

OFFICIAL RECORD

Requested By:

BJORGEN BAUER PITMAN BAUER

AFTER RECORDING RETURN TO:
BJORGEN BAUER PITMAN BAUER, PLLC
1235 - 4th Avenue East, Suite 200
Olympia, WA 98506

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1211 PG- 5539 RPTT: 0.00

MAIL TAX STATEMENTS TO:
Betty A. Kintz
4800 Bend Drive NE
Lacey, WA 98516



**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON)

BETTY A. KINTZ, being of legal age and being first duly sworn, on oath, deposes and says:

Affiant was the Wife of JOHN J. KINTZ (Decedent), up and until his death.

JOHN J. KINTZ died February 21, 2002, in Port Orchard, Washington.

JOHN J. KINTZ, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant, Bargain, Sale Deed, dated April 25, 1995, executed by HARICH TAHOE DEVELOPMENTS to JOHN J. KINTZ and BETTY A. KINTZ, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 361630 on May 8, 1995 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

An undivided 1/102nd 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. 37 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 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 Affection the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declaration; with the exclusive right to use said interest, in Lot 28 only, for one week every other year in Odd-numbered years in accordance with said Declarations.

A portion of APN: 42-254-37

Per NRS 111.312, this legal description was previously recorded a Document No. 064831, Book 992, Page 247 on July 1, 2005.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the Social Security Number of any person, in that the Social Security Number has been redacted from the Death Certificate.

DATED this 25th day of Oct., 2011.

Betty A. Kintz
BETTY A KINTZ

SUBSCRIBED OR ACKNOWLEDGED before me on 10-25-11.



Amberlyn Riecken
[Notary Signature]
Amberlyn Riecken
[Type or Print Name of Notary]
NOTARY PUBLIC for the State of Washington,
residing at Olympia
My appointment expires: 4-5-15

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

030253

LOCAL FILE NUMBER

146

STATE FILE NUMBER

USE ONLY DISTRICT

COPIES

HOSPITAL

OCCURRENCE

RESIDENCE

TRACT

OCCUPATION

FATHER'S NAME

MOTHER'S NAME

INFORMANT

BURIAL, CREMATION REMOVAL, OTHER

FUNERAL DIRECTOR SIGNATURE

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

DATE SIGNED

NAME AND TITLE OF ATTENDING PHYSICIAN

NAME AND ADDRESS OF CERTIFIER

ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE

DO NOT ENTER THE MODE OF DYING

ACC LOC

QUERIES

ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST.

INJURY AT WORK?

PLACE OF INJURY

RECORD AMENDMENT

1. NAME: John Joseph Kintz
2. SEX (M / F): Male
3. DEATH DATE (Mo, Day, Yr): 02/21/2002
4. AGE LAST BIRTHDAY (Yrs): 60
5. UNDER 1 YEAR: MOS, DAYS, HOURS, MINS
6. UNDER 1 DAY: HOURS, MINS
7. BIRTHDATE (Mo, Day, Yr): 02/25/1941
8. BIRTHPLACE (City, State or Foreign Country): Velton, WI
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Kitsap
11. CITY, TOWN OR LOCATION OF DEATH: Port Orchard
12. PLACE OF DEATH: 1. HOME, 2. IN TRANSPORT, 3. EMERG. RMWOUT PTN, 4. HOSP., 5. NUR HOME, 6. OTHER PLACE: 8702 Landing Ln SE
13. SMOKING IN LAST 15 YEARS? (Yes / No): Yes

14. MARITAL STATUS: Married
15. SURVIVING SPOUSE (if wife, give maiden name): Betty Ann Schuette
16. SOCIAL SECURITY NO.: [REDACTED] 2585
17. DECEDENT'S EDUCATION (Specify only highest grade completed): 12
18. USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED): Orthotist/Prosthetist
19. KIND OF BUSINESS OR INDUSTRY: Health Care
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): NO
21. RACE (Specify): WHITE
22. RESIDENCE - NUMBER AND STREET: 8702 Landing Ln SE
23. CITY/TOWN, OR LOCATION: Port Orchard
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Kitsap
25B. LENGTH OF RES. IN CO: 21YRS
26. STATE: WA
27. ZIP CODE: 98367

28. FATHER'S NAME - FIRST, MIDDLE, LAST: Paul Kintz
29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Ruby M. Mortimer
30. INFORMANT - NAME: Betty A. Kintz
31. MAILING ADDRESS: 8702 Landing Ln SE, Port Orchard, WA 98367

32. BURIAL, CREMATION REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo, Day, Yr): 02/25/2002
34. CEMETERY/CREMATORY - NAME: PGFH & Crematory, Inc.
35. LOCATION - CITY/TOWN, STATE: Port Orchard, WA
36. FUNERAL DIRECTOR SIGNATURE: [Signature]
37. NAME OF FACILITY: Kitsap Cremation & Burial Society
38. ADDRESS OF FACILITY: P.O. Box 107, Port Orchard, WA 98366

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: [Signature]
40. DATE SIGNED (Mo, Day, Yr): 2-21-02
41. HOUR OF DEATH (24 Hrs): 0400
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: [Signature]
44. DATE SIGNED (Mo, Day, Yr):
45. HOUR OF DEATH (24 Hrs):
46. PRONOUNCED DEAD (Mo, Day, Yr):
47. HOUR PRONOUNCED DEAD (24 Hrs):
48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Joseph L. Johnson, MD, 2720 Clare Avenue - Bremerton, WA 98310
49. ME/CORONER FILE NUMBER: 0260-02N

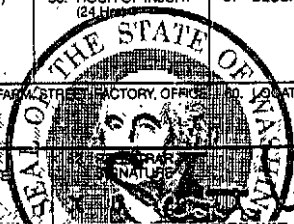
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:
IMMEDIATE CAUSE (Final disease or condition resulting in death): A. Colon Cancer
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.
B. DUE TO, OR AS A CONSEQUENCE OF:
C. DUE TO, OR AS A CONSEQUENCE OF:
D. DUE TO, OR AS A CONSEQUENCE OF:
INTERVAL BETWEEN ONSET AND DEATH: 3 months

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
52. AUTOPSY? (Yes / No)
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)

54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)
55. INJURY DATE (Mo, Day, Yr)
56. HOUR OF INJURY (24 Hrs)
57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)
59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)
60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM, DOCUMENTARY EVIDENCE, REVIEWED BY, DATE
63. DATE RECEIVED (Mo, Day, Yr): FEB 22 2002



BK- 1211
PG- 5541

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth), HUSBAND (if Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a **one time only** change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

CERTIFIED

FEB 25 2002

Scott Lindquist M.D.
 SCOTT LINDQUIST, M.D., M.P.H.
 HEALTH DISTRICT OFFICER
 BREMERTON KITSAP COUNTY HEALTH DISTRICT
 109 AUSTIN DRIVE, BREMERTON, WA 98312.
 DO NOT DESTROY

JJ00026989