

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-0412 PG- 2905 RPTT: 0.00



When recorded mail to and tax statements:

✓ Carol A. Mann  
88 Gurnee Ave  
Haverstraw, NY 10927

APN 131B-26-101-006 ptn

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 April 5, 2012  
Before me, a Notary Public, personally appeared

Carol A. Mann

[ ] personally known to me -or- [ ] 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

Crystal L. Perez  
CRYSTAL L. PEREZ  
NAME (TYPED OR PRINTED)

**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.

DOH-1961 (10/2005) NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH STATE FILE NUMBER

RECORDED DISTRICT 4329 REGISTER NUMBER

RESIDENCE

1. NAME: FIRST **Leonard** MIDDLE 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 DGA 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: (If not facility, give address) **Good Samaritan Hospital**

4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN    **Suffern**

4E. COUNTY OF DEATH: **Rockland**

4F. MEDICAL RECORD NO. **739968**

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

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: (If not USA, Country and Region/Province) **Suffern, N.Y.**

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

8. SERVED IN U.S. ARMED FORCES? (Specify years)  YES  NO

9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino: 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: Check one or more races to indicate what the decedent considered himself or herself to be: 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: Check the box that best describes the highest degree or level of school completed at the time of death. 1  5th 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  MARRIED  WIDOWED  DIVORCED  SEPARATED

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

15A. USUAL OCCUPATION: (Do not enter retired) **Maintenance Man**

15B. KIND OF BUSINESS OR INDUSTRY: **Maintenance**

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

16A. RESIDENCE (State or Country if not USA) **New York**

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

16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN    **Haverstraw**

16E. ZIP CODE: **10927**

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

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

17. NAME OF FATHER: FIRST MI LAST **Leonard Spector**

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

19A. NAME OF INFORMANT: **Carol Ann Mann**

19B. MAILING ADDRESS: (include zip code) **88 Curnee Avenue, Haverstraw, New York 10927**

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

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

20C. LOCATION: (City or town and state) **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**

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: **Virginia Menschner**

24B. 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.: **285410** Signature: **[Signature]** Month **02** Day **20** Year **10**

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Address: **255 Lafayette Ave, Suffern NY 10901**

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

26A. Attending physician attended deceased: FROM **2 19 2011** TO **2 19 2011**

26B. Deceased last seen alive by attending physician: **2 19 2011**

26C. Pronounced Dead on **2 19 2011** AT **9:10 P.M.**

27. MANNER OF DEATH: NATURAL CAUSE  ACCIDENT  HOMICIDE  SUICIDE  UNDETERMINED CIRCUMSTANCES  PENDING INVESTIGATION

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

29A. AUTOPSY?  NO  YES

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

CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL

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):

DID TOBACCO USE CONTRIBUTE TO DEATH?  NO  YES  PROBABLY  UNKNOWN

31A. IF INJURY DATE: MONTH DAY YEAR HOUR: 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. IF TRANSPORTATION INJURY, SPECIFY: 1  Driver/Operator 2  Passenger 3  Pedestrian 4  OTHER (specify)

32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS?  NO  YES

33A. IF FEMALE: 1  Not pregnant within last year 2  Pregnant at time of death 3  Not pregnant, but pregnant within 42 days of death 4  Unknown if pregnant within past year

33B. DATE OF DELIVERY: MONTH DAY YEAR

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.

*Virginia Menschner*  
 Virginia Menschner  
 Registrar of Vital Statistics