

Assessor's Parcel Number: 42-254-29  
1314-30-643-03U

Recording Requested By:  
Name: Gary R. King & Associates

Address: 30950 Rancho Viejo Rd., 1558

City/State/Zip San Juan Capistrano, CA  
92675

Real Property Transfer Tax:

DOC # **0785940**  
07/05/2011 12:12 PM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
GARY R KING & ASSOC

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: 17.00  
BK-0711 PG-0527 RPTT: 0.00



\$ 0

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.*

**WHEN RECORDED MAIL TO:**

Prepared by: Gary R. King, Esq.  
Gary R. King & Associates  
30950 Rancho Viejo Road, Suite 155  
San Juan Capistrano, California  
92675

Ref: 90048.903

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**MAIL TAX STATEMENTS TO:**

Marina Mora  
1252 Indian Creek Drive  
Chula Vista, California 91915

THE UNDERSIGNED GRANTOR DECLARES:  
DOCUMENTARY TRANSFER TAX \$0

NONE

A.P. No.: 42-254-29

**AFFIDAVIT - DEATH OF JOINT TENANT**

Marina Mora, of legal age, being first duly sworn, deposes and says:

That Elias Mora, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Elias Mora named as one of the parties in that certain Grant Bargain Sale Deed, dated August 21, 1994, executed by Harich Tahoe Developments, a Nevada general partnership, to Elias Mora and Marina Mora, husband & wife as joint tenants with rights of survivorship, recorded as Instrument No 345175 BK 0894PG5520, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada, described on attached Exhibit "A":

Dated: June 27, 2011

Marina Mora  
Marina Mora  
State of California  
County of San Diego

Subscribed and sworn to (or affirmed) before me on this 27<sup>th</sup> day of June, 2011, by Marina Mora, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Seal

Michele P. Haro Notary Public



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

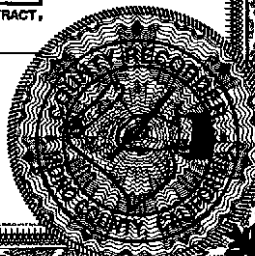
### OFFICE OF RECORDER COUNTY OF MONO BRIDGEPORT, CALIFORNIA

#### CERTIFICATE OF DEATH

3 2011 26 000006

STATE FILE NUMBER 1		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITEDITS OR ALTERATIONS VS-11 (REV 2008)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>Elias</b>		2. MIDDLE <b>-</b>		3. LAST (Family) <b>Mora</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>08/19/1950</b>		5. AGE Yrs. <b>60</b>		6. SEX <b>M</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>Mexico</b>		10. SOCIAL SECURITY NUMBER <b>0465</b>		12. MARITAL STATUS/PROP. (at Time of Death) <b>Married</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		7. DATE OF DEATH mm/dd/yyyy <b>04/02/2011 FND</b>		8. HOUR (24 Hour) <b>2331</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>Some College</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>Hispanic</b> <input type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>White</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>Owner/Operator</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>Plastics Manufacturing</b>		19. YRS IN OCCUPATION <b>27</b>
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1252 Indian Creek Drive</b>					
21. CITY <b>Chula Vista</b>		22. COUNTY/PROVINCE <b>San Diego</b>		23. ZIP CODE <b>91915</b>	
24. YEARS IN COUNTRY <b>14</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>Marina Mora, Wife</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1252 Indian Creek Drive, Chula Vista, CA 91915</b>		
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST <b>Marina</b>		29. MIDDLE <b>TABIE</b>		30. LAST BIRTH NAME <b>Tarazon</b>	
31. NAME OF FATHER/PARENT - FIRST <b>Eduardo</b>		32. MIDDLE <b>-</b>		33. LAST <b>Mora</b>	
34. BIRTH STATE <b>Mexico</b>		35. NAME OF MOTHER/PARENT - FIRST <b>Maria</b>		36. MIDDLE <b>-</b>	
37. LAST BIRTH NAME <b>Cornejo</b>		38. BIRTH STATE <b>NM</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>04/06/2011</b>		40. PLACE OF FINAL DISPOSITION <b>Mora res: 1252 Indian Creek Drive, Chula Vista, CA91915</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>Brune Mortuary</b>		45. LICENSE NUMBER <b>FD-192</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>LYNDA SALCIDO by <i>Lynda Roberts</i></b>	
47. DATE mm/dd/yyyy <b>4/6/2011</b>					
101. PLACE OF DEATH <b>Condominium</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> SVOP <input type="checkbox"/> OOK <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY <b>Mono</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2112 Meridian Blvd., #19</b>		106. CITY <b>Mammoth Lakes</b>	
107. CAUSE OF DEATH Enter the chain of events -- disease, injury, or complication -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or apneustic suffocation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (A) Final disease or condition resulting in death <b>Asphyxiation</b>		108. BIRTH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Minutes <b>2011-151-06-Mono</b>		109. BOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Minutes	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B) disease or injury that initiated the events resulting in death) LAST <b>Acute Pulmonary Embolus</b>		110. AUTOPSY PERFORMED? (C) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Days		111. USED IN DETERMINING CAUSE? (D) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Mural Thrombosis - Right Atrium</b>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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 (A) mm/dd/yyyy (B) mm/dd/yyyy		116. SIGNATURE AND TITLE OF CERTIFIER <b>David W. O'Hara, Chief Deputy Coroner</b>		117. LICENSE NUMBER	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE mm/dd/yyyy <b>04/05/2011</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" 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		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 Hour)		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
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 <b>David W. O'Hara</b>		127. DATE mm/dd/yyyy <b>04/05/2011</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>David W. O'Hara, Chief Deputy Coroner</b>	

BK- 0711  
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**\*000012670\***  
CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF MONO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Mono County Recorder.

DATE ISSUED **April 7, 2011**

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Recorder.

*Lynda Roberts*  
LYNDA ROBERTS  
MONO COUNTY RECORDER



**EXHIBIT "A"**

Legal Description:

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. 29 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: 42-254-29