

16-

DOC # 0794654
12/22/2011 08:20 AM Deputy: SG

OFFICIAL RECORD

Requested By:

TSI TITLE & ESCROW

RECORDING REQUESTED BY:

TSI Title and Escrow, Inc
P.O. Box 7197
Stateline, NV
89449

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1211 PG- 4725 RPTT: 0.00



When recorded mail to and tax statements:
Carol A. Mann
88 Gurnee Ave
Haverstraw, NY 10927

Pln 1318-26-101-006

SPACE ABOVE THIS LINE FOR RECORDS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF New York }
COUNTY OF Rockland } S.S.

Carol A. Mann of legal age, being first duly sworn, deposes and says: That Leonard Mann, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed, dated September 19, 1984 executed by The Bank of California, a national banking association and Douglas County Title, Inc. A Nevada Corporation as Co-Trustees of the Kingsbury Crossing Trust to Leonard Mann and Carol A. Mann, husband and wife as Joint Tenants, recorded September 26, 1984, in Book 984, Page 2834, of Official Records of Douglas County as Document No. 107386, covering the following described real property in the County of Douglas, State of Nevada

See exhibit "A" attached hereto and made a part hereof

State of New York }
County of Rockland } ss:

Carol A. Mann
Carol A. Mann

On December 14, 2011
Before me, a Notary Public, personally appeared

Carol A. Mann

[] personally known to me -or- [X] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

Diane J. Tomlins

NAME (TYPED OR PRINTED)

DIANE J. TOMLINS
Notary Public, State of New York
No. 01TO6101720
Qualified in Rockland County
Commission Expires Nov. 17, 2015

EXHIBIT "A"

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (the real property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, M.D.B. & M., described as follows:

Parcel Three, as shown on that Amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of official records at Page 172, Douglas County, Nevada, as Document No. 43178, said map being an Amended Map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978 in Book 278 of official records at Page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all the dwelling units as defined in the "declaration of timeshare use" as amended.

Also excepting from the real property and reserving to grantor, its successors and assigns, all these certain easements referred to in paragraphs 2.5, 2.6, and 2.7 of said declaration of timeshare use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "unit" as defined in the declaration of timeshare use recorded February 16, 1983, in Book 283, at Page 1341, as Document No. 76233 of official records of the County of Douglas, State of Nevada, and amendment to declaration of timeshare use recorded April 20, 1983, in Book 483, at Page 1021, official records of Douglas County, Nevada, as Document No. 78917.

Second amendment to declaration of timeshare use recorded July 20, 1983, in Book 783, of official records at Page 1688, Douglas County, Nevada, as Document No. 84425.

Third amendment to declaration of timeshare use recorded October 14, 1983, in Book 1083, of official records at Page 2572, Douglas County, Nevada, as Document No. 89535.

Fourth amendment to declaration of timeshare use recorded August 31, 1987, in Book 887, of official records at Page 3987, Douglas County, Nevada, as Document No. 161309.

Fifth amendment to declaration of timeshare use recorded November 30, 1987, in Book 1187, of official records at Page 3946, Douglas County, Nevada, as Document No. 149336.

Sixth amendment to declaration of timeshare use recorded March 25, 1996, in Book 396, of official records at Page 3827, Douglas County, Nevada, as Document No. 383937 ("declaration"), during a "use period" within the "High Season" within the "owner's use year", as defined in the declaration, together with a non-exclusive right to use the common areas as defined in the declaration. The effect of that certain document entitled "Second Amendment to the By-Laws of Kingsbury Crossing Owner's Association", "Third amendment to the By-laws of Kingsbury Crossing Owner's Association", recorded March 25, 1996 in Book 396, Page 3822 of official records.

Subject to all covenants, conditions, restrictions, limitations, easements, right-of-way record.

RECORDED DISTRICT
4329
REGISTER NUMBER

1. NAME: FIRST Leonard MIDDLE Leonard LAST Mann

2. SEX: MALE FEMALE

3A. DATE OF DEATH: MONTH 02 DAY 19 YEAR 2011

3B. HOUR: 9:10PM

4A. PLACE OF DEATH: HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER (Specify):

4B. IF FACILITY, DATE ADMITTED: MONTH 02 DAY 19 YEAR 2011

4C. NAME OF FACILITY: Good Samaritan Hospital

4D. LOCALITY: CITY Suffern VILLAGE TOWN

4E. COUNTY OF DEATH: Rockland

4F. MEDICAL RECORD NO.: 739968

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? NO YES (If yes, specify institution name, city or town, county and state)

5. DATE OF BIRTH: MONTH 01 DAY 06 YEAR 1945

6A. AGE IN YEARS: 66 yrs

6B. IF UNDER 1 YEAR ENTER: months days

6C. IF UNDER 1 DAY ENTER: hours minutes

7A. CITY AND STATE OF BIRTH: Suffern, N.Y.

