



Prepared By and Return To:  
The Timeshare Company  
1704 Suwannee Cir  
Waunakee, WI 53597

APN#: 1319-30-631-004 PTN

**AFFIDAVIT - DEATH OF JOINT TENANT**

State of Nevada, County of Douglas

**Gordana Baresic and Ante Baresic** of legal age, being first duly sworn, deposes and says:

That **Ante Baresic**, the decedent mentioned is the same person as **Ante Baresic** named as one of the parties in that certain deed to **Ante Baresic and Gordana Baresic** via deed recorded on 03/06/1991 in Book 391, Page 649 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property:

**Unit 104 of The Ridge Crest**, as more particularly defined in the attached "Exhibit A."

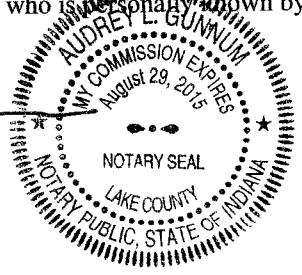
Grantor: Gordana Baresic  
Gordana Baresic

Witness #1: Lisa E. Andrews  
Lisa E. Andrews

Witness #2: John Miller  
John Miller

State of Indiana County of Lake:  
The foregoing instrument was acknowledged by me Audrey L. Gunnum, a notary public, on this 9 day of July, 2012 by **Gordana Baresic**, who is personally known by me or who has produced: Indiana Drivers License as identification.

Audrey L. Gunnum  
(SEAL)  
Notary Public,  
My Notary Expires 08/29/2015  
Audrey L. Gunnum





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**Exhibit "A"**

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51<sup>st</sup> 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 of said Common Area is set forth on that condominium map recorded 8/4/88 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.
- b) **Unit No. 104**, 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 for use and enjoyment and incidental purpose 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 on 4/27/89 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&Rs"). 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 full set forth in the CC&Rs.

A portion of APN #: 40-370-04

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Legal No. 2620-09

Slide No. \_\_\_\_\_

1. Decedent's Legal Name (Print Name, Last, First, Middle Initial) <b>Ante Baresic</b>		2. Sex <b>Male</b>		3. Time of Death <b>9:37 a.m.</b>		4. Date of Death (Month/Day/Year) <b>July 9, 2009</b>	
5. Social Security Number <b>63</b>		6. Date of Birth (Month/Day/Year) <b>June 12, 1946</b>		7. Place of Birth (Country/City) <b>Yugoslavia</b>		8. Marital Status and Usual Residence (Country/City)	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Unknown <input type="checkbox"/> )		10. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		11. If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)		12. Place of Death <b>7004 Lindberg Street Hammond, Indiana</b>	
13. County of Death <b>Lake</b>		14. Method of Death at Time of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown		15. Decedent's Usual Occupation <b>Furniture Refinisher</b>		16. Kind of Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	
17. Decedent's Spouse's Name <b>Gordana Baresic</b>		18. (If Widowed) Maiden Last Name <b>Dordevic</b>		19. Decedent's Usual Occupation <b>Furniture Refinisher</b>		20. Kind of Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	
21. Residence - State <b>Indiana</b>		22. County <b>Lake</b>		23. City or Town <b>Hammond</b>		24. ZIP Code <b>46323</b>	
25. Street and Number <b>7004 Lindberg Street</b>		26. Decedent's Religion <b>12</b>		27. Decedent's Race <b>No</b>		28. Decedent's Ethnicity <b>White</b>	
29. Father's Name (First, Middle, Last) <b>Ivan Baresic</b>		30. Mother's Name (First, Middle, Last) <b>Rita Baresic</b>		31. Decedent's Place of Birth <b>Sikirie</b>		32. Decedent's Country of Birth <b>Sikirie</b>	
33. Decedent's Name <b>Gordana Baresic</b>		34. Relationship to Decedent <b>Wife</b>		35. Address (Street and Number, City, State, ZIP Code) <b>7004 Lindberg St. Hammond, Indiana 46323</b>		36. Decedent's Date of Birth <b>June 12, 1946</b>	
37. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment from State <input type="checkbox"/> Other (Specify)		38. Place of Disposition (Name of Cemetery, Crematory, Other Place) <b>Northwest Indiana Cremation Services</b>		39. Location - City, Town, and State <b>Crown Point, Indiana</b>		40. License Number (If Licensed) <b>FD01006015</b>	
41. Name of Funeral Home <b>Fagen Miller Funeral Home</b>		42. Address (Street and Number, City, State, ZIP Code) <b>2828 Highway Ave., Highland, IN 46322</b>		43. Phone Number (Area Code) <b>FH83003035</b>		44. Signature of Funeral Home Director <i>[Signature]</i>	
45. Part I. Enter the Chain of Events - Disease, Injury, or Complication - That Directly Caused the Death. Do Not Only 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>Acute Myocardial Infarction</b> B. _____ C. _____ D. _____ Sequentially List Conditions, if Any, Leading to the Cause Listed on Line A. Enter the Underlying Cause (Disease or Injury That Initiated the Events Resulting in Death) Last		46. Cause of Death (See Instructions and Examples) <b>Acute Myocardial Infarction</b>		47. Approximate Interval: Onset to Death <b>49 hours</b>		48. Signature of Physician <i>[Signature]</i>	
49. Enter Date and Location of Conditions Contributing to Death but Not Resulting in the Underlying Cause (Event in Part I)		50. Was the decedent pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		51. Was the decedent pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. Was the decedent pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
53. Was Tobacco Use Contributing to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		54. Date of Injury (Month/Day/Year)		55. Time of Injury		56. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Location of Injury - State		58. City or Town		59. Date of Injury		60. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
61. Describe How Injury Occurred		62. Date of Injury		63. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		64. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
65. Name of Person Reporting Cause of Death		66. Signature of Physician <i>[Signature]</i>		67. Signature of Physician <i>[Signature]</i>		68. Signature of Physician <i>[Signature]</i>	
69. Name, Address and Zip Code of Person Reporting Cause of Death <b>Gordon Jono 929 Edg Rd Suite 5 Munster, IN 46321</b>		70. License Number <b>06046756</b>		71. Date of Death <b>5-2-09</b>		72. Signature of Physician <i>[Signature]</i>	
73. Signature of Local Health Officer <i>[Signature]</i>		74. Year of Registration (Month/Day/Year) <b>July 10, 2009</b>		75. Signature of Physician <i>[Signature]</i>		76. Signature of Physician <i>[Signature]</i>	

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