

A ptn of APN 1319-30-631-007

Recording Requested By:  
Stewart Vacation Ownership

Mail Tax Statements to:  
Ridge Crest P.O.A.  
P.O. Box 5790  
Stateline, NV 89449

When Recorded Mail to:  
Anna DiPasquale  
319 Oakwood Estate  
Anderson, SC 29621

#49-107-28-02

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00  
BK-0812 PG- 4126 RPTT: 0.00



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**AFFIDAVIT OF 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 SC }  
COUNTY OF Anderson } SS

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

1. My name is Anna D. Dipasquale and I reside at 319 Oakwood Estates Dr. Anderson SC 29621
2. I owned real property as a joint tenant with Michael J. Dipasquale, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.  
Title deed is recorded in Book 489, Page 3383 in the office of the register of deeds in the county and state aforesaid.

3. Michael J. Dipasquale, my joint tenant identified above, departed this life on the 2 day of Sept., 2010. A copy of the death certificate of Michael J. Dipasquale is attached.
4. On the date of the death of Michael J. Dipasquale, the above described real estate was owned by Michael J. Dipasquale and Anna D. Dipasquale, 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 8 day of Aug., 2012.

Anna D. Pasquale  
Affiant

SWORN TO AND SUBSCRIBED before me this the 8 day of aug.,  
20 12.

*Sherry L Brock*  
NOTARY PUBLIC

My Commission Expires: 3/21/2013

COPY

**STATE OF SOUTH CAROLINA**  
**CERTIFICATION OF VITAL RECORD**

STATE BIRTH NUMBER

State of South Carolina  
Department of Health and Environmental Control  
**CERTIFICATE OF DEATH**

10-02695  
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last) <b>Diep Michael J DiPasquale</b>			2. SEX <b>Male</b>		3. SOCIAL SECURITY NUMBER <b>██████-██-8189</b>		
4a. AGE-Last Birthday (Years) <b>60</b>		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YYYY) <b>05-07-1950</b>	
6. BIRTHPLACE (City and State or Foreign Country) <b>East Boston, Massachusetts</b>			7a. RESIDENCE-STATE <b>South Carolina</b>		7b. COUNTY <b>Anderson</b>		
7c. CITY OR TOWN <b>Anderson</b>			7d. STREET AND NUMBER <b>319 Oakwood Estates</b>		7e. APT. NO. _____		
7f. ZIP CODE <b>29621</b>			7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
8. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>Anna Drago</b>			
11. FATHER'S NAME (First, Middle, Last) <b>John DiPasquale</b>			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Phyllis Pagirulo</b>				
13a. INFORMANT'S NAME <b>Anna DiPasquale</b>		13b. RELATIONSHIP TO DECEDENT <b>Wife</b>		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>319 Oakwood Estates Anderson, SC 29621</b>			
14. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Hospice facility <input type="checkbox"/> Other (Specify) _____				
15. FACILITY NAME (If not institution, give street and number) <b>AnMed Health Medical Center</b>			16. CITY OR TOWN, STATE AND ZIP CODE <b>Anderson, SC 29621</b>		17. COUNTY OF DEATH <b>Anderson</b>		
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Robinson Crematory</b>					
19a. Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) _____							
20. LOCATION-CITY, TOWN, AND STATE <b>Anderson, South Carolina</b>			21. NAME AND ADDRESS OF FUNERAL FACILITY <b>The McDougald Funeral Home, Inc. 2211 N. Main ST., P.O. Box 499 Anderson, SC 29621-0499</b>				
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT <i>Mark R. ...</i>			23. LICENSE NUMBER (Of Licensee) <b>2805</b>		23c. LICENSE NUMBER (Of Facility) <b>012</b>		
23a. EMBALMER (Spelled out) <b>NOT EMBALMED</b>			23b. EMBALMER LICENSE NUMBER _____				
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24. DATE PRONOUNCED DEAD (MM/DD/YYYY) <b>09/02/10</b>		25. TIME PRONOUNCED DEAD <b>2:10pm</b>		
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) <i>[Signature]</i>			27. LICENSE NUMBER <b>18575</b>		28. DATE SIGNED (MM/DD/YYYY) <b>09/02/10</b>		
29. ACTUAL OR PRESUMED DATE OF DEATH (Spell Month) <b>September 2, 2010</b>			30. ACTUAL OR PRESUMED TIME OF DEATH <b>2:10pm</b>		31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CAUSE OF DEATH (See instructions and examples)							
32. PART I: Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Biliary Cirrhosis with hepatic failure</b>							
Due to (or as a consequence of):							
b. <b>SRO 2° to Stenocardial Ventricular</b>							
Due to (or as a consequence of):							
c. <b>Coagulopathy</b>							
Due to (or as a consequence of):							
d. <b>Hemorrhage</b>							
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
33. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			34. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
36. DATE OF INJURY (Spell Month) _____			37. TIME OF INJURY _____		38. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area) _____		
39. LOCATION OF INJURY: State _____			40. City or Town _____		41. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street & Number: _____			Apartment Number: _____		Zip Code: _____		
43. DESCRIBE HOW INJURY OCCURRED: _____							
44. IF TRANSPORTATION INJURY, SPECIFY. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____							
45. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing and Certifying physician-In the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner/Medical Examiner-On the basis of examination and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
Signature of certifier: <i>[Signature]</i>							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <b>Steve Anderson 2200 E. Greenville St., Suite 2500 Anderson, SC 29621</b>			48a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER _____				
47. TITLE OF CERTIFIER <b>MD</b>			48. LICENSE NUMBER <b>18575</b>		49. DATE CERTIFIED (MM/DD/YYYY) <b>09/02/10</b>		
51. DECEDENT'S EDUCATION-Check _____			52. DECEDENT OF HISPANIC ORIGIN?-Check the box <input type="checkbox"/>		53. DECEDENT'S RACE-(Check one or more races to _____)		

Items 1-23c To Be Completed/Verified By: FUNERAL DIRECTOR  
NAME OF DECEDENT For use by physician or institution

Items 24-43 To Be Completed By: MEDICAL CERTIFIER

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PG- 4129  
08/17/2012  
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SC 01147945

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

*C. Earl Hunter*  
C. Earl Hunter  
Commissioner and State Registrar

*Guang Zhao*  
Guang Zhao  
Assistant State Registrar

ISSUED SEP 03 2010

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 08/01/2009



**EXHIBIT "A"**

(49)

**A timeshare estate comprised of:**

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

- (A) An undivided 1/26<sup>th</sup> interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.**
- (B) Unit No. 107 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.**

**PARCEL 2: a non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.**

**PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.**

**A Portion of APN: 1319-30-631-007**