

OFFICIAL RECORD

Requested By:  
LAW OFFICE OF JANET L.

BREWER

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00  
BK-0612 PG- 4523 RPTT: 0.00



RECORDING REQUESTED BY:  
WHEN RECORDED MAIL TO:  
Teruko Smith  
15 Siesta Court  
Portola Valley, CA 94028  
MAIL TAX STATEMENT TO:  
Teruko Smith  
15 Siesta Court  
Portola Valley, CA 94028

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA ) ss.  
COUNTY OF SANTA CLARA )

The undersigned, of legal age, being first duly sworn, deposes and says that GEORGE I. SMITH, the Decedent mentioned in the certified copy of the death certificate attached as Exhibit "B", is the same person as GEORGE I. SMITH, one of the parties in that certain Quitclaim Deed dated July 17, 1996, executed by GEORGE I. SMITH and TERUKO SMITH, husband and wife, as Joint Tenants, as document number 392208 of Official Records of DOUGLAS COUNTY, NEVADA, covering the following described property in the, COUNTY OF DOUGLAS, STATE OF NEVADA:

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

More commonly known as: Owner #33-137-41A; Purchased 8-14-89; Season: winter

Dated: June 7, 2012

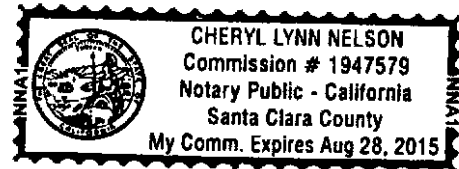
*Teruko Smith*  
Teruko Smith

JURAT:

State of California )  
County of Santa Clara )

Subscribed to and sworn to (or affirmed) before me, on this 7<sup>th</sup> day of June 2012, by TERUKO SMITH, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

NOTARY'S SIGNATURE  
NOTARY'S PRINTED NAME: CHERYL LYNN NELSON



MAIL TAX STATEMENTS TO:  
Same as Above

A Timeshare Estate comprised of:

**PARCEL ONE:**

An undivided 1/51st interest in and to that certain condominium described as follows:

- A. An undivided 1/20th interest, as tenants-in-common, in and to Lot 33 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document 62661, all of Official Records Douglas County, State of Nevada. Excepting therefrom units 121 to 140 as shown and defined on that certain Condominium plan recorded August 20, 1982, as Document No. 70305 of Official Records.
- B. Unit No. 137 as shown and defined on said Condominium Plan.

**PARCEL TWO:**

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173 Page 229 of Official Records and in modifications thereof recorded September 28, 1973, as Document No. 69063 in book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

**PARCEL THREE:**

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

**PARCEL FOUR:**

- A. A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, -and-
- B. An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

**PARCEL FIVE:**

The Exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and Four above during ONE "use week" within the WINTER "use season", as said quoted terms are defined in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said use week within said use season.

A portion of APN 42-200-27

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SANTA CLARA**  
**PUBLIC HEALTH DEPARTMENT**  
**VITAL RECORDS AND REGISTRATION**

**CERTIFICATE OF DEATH**

3201143002913

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR EXTENDERS (SEE INSTRUCTIONS ON REVERSE)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>GEORGE</b>		2. MIDDLE <b>IRVING</b>		3. LAST (Family) <b>SMITH</b>	
4A. ALSO KNOWN AS - Include ALL AKA (FIRST MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>05/29/1927</b>		5. AGE Yrs <b>83</b>	6. SEX <b>M</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>MAINE</b>		10. SOCIAL SECURITY NUMBER <b>6522</b>	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/PROP (at Time of Death) <b>MARRIED</b>	7. DATE OF DEATH mm/dd/yyyy <b>04/09/2011</b>
13. EDUCATION - Highest Level Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS IN OCCUPATION <b>50</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>15 SIESTA COURT</b>		21. CITY <b>PORTOLA VALLEY</b>		22. COUNTY/PROVINCE <b>SAN MATEO</b>	23. ZIP CODE <b>94028 - 7436</b>
24. CITY <b>PORTOLA VALLEY</b>		25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>TERUKO SMITH, SPOUSE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and ZIP)		28. NAME OF SURVIVING SPOUSE/SPOD - FIRST <b>TERUKO</b>			
29. MIDDLE <b>SMITH</b>		30. LAST (BIRTH NAME) <b>SMITH</b>		31. BIRTH STATE <b>MAINE</b>	
32. MIDDLE <b>COBURN</b>		33. LAST <b>SMITH</b>		34. BIRTH STATE <b>MAINE</b>	
35. MIDDLE <b>GOODALE</b>		36. LAST (BIRTH NAME) <b>GOODALE</b>		37. BIRTH STATE <b>MAINE</b>	
38. DEPOSITION DATE mm/dd/yyyy <b>04/15/2011</b>		39. PLACE OF FINAL DISPOSITION RESIDENCE OF TERUKO SMITH - <b>15 SIESTA COURT, PORTOLA VALLEY, CA 94028-7436</b>			
40. TYPE OF DISPOSITION (S) <b>CR/RES</b>		41. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		42. LICENSE NUMBER <b>FD132</b>	
43. NAME OF FUNERAL ESTABLISHMENT <b>ROLLER &amp; HAPGOOD &amp; TINNEY</b>		44. LICENSE NUMBER <b>FD132</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>MARTIN D FENSTERSHEIB, MD</b>	
46. DATE mm/dd/yyyy <b>04/15/2011</b>		47. LICENSE NUMBER <b>04/15/2011</b>			
101. PLACE OF DEATH <b>VI SKILLED NURSING</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>SANTA CLARA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>800 SAND HILL ROAD</b>		106. CITY <b>PALO ALTO</b>	
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 dysfunction without showing the etiology. DO NOT ABBREVIATE. <b>PNEUMONIA, BACTERIAL ORGANISM UNSPECIFIED</b>		108. TIME INTERVAL BETWEEN ONSET AND DEATH <b>1 WK</b>		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>COMPLICATIONS OF ALZHEIMER'S DISEASE</b>		111. SEQUENTIALLY LIST (in order) ALL OTHER UNDERLYING CAUSES (disease or injury that initiated the events resulting in death) LAST		112. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		114. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GHS# 107) <b>NONE</b>	
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		117. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		118. SIGNATURE AND TITLE OF CERTIFIER <b>BRADFORD WILLIAM DUNCAN M.D.</b>	
119. DATE mm/dd/yyyy <b>08/26/2010</b>		120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>BRADFORD WILLIAM DUNCAN M.D. 795 EL CAMINO REAL, PALO ALTO, CA 94301</b>		121. LICENSE NUMBER <b>A78018</b>	
122. DATE mm/dd/yyyy <b>04/09/2011</b>		123. DATE mm/dd/yyyy <b>04/09/2011</b>		124. DATE mm/dd/yyyy <b>04/15/2011</b>	
125. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		126. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		127. INJURY DATE mm/dd/yyyy	
128. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		129. HOUR (24 Hours)			
130. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)					
131. LOCATION OF INJURY (Street and number, or location, land city, and state)					
132. SIGNATURE OF CORONER / DEPUTY CORONER		133. DATE mm/dd/yyyy		134. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		"310001001757655"			

BK- 0612  
 PG- 4525  
 0804391 Page: 3 of 3 06/20/2012

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
 COUNTY OF SANTA CLARA } SS.

DATE ISSUED  
 By **APR 18 2011**



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

*Martin D Fenstersheib MD*  
**MARTIN D FENSTERSHEIB**  
 HEALTH OFFICER AND LOCAL REGISTRAR  
 OF BIRTHS AND DEATHS

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

