

DOC # 0785150  
06/20/2011 10:15 AM Deputy: GB

OFFICIAL RECORD

Requested By:

DIANE LAWSBROWN

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 6 Fee: 19.00  
BK-0611 PG- 3928 RPTT: 0.00



Assessor's Parcel Number:

Recording Requested By:

Name: Diane E. Laws-Brown

Address: 5932 Condon Ave.

City/State/Zip Los Angeles, CA 90056

Real Property Transfer Tax: \$

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Affidavit-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.*



RECORDING REQUESTED BY  
Diane E Laws-Brown

AND WHEN RECORDED MAIL TO:

NAME Diane E Laws-Brown  
STREET ADDRESS 5932 Condon Avenue  
CITY, STATE & ZIP CODE Los Angeles, CA 90056

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

# AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF California  
COUNTY OF Los Angeles

Diane E Laws-Brown and Linda Yvonne Henderson-Smith, formerly known as Linda Yvonne Brown, of legal age, being first duly sworn, deposes and says:

That Willa Mae Brokenbough, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Willa Brokenbough, an unmarried woman named as one of the parties in that certain Grant Deed dated May, 2001, executed by Willa Brokenbough to See Exhibit A attached hereto as joint tenants, recorded as Instrument No. 0514760, on May 24, 2001, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property situated in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_:

(Insert Legal Description)

See Legal Description Attached as Exhibit B

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 50,000.00

Dated May 26, 2011

*Diane E. Laws-Brown*  
(Signature of Joint Tenant)

*Linda Yvonne Henderson-Smith*  
(Signature of Joint Tenant)

Diane E. Laws-Brown  
(Type or print full name of Joint Tenant)

Linda Yvonne Henderson-Smith  
(Type or print full name of Joint Tenant)

State of California }  
County of Los Angeles }

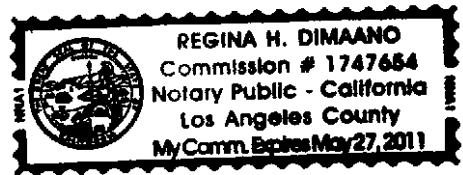
REGINA H. DIMAANO  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires Oct. 2013

*Regina H. Dimaano*

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON this 26th day of May, 2011 by Diane E. Laws-Brown personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

*Regina H. Dimaano*  
SIGNATURE



MAIL TAX STATEMENT TO: Diane E Laws-Brown & Linda Y. Henderson-Smith, 5932 Condon Ave, LA, CA 90056

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.



EXHIBIT A

to: Willa Brokenbough, an unmarried woman, Diane E. Laws-Brown, a married woman as her separate property, and Linda Yvonne Brown, a single woman.

COPY

EXHIBIT B

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 5 as shown and defined on said map; 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 Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-05