7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? YES NO

9. DECEDENT OF HISPANIC ORIGIN? A No, not Spanish/Hispanic/Latino B Yes, Mexican, Mexican American, Chicano C Yes, Puerto Rican D Yes, Cuban E Yes, Other Spanish/Hispanic/Latino (Specify)

10. DECEDENT'S RACE: A White/Caucasian B Black or African American C Asian Indian D Chinese E Filipino F Japanese G Korean H Vietnamese I Native Hawaiian K Guamanian or Chamorro M Samoan N American Indian or Alaska Native (Specify) P Other Asian (Specify) R Other Pacific Islander (Specify) S Other (Specify)

11. DECEDENT'S EDUCATION: 1 8th grade 2 9th-12th grade, no diploma 3 High school graduate or GED 4 Some college credit, but no degree 5 Associate's degree 6 Bachelor's degree 7 Master's degree 8 Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: 5168

13. MARITAL STATUS: NEVER MARRIED 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5

14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Carol Fitzgerald

15A. USUAL OCCUPATION: Maintenance Man

15B. KIND OF BUSINESS OR INDUSTRY: Maintenance

15C. NAME AND LOCALITY OF COMPANY OR FIRM: St. Pauls Church, Congers, NY

16A. RESIDENCE: New York

16B. County or Region/Province if not USA: Rockland

16C. LOCALITY: CITY Haverstraw VILLAGE TOWN

16D. STREET AND NUMBER OF RESIDENCE: 88 Gurnee Avenue, Haverstraw, New York

16E. ZIP CODE: 10927

16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN

17. NAME OF FATHER: FIRST Leonard MI LAST Spector

18. MAIDEN NAME OF MOTHER: FIRST Eleanor MI LAST Sue Pilon

19A. NAME OF INFORMANT: Carol Ann Mann

19B. MAILING ADDRESS: 88 Gurnee Avenue, Haverstraw, New York 10927

20A. 1 BURIAL 2 CREMATION 3 REMOVAL 4 HOLD DAY 5 DONATION YEAR 6 ENTOMBMENT

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Brick Church Cemetery

20C. LOCALITY: Spring Valley, N.Y.

21A. NAME AND ADDRESS OF FUNERAL HOME: Michael J. Higgins Funeral Service 73 No. Liberty Drive, Stony Point, NY

21B. REGISTRATION NUMBER: 01206

22A. NAME OF FUNERAL DIRECTOR: Michael A. Wick

22B. SIGNATURE OF FUNERAL DIRECTOR: Michael A. Wick

22C. REGISTRATION NUMBER: 03813

23A. SIGNATURE OF REGISTRAR: Virginia Menschner

23B. DATE FILED: MONTH 02 DAY 23 YEAR 2011

23C. BUREAU OF VITAL RECORDS ISSUED BY: Virginia Menschner

23D. DATE ISSUED: MONTH 02 DAY 23 YEAR 2011

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER:

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.

Certifier's Name: BIKRAMJIT SINGH License No.: 285910 Signature: [Signature] Month 02 Day 20 Year 10

Certifier's Title: 0 Attending Physician 1 Coroner 2 Medical Examiner / Deputy Medical Examiner 3 Physician acting on behalf of Attending Physician

Address: 255 Lafayette Ave, Suffern NY 10901

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: 225651 Signature: Stanley John Address: 255 Lafayette Ave Suffern NY 10901

25D. Attending physician attended deceased: FROM 2 19 2011 TO 2 19 2011

25E. Deceased last seen alive by attending physician: 2 19 2011

25F. Pronounced Dead: ON 2 19 2011 AT 9:10 P

27. MANNER OF DEATH: NATURAL CAUSE 1 ACCIDENT 2 HOMICIDE 3 SUICIDE 4 UNDETERMINED CIRCUMSTANCES 5 PENDING INVESTIGATION 6

28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 NO 1 YES

29A. AUTOPSY? 0 YES 1 REFUSED 2

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 NO 1 YES

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I. IMMEDIATE CAUSE: CARDIORESPIRATORY ARREST

(A)

DUE TO OR AS A CONSEQUENCE OF: CAD

(B)

DUE TO OR AS A CONSEQUENCE OF:

(C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH DAY YEAR

31B. INJURY LOCALITY: (City or town and county and state)

31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY:

31E. INJURY AT WORK? NO YES

31F. INJURY AT WORK? 0 NO 1 YES

31G. INJURY AT WORK? 0 NO 1 YES

31H. INJURY AT WORK? 0 NO 1 YES

31I. INJURY AT WORK? 0 NO 1 YES

31J. INJURY AT WORK? 0 NO 1 YES

31K. INJURY AT WORK? 0 NO 1 YES

31L. INJURY AT WORK? 0 NO 1 YES

31M. INJURY AT WORK? 0 NO 1 YES

31N. INJURY AT WORK? 0 NO 1 YES

31O. INJURY AT WORK? 0 NO 1 YES

31P. INJURY AT WORK? 0 NO 1 YES

31Q. INJURY AT WORK? 0 NO 1 YES

31R. INJURY AT WORK? 0 NO 1 YES

31S. INJURY AT WORK? 0 NO 1 YES

31T. INJURY AT WORK? 0 NO 1 YES

31U. INJURY AT WORK? 0 NO 1 YES

31V. INJURY AT WORK? 0 NO 1 YES

31W. INJURY AT WORK? 0 NO 1 YES

31X. INJURY AT WORK? 0 NO 1 YES

31Y. INJURY AT WORK? 0 NO 1 YES

31Z. INJURY AT WORK? 0 NO 1 YES

I hereby solemnly attest that this is a true and certified transcript from the Register of Deaths as kept in the Office of the Village of Suffern, Suffern, New York. This transcript is valid only when the raised seal of the Registrar of the Village of Suffern is affixed.

0794654 Page: 3 Of 3 12/22/2011

Virginia Menschner
Virginia Menschner
Registrar of Vital Statistics