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DOC # 0798152
03/01/2012 10:38 AM Deputy: PK

OFFICIAL RECORD

Requested By:

CYNTHIA L BLACKSON

Douglas County - NV
Karen Ellison - Recorder

Page: 1 OF 5 Fee: 18.00
BK-0312 PG- 0066 RPTT: 0.00



Assessor's Parcel Number: _____

Recording Requested By:

Name: Lois Smith

Address: 9651 La Nuez Dr.

City/State/Zip Elk Grove Ca
95624

Real Property Transfer Tax: 75 & \$ _____

Affidavit 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 CALIFORNIA }
COUNTY OF SACRAMENTO SS

BEFORE ME, the undersigned Notary Public, personally appeared, Lois Jean Smith "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is LOIS JEAN SMITH and I reside at 9051 LA NUEZ DR
2. I owned real property as a joint tenant with DEAN KINGWELL SMITH, such real property located in DOUGLAS County, State of NEVADA, described as follows:

See Attached Legal Description.
Title deed is recorded in Book _____, Page _____ in the office of the register of deeds in the county and state aforesaid.
3. DEAN KINGWELL SMITH, my joint tenant identified above, departed this life on the 27 day of MAY, 2011. A copy of the death certificate of DEAN KINGWELL SMITH is attached.
4. On the date of the death of DEAN KINGWELL SMITH, the above described real estate was owned by DEAN KINGWELL SMITH and LOIS JEAN SMITH, 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 18th day of January, 2012.

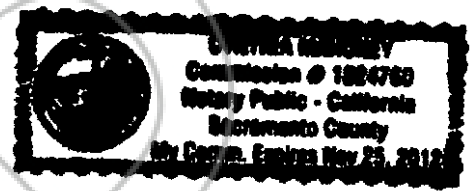
Lois Jean Smith
Affiant



SWORN TO AND SUBSCRIBED before me this the 18th day of January
20 12.

Cynthia Mahoney
NOTARY PUBLIC

My Commission Expires: Nov 25, 2012



COPIES

EXHIBIT "A" (37)

An undivided 1/51st 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. 169 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 each year in the Swing "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-286-11

Cynthia L Blackson

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER 3052011099212		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS 16-114 REV 3/06		LOCAL REGISTRATION NUMBER 3201134004480	
1. NAME OF DECEDENT - FIRST (Given) DEAN		2. MIDDLE KINGWELL		3. LAST (Family) SMITH	
AKA, ALBO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH m/m/d/yyyy 10/15/1935		5. AGE Yrs. 75	6. UNDER ONE YEAR Months Days	7. UNDER 24 HOURS Hours Minutes	8. SEX M
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]0654	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/S/RO* (at Time of Death) MARRIED	13. DATE OF DEATH m/m/d/yyyy 05/27/2011
14. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED EXECUTIVE DIRECTOR			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STATE GOVERNMENT		19. YEARS IN OCCUPATION 40
20. DECEDENT'S RESIDENCE (Street and number, or location) 9651 LA NUEZ DR.					
21. CITY ELK GROVE		22. COUNTY/PROVINCE SACRAMENTO	23. ZIP CODE 95624	24. YEARS IN COUNTY 38	25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME RELATIONSHIP LOIS J. SMITH, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 9651 LA NUEZ DR., ELK GROVE, CA 95624					
28. NAME OF SURVIVING SPOUSE/RO* - FIRST LOIS		29. MIDDLE JEAN	30. LAST (BIRTH NAME) NASSER Y		
31. NAME OF FATHER/PARENT - FIRST WILLIAM		32. MIDDLE KINGWELL	33. LAST SMITH	34. BIRTH STATE NV	
35. NAME OF MOTHER/PARENT - FIRST EDNA		36. MIDDLE ELEANOR	37. LAST (BIRTH NAME) STANBRIDGE	38. BIRTH STATE CA	
39. DISPOSITION DATE m/m/d/yyyy 06/01/2011		40. PLACE OF FINAL DISPOSITION ELK GROVE DISTRICT CEMETERY ELK GROVE BLVD., ELK GROVE, CA 95624			
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT HERBERGER'S ELK GROVE E.C.		45. LICENSE NUMBER FD1677	46. SIGNATURE OF LOCAL REGISTRAR GLENNAH I TROCHET, MD		
47. DATE m/m/d/yyyy 06/01/2011					
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> HOSP <input type="checkbox"/> CHOP <input type="checkbox"/> CHN <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Home/JC <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6600 BRUCEVILLE ROAD		106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE.					
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) A) PNEUMONIA		109. TIME INTERVAL BETWEEN EVENT AND DEATH 1 WK		110. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST USUAL INTERSTITIAL PNEUMONITIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, SECONDARY PULMONARY HYPERTENSION		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: 02/27/2008 Decedent Last Seen Alive: 05/27/2011		115. SIGNATURE AND TITLE OF CERTIFIER NGAI MING YEE M.D.		116. LICENSE NUMBER G36392	117. DATE m/m/d/yyyy 05/31/2011
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NGAI MING YEE M.D., 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE -OUR, DATE, AND PLACE STATED FROM THE CAUSES STATED:					
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE m/m/d/yyyy	122. HOUR (24 Hours)
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE m/m/d/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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03/01/2012

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO } SS.

* 001241367 *

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Glennah I Trochet M.D.
LOCAL REGISTRAR

DATE ISSUED: **September 9, 2011**

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

