

Requested By:  
Stewart Title Vacation Own  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-711 PG-1113 RPTT: 0.00



A.P.N. #	A ptn of 1319-30-723-005
Escrow No.	331253201
Title No.	None
Recording Requested By:	
Stewart Vacation Ownership	
Mail Tax Statements To:	
Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449	
When Recorded Mail To:	
Betty J. Corbani 42 Mount Tom Rd. New Milford, CT 06776-5207	

**AFFIDAVIT – DEATH OF JOINT TENANT**

State of Connecticut }  
County of Litchfield } ss. New Milford

BETTY J. CORBANI, of legal age, being first duly sworn, deposes and says: That JOHN F. CORBANI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN F. CORBANI named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 28, 1983 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to JOHN F. CORBANI and BETTY J. CORBANI, husband and wife as joint tenants, recorded as Document No. 91681, on November 30, 1983 in Book 1183, Page No. 2977 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Naegle Building, Swing Season, Account #3312532A, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof

Dated: July 9, 2011 June 9, 2011 BJC

Betty J. Corbani  
Betty J. Corbani

State of Connecticut }  
County of Litchfield } ss. New Milford

This instrument was acknowledged before me on June 9 2011 (date)

by: Betty J. Corbani

Signature:

Faith P Weinraub  
Notary Public





VS-4 REV. 1/04  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>John F. Corbani</b>				2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) <b>March 30, 2004</b>		4. ACTUAL OR PRESUMED TIME OF DEATH <b>6:40</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
5. AGE LAST BIRTHDAY <b>74</b>	6. UNDER 1 YEAR Mo. Days Hours Min.	7. DATE OF BIRTH (MM/DD/YYYY) <b>Oct. 3, 1929</b>		8. BIRTHPLACE (City, State, or Foreign Country) <b>Brooklyn, NY</b>			
9. RESIDENCE (State) <b>Connecticut</b>		10. RESIDENCE (County) <b>Fairfield</b>		11. RESIDENCE (City or Town) <b>New Fairfield</b>		12. RESIDENCE (Street and No.) <b>160 Short Woods Rd.</b>	13. APT. NO.
14. ZIP CODE <b>06812</b>	15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Betty Manley</b>			
18. FATHER'S NAME (First, Middle, Last) <b>Frank Corbani</b>				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Lily Fischbach</b>			
20. INFORMANT'S NAME <b>Mary Josephine "Polly" O'Connor Friend / Companion</b>			21. INFORMANT'S RELATIONSHIP TO DECEDENT <b>Friend / Companion</b>	22. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>160 Short Woods Rd. New Fairfield CT 06812</b>			
23. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival		24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)		25. FACILITY NAME (If not institution, give street & number) <b>YNHH</b>			
26. CITY OR TOWN OF DEATH <b>New Haven</b>		27. COUNTY OF DEATH <b>New Haven</b>	28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)		31. DATE (MM/DD/YYYY) <b>04/02/04</b>		
29. DISPOSITION (Name of cemetery, crematory, other place) <b>Charter Oak Crematory</b>		30. LOCATION (city/town, state) <b>Oxford CT</b>		32. WAS BODY EMBALMED? *If yes, Name of Embalmer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35. LICENSE NUMBER OF SIGNEE IN BOX 34 <b>2450</b>		
33. FUNERAL FACILITY - Name and Address (street, town, state, zip) <b>Cremation Service of Western CT, 55 Main St. Danbury CT</b>				34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <b>D Brundage</b>		40. DATE SIGNED	
36. DATE PRONOUNCED DEAD (MM/DD/YYYY) <b>03/30/2004</b>	37. TIME PRONOUNCED <b>6:40 P</b>	38. NURSE PRONOUNCEMENT NAME AND DEGREE OR TITLE (Print)		39. SIGNATURE		40. DATE SIGNED	
41. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
44. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.							APPROXIMATE INTERVAL ONSET TO DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) <b>MASSIVE CEREBROVASCULAR ACCIDENT</b>						
Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) <b>LEFT ATRIAL MYXOMA</b>						
	(c)						
	(d)						
45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				46. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
48. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician - I am the attending physician and/or a physician acting on behalf of the attending physician and to the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying physician - I am the attending physician and/or a physician acting on behalf of the attending physician to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.							
Certifier Name (Type or print): <b>GARY S. KOPP</b>		Certifier Signature <b>G.S. Kopp</b>		City or Town <b>NEW HAVEN, CT.</b>		Title of Certifier <b>REGISTRAR</b>	Date Certified <b>3/30/04</b>
49. MAILING - CERTIFIER (Street)						(State)	(Zip)
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: <b>APR 07 2004</b>				BY <b>Renee Coppola</b>			
50. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input checked="" type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available	51. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify)		52. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)		55. SOCIAL SECURITY NUMBER <b>██████████ 1595</b>		
53. DECEDENT'S USUAL OCCUPATION <b>Corporate Executive</b>		54. KIND OF BUSINESS/INDUSTRY <b>Marketing</b>					

I certify that this is a true transcript of the information as recorded in this office.

Attest:

**Renee C. Coppola, Registrar**  
**Maria DeGaetano, Deputy Registrar**

Dated at New Haven, Connecticut, U.S.A., this 07 day of APRIL, 2004

NOT VALID WITHOUT SEAL OF CERTIFYING OFFICIAL



**EXHIBIT "A"**

**(33)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 33 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 125 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 III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Lots 31, 32 or 33 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-005

This document is recorded as an  
**ACCOMMODATION ONLY** and without liability  
for the consideration therefore, or as to the  
validity or sufficiency of said instrument, or  
for the effect of such recording on the title of  
the property involved.