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201119005668

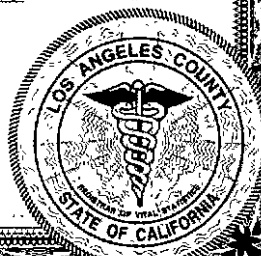
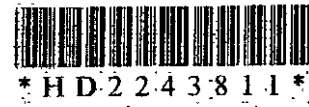
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)			LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) <b>WILLA</b>		2. MIDDLE <b>MAE</b>		3. LAST (Family) <b>BROKENBOUGH</b>				
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy <b>12/05/1921</b>	5. AGE Yrs. <b>89</b>	6. SEX <b>F</b>		
9. BIRTH STATE/FOREIGN COUNTRY <b>SOUTH CAROLINA</b>		10. SOCIAL SECURITY NUMBER <b>6720</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP (at Time of Death) <b>WIDOWED</b>	13. HOURS OF DEATH mm/dd/yyyy <b>02/07/2011</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? # Yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>AFRICAN AMERICAN</b>			17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>CATERER</b>	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CULINARY ARTS</b>
19. YEARS IN OCCUPATION <b>60</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>5932 CONDON AVENUE</b>						
21. CITY <b>LOS ANGELES</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>90056</b>		24. YEARS IN COUNTY <b>60</b>		
25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>DIANE LAWS BROWN, DAUGHTER</b>						
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5932 CONDON AVENUE, LOS ANGELES, CA 90056</b>								
28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>JOSEPH</b>		29. MIDDLE <b>BURCH</b>		30. LAST (BIRTH NAME) <b>BURCH</b>			34. BIRTH STATE <b>SC</b>	
31. NAME OF FATHER/PARENT - FIRST <b>REBECCA</b>		32. MIDDLE <b>ALES</b>		33. LAST (BIRTH NAME) <b>ALES</b>			38. BIRTH STATE <b>UNK</b>	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)				
39. DISPOSITION DATE mm/dd/yyyy <b>02/12/2011</b>		40. PLACE OF FINAL DISPOSITION <b>ABBEY MEMORIAL PARK CEMETERY</b>						
41. TYPE OF DISPOSITION <b>BU</b>		42. SIGNATURE OF EMBALMER <b>BYRON WASHINGTON</b>		43. LICENSE NUMBER <b>EMB8037</b>		44. DATE mm/dd/yyyy <b>02/10/2011</b>		
45. LICENSE NUMBER <b>FD639</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>		47. DATE mm/dd/yyyy <b>02/10/2011</b>				
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/CP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/JC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>5932 CONDON AVENUE</b>				106. CITY <b>LOS ANGELES</b>		
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 ventilator dysfunction without showing the etiology. DO NOT ABBREVIATE. <b>(A) CARDIOPULMONARY FAILURE</b>		Time between Onset and Death (AT) <b>MIN</b>		108. DEATH REPORTED TO CORPSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) END STAGE CEREBROVASCULAR ACCIDENT</b>		Time between Onset and Death (BT) <b>YRS</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. <b>NONE</b>		Time between Onset and Death (CT) <b></b>		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. <b>NO</b>		Time between Onset and Death (DT) <b></b>		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: <b>12/29/2010</b> <b>02/07/2011</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>SUZANNE KAREFA-JOHNSON M.D.</b>		116. LICENSE NUMBER <b>G57792</b>		117. DATE mm/dd/yyyy <b>02/10/2011</b>		
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> 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		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SUZANNE KAREFA-JOHNSON M.D.</b>		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)				
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number or location, and city, and zip)						
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
STATE REGISTRAR		A B C D E		FAX AUTH.		CENSUS TRACT		

BK- 0611  
PG- 3932  
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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*  
Director of Public Health and Registrar

