR		CENSUS TRACT	

BK-211
PG-1475

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY SAN LUIS OBISPO

SS

SEP 18 2008
DATE ISSUED



000256575

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.

G.W. Thomas MD
G.W. THOMAS, MD, HEALTH OFFICER

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

