

18-

Assessor's Parcel Number: 1919-30-645-003

Recording Requested By:

Name: QUINN L. Steadman

Address: 5935 Arlington Blvd

City/State/Zip Richmond CA 94805

Real Property Transfer Tax: \_\_\_\_\_

DOC # **0788702**  
08/29/2011 10:22 AM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
QUINN STEADMAN

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: 18.00  
BK-0811 PG- 5437 RPIT: 0.00



Affidavit of 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.*

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF Oregon }

SS

COUNTY OF Harney }

BEFORE ME, the undersigned Notary Public, personally appeared, Thomas A. Frisbie Sr., "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Thomas A. Frisbie Sr. and I reside at 35827 Hutchensen Lane, Burns, OR, 97720-0812.
2. I owned real property as a joint tenant with Petronella C. C. Frisbie, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.

Title deed is recorded in Book 0897, Page 5616 in the office of the register of deeds in the county and state aforesaid.

3. Petronella C. Frisbie, my joint tenant identified above, departed this life on the 02 day of June, 2007. A copy of the death certificate of Petronella C. Frisbie is attached.
4. On the date of the death of Petronella C. Frisbie, the above described real estate was owned by Thomas A. Frisbie Sr. and Petronella C. Frisbie, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 7<sup>th</sup> day of July, 2011.

Thomas A. Frisbie Sr.  
Affiant

SWORN TO AND SUBSCRIBED before me this the 7 day of July, 2011.

*Maria L. Iturriaga*  
NOTARY PUBLIC

My Commission Expires: 6/25/2012



EXHIBIT "A" (42)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 294 as shown and defined on said map; together 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment of Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week every other year in EVEN-numbered years in accordance with said Declarations.

Together with a 13 - foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 4319'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

- thence S. 5220'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;
- thence S. 1400'00" W., along said Northerly line, 14.19 feet;
- thence N. 5220'29" W., 30.59 feet;
- thence N. 3733'12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of APN: 42-010-40

REQUESTED BY  
**Stewart Title of Douglas County**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'97 AUG 29 AIO :15

0420515

LINDA SLATER  
RECORDER  
\$ PAID to DEPUTY

BK0897PG5616

**CERTIFICATION OF VITAL RECORD**

0788702 Page: 5 Of 5 08/29/2011

BK- 0811  
PG- 5441

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK.

457848  
I.D. TAG NO.

**OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH**

136-

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) <b>Petronella Catharina Frisbie</b>						2. Death Date (MON DD YYYY) <b>June 2, 2007</b>							
3. Sex (M/F) <b>Female</b>		4a. Age - Last Birthday <b>56</b>		4b. Under 1 Year Months: Days:		4c. Under 1 Day Hours: Minutes:		5. Social Security Number <b>5118</b>		6. County of Death <b>Harney</b>			
7. Birthdate (MON DD YYYY) <b>August 6, 1950</b>			8a. Birthplace (City/Town, or County) <b>Amsterdam</b>			8b. (State or Foreign Country) <b>Holland</b>			9. Decedent's Education <b>High School Graduate</b>				
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify) <b>No</b>				11. Decedent's Race(s) <b>White</b>				12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) <b>35827 Hutchensen Lane</b>						14. City/Town <b>Burns</b>							
15. Residence County <b>Harney</b>			16. State or Foreign Country <b>Oregon</b>			17. Zip Code + 4 <b>97720</b>			18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. Marital Status at Time of Death <b>Married</b>				20. Spouse's Name (If married or widowed, give name prior to first marriage) <b>Thomas A. Frisbie, Sr.</b>									
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") <b>Truck Driver</b>						22. Kind of Business/Industry (DO NOT USE COMPANY NAME) <b>Construction</b>							
23. Father's Name (First, Middle, Last, Suffix) <b>Kirk Martinus Van der Meulen</b>						24. Mother's Name Prior to First Marriage (First, Middle, Last) <b>Maria Elizabeth Feenstra</b>							
25. Informant's Name <b>Thomas A. Frisbie, Sr.</b>			26. Telephone Number		27. Relation to Decedent <b>Husband</b>		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <b>P.O. Box 812; Burns, Oregon 97720</b>						
29. Place of Death <b>Decedent's Residence</b>						30. Facility Name							
31. Location of Death (aka address) <b>35827 Hutchensen Lane</b>				32. City/Town or Location of Death <b>Burns</b>				33. State <b>Oregon</b>		34. Zip Code + 4 <b>97720</b>			
35. Method of Disposition <b>Cremation</b>			36. Place of Disposition (Name of cemetery, crematory, or other place) <b>Deschutes Crematory</b>				37. Location <b>Bend, Oregon</b>						
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <b>LaFollette's Chapel 332 W. Monroe P.O. Box 488 Burns, Oregon 97720</b>													
39. Date of Disposition (MON DD YYYY)				40. Funeral Director's Signature <i>Deborah LaFollette</i>				41. QR License Number <b>0319</b>					
42. Registrar's Signature <i>Desi Davis</i>				43. Date Received (MON DD YYYY) <b>6/7/07</b>		44. Local File Number <b>37</b>							
45. Record Amendment													
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				49. Time of Death <b>9:10 pm</b>			
50. 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. <b>IMMEDIATE CAUSE</b> a. <b>Hepatic Failure</b> Due to (or as a consequence of) b. <b>Cirrhosis</b> Due to (or as a consequence of) c. <b>Alcohol abuse</b> Due to (or as a consequence of) d. <b>3 months</b> <b>5-10 years</b> <b>20+ years</b>													
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:													
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending				53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death				54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
55. Date of Injury (MON DD YYYY)			56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)													
60. Describe how injury occurred.						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) <b>Kevin Johnston, MD 559 W. Washington Burns, Oregon 97720</b>													
63. Name and Title of Attending Physician if Other than Certifier													
64. Title of Certifier/ <i>Medical Doctor</i>						65. License Number <b>MD22854</b>		66. Date Certified (MON DD YYYY) <b>06/04/2007</b>					
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>Kevin Johnston</i>						68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
69. Record Amendment													

ORIGINAL - VITAL RECORDS COPY

45-2 (04/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HARNEY COUNTY REGISTRAR.

DATE ISSUED: June 8 2007

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

*Steven E. Grasty*  
STEVEN E. GRASTY  
COUNTY REGISTRAR  
HARNEY COUNTY, OREGON

