

207

DOC # 0788965
09/01/2011 10:37 AM Deputy: SG
OFFICIAL RECORD
Requested By:
HOLDEN KIDWELL HAHN & CRAPO

Assessor's Parcel Number: 1319-30-644-031 Pt 9
1319-30-519-001 Pt 9

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 7 Fee: 20.00
BK-0911 PG- 0038 RPTT: 0.00



Recording Requested By:
✓ Name: Robert E. Farnam

Address: P.O. Box 50130

City/State/Zip Idaho Falls, ID 83405

Real Property Transfer Tax: _____

Affidavit of Death
(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

STATE OF IDAHO)
)ss.
County of Bonneville)

Esther C. Lash being first duly sworn on her oath does depose and say:

1. That I am the surviving spouse of Robert P. Lash who died November 4, 2010 as verified by the attached certified death certificate.
2. Robert P. Lash and I owned the properties described on "Exhibit A" and "Exhibit B" attached as joint tenants with right of survivorship.
3. By virtue of the fact that the properties on the attached exhibits was owned by Robert P. Lash and me as joint tenants with right of survivorship, I am now the sole owner of the properties as a result of his death.

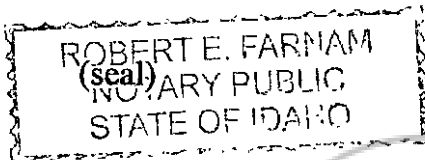
Dated this 28 day of July, 2011.


Esther C. Lash
Esther C. Lash

STATE OF IDAHO)
)ss.
County of Bonneville)

On the 28 day of July, 2011, before me, the undersigned, a notary public in and for said State, personally appeared **Esther C. Lash** known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.





Notary Public for Idaho
Residing at: Idaho Falls, Idaho
My Commission Expires: 11/12/16

EXHIBIT "A" (37)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1\106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 066 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 37 only, for one week every other year in the even-numbered years in the prime "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-283-12

EXHIBIT "B"
LEGAL DESCRIPTION


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A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium 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. 009 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.

Parcel 3: the exclusive right to use said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "SPRING/Fall use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
MAILED MAIL, SHALL BE USED TO PROVE FACTS OF THIS DEATH UNDER §§ 16-11 AND §§ 16-21, IDAHO CODE.

Local Reg No _____

DECEASED	1 DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ROBERT PAUL LASH		2 SEX MALE	3 SOCIAL SECURITY NUMBER 0121	
	4a AGE-Last Birthday 70 (Years)	4b UNDER 1 YEAR Months Days Hours Minutes	4c UNDER 1 DAY Hours Minutes	5 DATE OF BIRTH (Mo/Day/Yr) 07/16/1940	6 BIRTHPLACE (City and State Territory or Foreign Country) JONESTOWN, PENNSYLVANIA
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	7b COUNTY BONNEVILLE	7c CITY OR TOWN IDAHO FALLS	7d STREET AND NUMBER 2290 E. GREENBRIER DRIVE	
	8 MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9 SURVIVING SPOUSE'S NAME (If wife, give maiden name) ESTHER CLAIRE CORBY		
PARENTS	10 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> No		11a BIRTHPLACE (State Territory, or Foreign Country) PENNSYLVANIA		
	11b BIRTHPLACE (State Territory, or Foreign Country) PENNSYLVANIA		12b BIRTHPLACE (State Territory, or Foreign Country) PENNSYLVANIA		
INFORMANT	13a INFORMANT'S NAME (Type or print) ESTHER LASH	13b RELATIONSHIP TO DECEDENT WIFE	13c MAILING ADDRESS (Street and Number, City, State, Zip Code) 2290 E. GREENBRIER DRIVE, IDAHO FALLS, ID 83404		
DISPOSITION	14 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 Idaho <input type="checkbox"/> Other (Specify)		15 PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) BLACKFOOT CREMATORY 132 S. SHILLING AVE BLACKFOOT, IDAHO 83221		
	17a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: KEVIN K. BODILY		17b LICENSE NUMBER (Of licensee) M0757	18 WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PLACE OF DEATH	19a IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		
DATE OF DEATH	20 FACILITY NAME (If add facility give street and number) EASTERN IDAHO REGIONAL MEDICAL CENTER		21 CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE IDAHO FALLS, ID 83404		
CAUSE OF DEATH	22 DATE OF DEATH (Mo/Day/Yr) (Spell month) November 4, 2010		24 TIME OF DEATH (24hr) 00:50	25 DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 4, 2010	26 TIME PRONOUNCED DEAD (24hr) 00:50
CERTIFIER: Complete Within 72 Hours of Death	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 resulting in death.		APPROXIMATE INTERVAL ONSET TO DEATH MINUTES		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) MYOCARDIAL INFARCTION		DUE TO (or as a consequence of)		
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	PART II Enter other significant conditions contributory to death but not resulting in the underlying cause given in Part I		28a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54). <input 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"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		28b WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
CORONER	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33 TIME OF INJURY (24hr)		34 PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)
	36 LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____		35 INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REGISTRAR	37 DESCRIBE HOW INJURY OCCURRED IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable		38a WAS DECEDENT Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
	38b CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE		39b. LICENSE NUMBER		
REGISTRAR	39a. DATE SIGNED 11 / 10 / 2010		39c. DATE SIGNED 11 / 10 / 2010		
	40a REGISTRAR'S SIGNATURE <i>Jonathan D. Walker</i>		40b. DATE SIGNED 11 / 10 / 2010		

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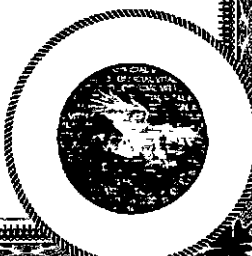
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE ISSUED: November 10, 2010

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR





COPY



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STATE OF IDAHO County of Bonneville

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Health Statistics.

Michelle Moore
Local Vital Statistics Registration Official