

20

Assessor's Parcel Number: 1319-30-644-044
PTN

Recording Requested By:

Name: R. Wayne Jones

Address: P.O. Box 4290

City/State/Zip Palm Springs CA
92263 4290

Real Property Transfer Tax:

\$ _____

Doc Number: **0813061**

11/19/2012 10:18 AM

OFFICIAL RECORDS

Requested By
R. WAYNE JONES

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 7 Fee: \$ 20.00

Bk: 1112 Pg: 5038



Deputy: sg

AFFIDAVIT 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.

SWORN TO AND SUBSCRIBED before me this the 14 day of November,
2012.

SEE ATTACHED CERTIFICATE

NOTARY PUBLIC

My Commission Expires: 4/24/2014

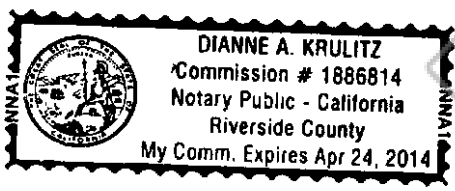
COPY

California Jurat Loose Certificate

State of California
County of Riverside

Subscribed and sworn to (or affirmed) before me on this 14
day of November, 2012, by Robert Wayne Jones

Robert Wayne Jones
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



DIANNE A. KRULITZ
Commission # 1886814
Notary Public - California
Riverside County
My Comm. Expires Apr 24, 2014

(Seal) Signature Dianne A. Krulitz

Affidavit of Death of Joint Tenant

EXHIBIT "A" (37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1\106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 156 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 Phase Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the prime "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-285-14

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

'99 APR 16 AIO :57

0465888

BK0499PG3313

LINDA SLATER
CO-RECORDER
\$ PAID *kp* DEPUTY

Not Valid Without Attached Page

ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH

10-41890

YMM
TYPICAL PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.

County File Number

State File Number 101

3. 01/013
8. 002
19. 01
20. 111710
28.
27.
34. 44401

1. DECEASED—NAME First Middle Last (Type last name all capital)			2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH	
Kenneth Leon HAMMOCK, SR.			November 29, 2010		Lee	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE			5. INSIDE CITY LIMITS (Specify Yes or No)		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
Auburn 36830			Yes		Bethany House	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.		9. RACE—(Specify American Indian, Black, White, etc.)	
			No		White	
10. SEX			11. AGE			
Male			67 YRS.			
12. UNDER 1 YEAR			13. DATE OF BIRTH (Month, Day, Year)		14. DECEASED'S SOCIAL SECURITY NUMBER	
MOS. DAYS HOURS MINS.			Feb. 18, 1943		2051	
15. EDUCATION (Specify ONLY highest grade completed below)			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		17. SURVIVING SPOUSE (If wife, give maiden name)	
Elementary or High School (0-12) College (1-4 or 5+)			Divorced			
18. Was Decedent ever in Armed Forces (Specify Yes or No)			19. STATE OF BIRTH (If not in USA, name country)			
No			AL			
20. RESIDENCE—STATE			21. COUNTY		22. CITY, TOWN, OR LOCATION AND ZIP CODE	
GA			Paulding		Dallas, 30157	
23. INSIDE CITY LIMITS (Specify Yes or No)			24. STREET AND NUMBER			
Yes			206 Ivy Crest Dr.			
25. INFORMANT—Name and Address			26. RESIDENCE—Name and Address			
Ken Hammock			650 Cornwell St. #48 Charleston SC 29407			
27. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)			28. KIND OF BUSINESS OR INDUSTRY			
Hotel Manager			Hotel			
29. FATHER—NAME First Middle Last			30. MAIDEN NAME OF MOTHER—First Middle Last			
Willie Joe Hammock			Bonnie Jean Kent			
31. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)			32. DATE OF DISPOSITION (Month, Day, Year)		33. CEMETERY OR CREMATORY—Name	
Cremation			11/30/2010		Southern Memorial Crem.	
34. LOCATION—(City or Town—State)			35. FUNERAL HOME—Name and Address			
Montgomery AL			Corbitt's Funeral Home			
205 N. Maple St., Tuskegee, AL 36083			36. FUNERAL DIRECTOR—Signature			
			<i>Chas. Elwell</i>			
37. DATE SIGNED BY FUNERAL DIRECTOR			38. DATE SIGNED (Month, Day, Year)			
DEC 3, 2010			12/9/2010			
39. TIME AND DATE OF DEATH			40. DATE AND TIME PROCLAIMED DEAD (For Coroner/U.S. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	
			11/29/2010 09:15		Bill Harris—Coroner	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)			43. CERTIFIER LICENSE NUMBER			
PO Box 2770 Opelika, AL 36803						
44. REGISTRAR—Signature			45. DATE FILED (Month, Day, Year)		46. DATE FILED (Month, Day, Year)	
<i>F. Arnold</i>			DEC 10 2010		December 10, 2010	

MEDICAL CERTIFICATION

48. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Myocardial Infarction</u>			Unknown	
DUE TO (OR AS A CONSEQUENCE OF):				
<u>Human Immunodeficiency Virus</u>				
DUE TO (OR AS A CONSEQUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			Revised Medical Certification Attached	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)			50. AUTOPSY (Specify Yes or No)	
Natural			No	
51. If you were findings considered in determining cause of death? (Specify Yes or No)			52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	
No				
53. DATE OF INJURY (Month, Day, Year)			54. HOUR OF INJURY	
55. INJURY AT WORK (Specify Yes or No)			56. PLACE OF INJURY—(Specify at home, farm, forest, factory, office building, etc.)	
No				
57. LOCATION OF INJURY (Street or R.F.D. No.; City or Town, State)				

This is a legal record and must be filed within five (5) days after death.

DEC 13 2010

ADPH-HS 2/Rev. 11-03

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BK 1112
PG 5043



2012-0500372
10/19/2012 09:27A
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ALABAMA

Center for Health Statistics

Amendment No. **034384**

ALABAMA Supplemental Medical Certification

This Supplemental Medical Certification replaces any Medical Certification shown on previous pages for the record identified below.

INFORMATION FROM ORIGINAL RECORD:

Certificate No. **2010-41890**

Name: **Kenneth L. HAMMOCK Sr**

Date of Death: **November 29, 2010**

County of Death: **Lee**

File Date: **December 10, 2010**

MEDICAL CERTIFICATION			
46. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Lymphoma</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
DUE TO (OR AS A CONSEQUENCE OF):			
DUE TO (OR AS A CONSEQUENCE OF):			
DUE TO (OR AS A CONSEQUENCE OF):			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify -- Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <u>Natural</u>		50. AUTOPSY (Specify Yes or No) <u>No</u>	51. If yes, write findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY -- (Specify at home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	
Signature of Certifier <u>[Signature]</u>		Date Signed <u>12/30/2010</u>	

The above Medical Certification as provided by the certifier is hereby made a part of the record concerned. Done this 12th day of January, 2011.

By Kimberly Smith
Recording Clerk

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ADPH-HS-91/Rev. 3-03



2012-0500372
10/19/2012 09:27A
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This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2012-393-403-9

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics