

Assessor's Parcel Number: 1319-30-643-013
(ptn)

Recording Requested By:

✓ Name: Karen L. Rogers

Address: N11069 Yaeger Road

City/State/Zip Clintonville, WI 54929

Real Property Transfer Tax:

Doc Number: 0809256

09/17/2012 03:01 PM

OFFICIAL RECORDS

Requested By

Karen L. Rogers

DOUGLAS COUNTY RECORDERS

Karen Ellison - Recorder

Page 1 Of 5 Fee: 18.00

Bk 0912 Pg 3843



0809256

Deputy: sg

\$ _____

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 Wisconsin }

SS

COUNTY OF Waupaca }

BEFORE ME, the undersigned Notary Public, personally appeared, Karen L. Rogers, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Karen L. Rogers and I reside at 111069 Yaeger Road, Clintonville, WI 54929
2. I owned real property as a joint tenant with Sam Rogers, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.
Title deed is recorded in Book 595, Page 2888 in the office of the register of deeds in the county and state aforesaid.
3. Sam Rogers, my joint tenant identified above, departed this life on the 23 day of February, 2005. A copy of the death certificate of Sam Rogers is attached.
4. On the date of the death of Sam Rogers, the above described real estate was owned by Karen L. Rogers and Sam Rogers, 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 8th day of Aug., 2002.

Karen L. Bell (Rogers)
Affiant

SWORN TO AND SUBSCRIBED before me this the 8 day of August,
2012.



SHANNA WHITE
Notary Public
State of Nevada
Certificate No. 11-5458-5
My Commission Expires 06-01-16

Shanna White
NOTARY PUBLIC

My Commission Expires: 5-1-15

EXHIBIT "A" (34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/38th interest in and to Lot 34 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 001 to 038 as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 018 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 recorded February 21, 1984 as Document No. 097150 and as amended by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-261-18
1319-30-643-013 pth

BK 0912
PG 3846
09/17/2012 03:01 PM

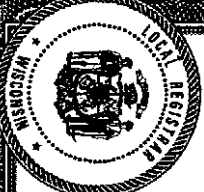
8889266
Page 4 of 5

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'92 JUN 12 P2:01

SUZANNE BLANDEAU
RECORDER 260854
\$6 PAID *KV* DEPUTY
BOOK 692 PAGE 2215

BK : 0912
PG : 3847
09/17/2012 03:01 PM



Item #16 & 17 amended by Funeral Director
03-14-05. Beth Krauss, Deputy

GEORGE J. JORGENSEN
WAUPACA COUNTY REGISTER OF DEEDS

HC# 5040 (Rev. 03/03)
Read Instructions (HC# 5000A)
before completing this form.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
ORIGINAL CERTIFICATE OF DEATH
PART I FACT OF DEATH

1. DECEASENT'S NAME: **Sam ROGERS**

2. SEX: M F

3. DECEASENT'S SOCIAL SECURITY NO.: **7370**

4. DATE PRONOUNCED DEAD (Month, Day, Year): **Feb. 23, 2005**

5. BODY FOUND (24 hr. DEAD (24 hour time preferred): **1:00 P M**

6. AGE (Month, Day, and Year): **57**

7. DATE OF BIRTH (Month, Day, Year): **Oct. 01, 1947**

8. COUNTY OF DEATH: **Waupaca**

9. DEATH AT HOSPITAL: Yes No

10. OTHER PLACE: N.H. Res. of Decedent Other

11. HOSPITAL/NURSING HOME NAME (and Campus) or Address: **Larrabee N12080 Graetz Road**

12. MARITAL STATUS: Married Never Married Divorced/Annul Widowed

13. RESIDENCE STATE (Country, if not in U.S.): **WI**

14. ZIP CODE: **54950**

15. STATE OF BIRTH (Country, if not in U.S.): **WI**

16. RESIDENCE PLACE (City, Village or Township of Decedent): **Larrabee**

17. CHECK ONE: Deceased Never Married Divorced/Annul Widowed

18. SURVIVING SPOUSE: **Karen Smith**

19. DEATH CERTIFICATE NUMBER: **091080**

20. LOCAL FILE NUMBER: **091080**

21. LOCAL REGISTRAR'S NAME: **Sam ROGERS**

18A. INFORMANT'S NAME: **Karen Rogers**

19A. INFORMANT'S MAILING ADDRESS (Name, Street, City, State, ZIP): **112080 Graetz Road, Waupaca, WI 54950**

19B. INFORMANT'S RELATIONSHIP TO DECEASENT (or person acting as such): **Wife**

19C. DATE SIGNED (Month, Day, Year): **Mar. 01, 2005**

20A. NAME AND ADDRESS OF FUNERAL FACILITY (List name and address of family, member, if applicable): **Eberhardt - Stevenson Funeral Homes, PO Box 7, Clintonville, WI 54929**

20B. WI F.D. LIC. NO.: **5370**

20C. FUNERAL SERVICE LICENSEE SIGNATURE (or person acting as such): *Debra Kuenzi*

20D. DATE SIGNED (Month, Day, Year): **Mar. 01, 2005**

16. FATHER'S NAME: **Tommy Ruggiero**

17. MOTHER'S NAME: **Marjorie Haynes**

14. NUMBER AND STREET: **N12080 Graetz Road**

15. ZIP CODE: **54950**

13. RESIDENCE PLACE (City, Village or Township of Decedent): **Larrabee**

12. MARITAL STATUS: Married Never Married Divorced/Annul Widowed

11. HOSPITAL/NURSING HOME NAME (and Campus) or Address: **Larrabee N12080 Graetz Road**

10. OTHER PLACE: N.H. Res. of Decedent Other

9. DEATH AT HOSPITAL: Yes No

8. COUNTY OF DEATH: **Waupaca**

7. DATE OF BIRTH (Month, Day, Year): **Oct. 01, 1947**

6. AGE (Month, Day, and Year): **57**

5. BODY FOUND (24 hr. DEAD (24 hour time preferred): **1:00 P M**

4. HOUR PRONOUNCED DEAD (24 hr. time preferred): **1:00 P M**

3. DECEASENT'S SOCIAL SECURITY NO.: **7370**

2. SEX: M F

1. DECEASENT'S NAME: **Sam ROGERS**

23. LOCAL REGISTRAR SIGNATURE: *Sam Rogers*

24. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year): **March 7, 2005**

25. MEDICAL CERTIFICATION (Check one): Certifying Physician: To the best of my knowledge, death was pronounced and occurred at the time and date(s) stated; the manner of death was natural, and death was due to the causes stated. Coroner/ME: On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time and date(s) stated and due to the causes and manner stated. Actual or Estimated Date of Death: Actual Estimated (See Part II)

26. MANNER OF DEATH: Natural Accidental Suicide Homicide Pending

27. MEDICAL CERTIFIER'S NAME AND TITLE: **Debra Kuenzi, Deputy Coroner**

28. MEDICAL CERTIFIER'S MAILING ADDRESS (Name, Street, City, State, ZIP): **P.O. Box 392, Waupaca, WI 54981**

29. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year): **Feb. 26, 2005**

30. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year): **March 7, 2005**

31. USUAL OCCUPATION (Do not enter "Retired"):

32. KIND OF BUSINESS/INDUSTRY:

33. DECEASENT EVER IN THE ARMED FORCES (Army, Navy or Reserve): Yes No

34. DECEASENT WAS TRIBAL MEMBER (Yes/No) (Specify tribe if member status is unknown): Yes No

35. METHOD OF DISPOSITION: Burial Cremation

36. PLACE OF DISPOSITION: **North Country Crematory**

37. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, State, (or County if not in U.S.)):

38. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I: **Myocardial infarction**

39. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I: **Diabetes**

39. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I: **Myocardial infarction**

40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED:

41. HOUR OF DEATH: **1:00 P M**

42. HOUR OF INJURY: **1:00 P M**

43. PLACE OF INJURY (Specify Home, Street, Farm, etc.): **North Country Crematory**

44. INJURY AT WORK: Yes No

45. LOCATION OF INJURY (Street or Rte., City, Village and State): **New London**

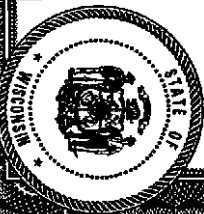
46. COUNTY OF INJURY (State or County if not in U.S.): **WI**

47. DATE OF DEATH: **Feb. 23, 2005**

48. COUNTY OF INJURY (State or County if not in U.S.): **WI**

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

3897815 Date issued: **MAR 14 2005**



WISCONSIN CERTIFICATE OF VITAL RECORD