DATE ISSUED FEB 11 2011



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK**

**LICENSE AND CERTIFICATE OF MARRIAGE**  
MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS  
USE DARK INK ONLY

4 200919029642

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A FIRST NAME <b>LINDA</b>		1B MIDDLE <b>YVONNE</b>	
1C CURRENT LAST <b>BENDERSON</b>		1D LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) <b>BROWN</b>	
2 DATE OF BIRTH (MM/DD/CCYY) <b>03/20/1979</b>	3 STATE/COUNTRY OF BIRTH <b>CALIFORNIA</b>	4 # PREV MARRIAGES/SRDP <b>01</b>	5A LAST MARRIAGE/SRDP ENDED BY ☐ DEATH ☐ MISSO ☐ ANNULMENT ☐ TERM SHOP ☐ N/A <b>03/26/2007</b>
5B DATE ENDED (MM/DD/CCYY)		6 ZIP CODE <b>30034</b>	
7 ADDRESS <b>3439 LEHIGH WAY</b>		8 CITY <b>DECATUR</b>	9 STATE/COUNTRY <b>GEORGIA</b>
10A FULL BIRTH NAME OF FATHER/PARENT <b>GEORGE BERNARD BROWN</b>		10B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>IN CAROLINA</b>	
11A FULL BIRTH NAME OF MOTHER/PARENT <b>DIANE ELAINE BROKENBOUGH</b>		11B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CALIFORNIA</b>	
12A FIRST NAME <b>THOMAS</b>		12B MIDDLE <b>PRESTON</b>	
12C CURRENT LAST <b>SMITH JR.</b>		12D LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) <b>---</b>	
13 DATE OF BIRTH (MM/DD/CCYY) <b>11/28/1978</b>	14 STATE/COUNTRY OF BIRTH <b>ILLINOIS</b>	15 # PREV MARRIAGES/SRDP <b>01</b>	15A LAST MARRIAGE/SRDP ENDED BY ☐ DEATH ☐ MISSO ☐ ANNULMENT ☐ TERM SHOP ☐ N/A <b>10/07/2008</b>
17 ADDRESS <b>3439 LEHIGH WAY</b>		18 CITY <b>DECATUR</b>	19 STATE/COUNTRY <b>GEORGIA</b>
20 ZIP CODE <b>30034</b>		21 STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>ILLINOIS</b>	
22A FULL BIRTH NAME OF MOTHER/PARENT <b>ALMA COGGS</b>		22B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>ILLINOIS</b>	
<p>WE, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 306 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.</p>			
23 SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D <i>[Signature]</i>		24 SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D <i>[Signature]</i>	
<p>I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 428. THE PARTIES PROVIDED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE, CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS REQUIRED HEREIN AND APPROVING FOR THE ISSUANCE OF THIS LICENSE AND CERTIFICATE.</p>			
25A ISSUE DATE (MM/DD/CCYY) <b>12/31/2009</b>	25B EXPIRES AFTER (MM/DD/CCYY) <b>03/30/2010</b>	25C NAME OF COUNTY CLERK <b>DEAN C. LOGAN</b>	25D SIGNATURE OF CLERK OR DEPUTY CLERK <i>[Signature]</i>
25E MARRIAGE LICENSE NUMBER <b>X P020764</b>	25F COUNTY OF ISSUE <b>LOS ANGELES</b>	25G RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS) <b>P.O. BOX 53120, L.A., CA. 90053-0120</b>	
26A SIGNATURE OF WITNESS <i>[Signature]</i>		26B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>SHALON V. LAWS ONEIL</b>	
26C ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>6709 LATOJA BLVD #315 LOS ANGELES, CA 90045</b>		26D SIGNATURE OF WITNESS <i>[Signature]</i>	
26E ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>5932 Condon Ave LA, CA 90056</b>		26F NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>NATHANIEL W. WILLIAMS</b>	
<p>I, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.</p>			
27A DATE OF MARRIAGE (MM/DD/CCYY) <b>12/31/09</b>	27B CITY/TOWN OF MARRIAGE <b>LOS ANGELES</b>	27C COUNTY OF MARRIAGE <b>LOS ANGELES</b>	
27A SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>[Signature]</i>		27B RELIGIOUS DENOMINATION (IF CLERGY) <b>BAPTIST</b>	
27C NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) <b>COLETT MONTANA</b>		27D OFFICIAL TITLE <b>MINISTER</b>	
27E ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>4810 Holloway Ct #197, Williams, CA 90210</b>		27F SIGNATURE OF PERSON SOLEMNIZING MARRIAGE (SEE REVERSE FOR INFORMATION)	
NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)		NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)	
30A FIRST - MUST BE SAME AS 1A <b>LINDA</b>	30B MIDDLE <b>YVONNE BROWN</b>	30C LAST <b>BENDERSON-SMITH</b>	
31A FIRST - MUST BE SAME AS 12A <b>---</b>	31B MIDDLE <b>---</b>	31C LAST <b>---</b>	
LOCAL REGISTRAR 32A NAME OF LOCAL REGISTRAR <b>DEAN C. LOGAN</b>		32B SIGNATURE OF CLERK OR DEPUTY CLERK <i>[Signature]</i>	
		32C DATE ACCEPTED FOR REGISTRATION <b>FEB 05 2010</b>	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (01/01/2009)

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PG- 3933  
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0785150

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk

FEB 19 2010

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

\* 000257492 \*

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk

