

10/19

DOC # 0791151  
10/19/2011 09:49 AM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
CONNIE KEYSER

Assessor's Parcel Number: 1319-30-643-027  
p+n

Recording Requested By:

✓ Name: Connie M. Keyser

Address: 266 Fredrick Lane

City/State/Zip Wickliffe, KY 42087

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

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 5 Fee: 18.00  
BK-1011 PG-3101 RPTT: 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 Nevada }  
COUNTY OF Douglas } SS

BEFORE ME, the undersigned Notary Public, personally appeared, Connie M. Keyser, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Connie M. Keyser and I reside at 264 Fredrick Lane, Wickliffe, Ky 42087
2. I owned real property as a joint tenant with Robert S. Keyser, such real property located in Douglas County, State of Nevada, described as follows:

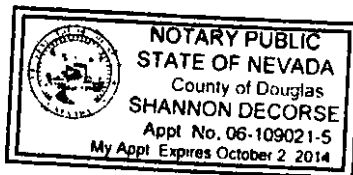
See Attached Legal Description.  
Title deed is recorded in Book 994, Page ~~#~~ 4147 in the office of the register of deeds in the county and state aforesaid.

3. Robert S. Keyser, my joint tenant identified above, departed this life on the 9<sup>th</sup> day of April, 20 11. A copy of the death certificate of Robert S. Keyser is attached.
4. On the date of the death of Robert S. Keyser, the above described real estate was owned by Robert S. Keyser and Connie M. Keyser, 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.

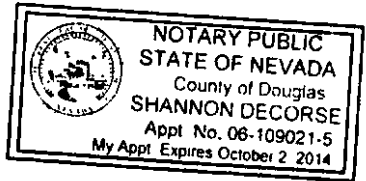
Dated this the 19<sup>th</sup> day of October, 20 11.

Shannon Decorse  
Notary Public

Connie M. Keyser  
Affiant



SWORN TO AND SUBSCRIBED before me this the 19<sup>th</sup> day of October, 20 11.



Shannon Decorse  
NOTARY PUBLIC

My Commission Expires: 10/2/2014

COPY



EXHIBIT "A" (28)

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. 22 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: 42-254-22

REQUESTED BY  
STEWART TITLE OF DOUGLAS COUNTY

'94 SEP 26 A9:56

346778

BK055464148

346778  
STEWART TITLE OF DOUGLAS COUNTY

# Registrar of Vital Statistics

## Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

3014616

KENTUCKY CERTIFICATE OF DEATH

116

201111702

BK-1011 PG-3105 0791151 Page: 5 of 5 10/19/2011

14. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) <b>ROBERT SIDNEY KEYSER</b>		15. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE		16. SEX <b>MALE</b>	
1. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) <b>4-9-2011</b>	4. SOCIAL SECURITY NUMBER <b>2584</b>	13. AGE - LAST BIRTHDAY (Month/Day/Year) <b>65</b>	5b. Under 1 Year Months	5c. Under 1 Day Hours	8. DATE OF BIRTH (Month/Day/Year) <b>8-12-1945</b>
3. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Residential <input type="checkbox"/> Other (Specify)		17. COUNTY OF DEATH <b>McCRACKEN</b>			
9. FACILITY NAME (If not institution, give street and number) <b>LOURDES HOSPITAL</b>		10. CITY OR TOWN, STATE AND ZIP CODE <b>PADUCAH, KY. 42001</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>CHARLESTON S.C.</b>	12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		18. SURVIVING SPOUSE (Name, give name prior to first marriage) <b>CORNIE LOUISE MAGEE KEYSER</b>		
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life) (Do not use religio) <b>SR. PROJECT ENG. WESTVACO PAPER CO.</b>		15. KIND OF BUSINESS/INDUSTRY <b>PAPER CO.</b>		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17a. RESIDENCE - State <b>KENTUCKY</b>	17b. CITY OR TOWN <b>BALLARD</b>	17c. CITY OR TOWN <b>WICKLIFFE, KY.</b>	17d. STREET AND NUMBER <b>266 FREDRICK LN.</b>	17e. ZIP CODE <b>42087</b>	17f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. DECEDENT'S EDUCATION (Check all that apply; list 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 or GED Completed <input type="checkbox"/> Some College Credits but No Degree <input type="checkbox"/> Associate Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, BS, BSE) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEd, MEd, MSW, MFA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LL.M., JD)		19. DECEDENT OF HISPANIC ORIGIN? (Check all that apply; list best description; whether (S) Spanish or Hispanic/Latino. Check the "OT" box if the decedent is not Spanish/Hispanic/Latino.) <input 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)		20. DECEDENT'S RACE (Check all that apply; race to indicate what the decedent considered himself or herself to be. Check the "OT" box if the decedent is not of the listed race.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Other Pacific Islander <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify)	
21. FATHER'S NAME (First, Middle, Last) <b>SIDNEY EVERETTE KEYSER</b>		22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>LITA JENNINGS KEYSER</b>			
23a. INFORMANT'S NAME <b>CORNIE KEYSER</b>		23b. RELATIONSHIP TO DECEDENT <b>WIFE</b>		23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>266 FREDRICK LN., WICKLIFFE, KY. 42087</b>	
24. METHOD OF DISPOSITION (Check only one): <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>WILBERT VAULT CO.</b>		26. LOCATION - City, Town and State <b>WEST PADUCAH, KY.</b>	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (For person acting as proxy) (Date signed) (Signature) <i>Jim Darnell</i> 4-9-2011		28. KY LICENSE NUMBER (If license #) <b>5013</b>		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MILNER &amp; ONE FUNERAL HOME, P.O. BOX 65, WICKLIFFE, KY. 42087</b>	
30. DATE PRONOUNCED DEAD (Month/Day/Year) <b>4-9-2011</b>		31. ACTUAL OR PRESUMED TIME OF DEATH <b>2:55 A.M.</b>		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
33. PART I. Enter the cause of death - disease, injury, or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or aneurysm. (Reference without changing the etiology) DO NOT ABBREVIATE. Enter only one cause on each line. <b>MEDISTATIC CARCINOMA OF THE ESOPHAGUS</b>					
34. IMMEDIATE CAUSE (That disease or condition resulting in death) - <b>DUEN TO FOR AS A CONSEQUENCE OF</b>					
35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>DUEN TO FOR AS A CONSEQUENCE OF</b>					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined					
38. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		34. 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"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
39. DATE OF INJURY (Month/Day/Year) (Specify Month) <b>4-9-2011</b>		40. TIME OF INJURY <b>2:55 A.M.</b>		41. PLACE OF INJURY (e.g., Decedent's home, construction site, highway, wooded area) <b>WICKLIFFE, KY.</b>	
44. DESCRIBE HOW INJURY OCCURRED		43. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
45. LOCATION OF INJURY (Street and Number, City, State, Zip Code)		47. DATE CERTIFIED (Month/Day/Year) <b>APRIL 20 2011</b>			
48. TO BE COMPLETED BY CERTIFIER: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated. SIGNATURE: <i>Paul F. Royce</i>		48. LICENSE NUMBER: <b>713</b> TITLE OF CERTIFIER: <b>DEPUTY CORONER</b>			
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) <b>DEPT. CORONER, DON PITT, 301 S. 6th, PADUCAH, KY. 42003</b>		52. DATE FILED (Month/Day/Year) <b>APR 29 2011</b>			
51. REGISTRAR'S SIGNATURE <i>Paul F. Royce</i>					

FORM VS NO 1-A  
(REVISED 07/2010)



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 29 day of April, 2011

*Paul F. Royce*  
State Registrar