

Doc Number: **0818286**

02/15/2013 10:07 AM

OFFICIAL RECORDS

Requested By

STEWART TITLE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4

Fee: \$ 17.00

Bk: 0213 Pg: 4012



Deputy sd

A portion of
A.P.N. # 1319-30-519-013
ESCROW NO. #50-013-31-02 / 20137648
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

William J. Kaufman
2062 Bounty Loop
Hayden, ID 83835-8770

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss
COUNTY OF Douglas }

WILLIAM J. KAUFMAN, of legal age, being first duly sworn, deposes
and says: That DIANE W. KAUFMAN, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as DIANE W. KAUFMAN

named as one of the parties in that certain Grant Deed dated August 14, 1987 executed by
DANIEL A. TOAVS and HELEN M. TOAVS, husband and wife

to William J. Kaufman and Diane W. Kaufman, husband and wife
as joint tenants, recorded as Instrument No. 162646, on September 21, 1987
in Book 987, Page 3213, of Official Records of Douglas
County, Nevada, covering the following described property situated in Douglas
County, State of Nevada:

See Exhibit 'A' attached hereto and by this reference made a part hereof.

DATE: February 13, 2012

William J. Kaufman
William J. Kaufman

STATE OF IDAHO }
 } ss
COUNTY OF Kootenai }

DESIREE C. MOODY
Notary Public
State of Idaho

This instrument was acknowledged before me on
February 13, 2012

by William J. Kaufman

Signature Desiree C. Moody
Notary Public

My Commission Expires 10/2/2015

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

STATE FILE NO. I-1,026

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT PRINTED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
FABRIC SEAL SHALL BE USED AS PRIMARY EVIDENCE OF THE DEATH UNDER §3904(1) AND §3904(2) IDAHO CODE

Local Reg. No. I-1,026

DECEDENT	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) DIANE LOUISE KAUFMAN KAUFMAN AKA DIANE LOUISE W. KAUFMAN		2. SEX Female	3. SOCIAL SECURITY NUMBER ██████████-1001
	4a. AGE-Last Birthday 69 (Years)		4b. UNDER 1 YEAR 4c. UNDER 1 DAY 4d. DATE OF BIRTH (Mo/Day/Yr) August 27, 1939	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Kootenai	7c. CITY OR TOWN Hayden
	7d. STREET AND NUMBER 2062 Bounty Loop		7e. APT. NO. 83835	7f. ZIP CODE 83835
PARENTS	8. 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		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) William J. Kaufman	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Berkley Wilson	
INFORMANT	11b. BIRTHPLACE (State, Territory, or Foreign Country) Canada		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Helen Camille Walker	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) Michigan		13a. INFORMANT'S NAME (Type or print) William J. Kaufman	
DISPOSITION	13b. RELATIONSHIP TO DECEDENT Husband		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2062 Bounty Loop Hayden, ID 83835	
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) North Idaho Crematory Coeur d'Alene, Idaho	
PLACE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY English Funeral Chapel 1700 N. Spokane St. Post Falls, Idaho 83854		17a. LICENSE NUMBER (Of license) M-558	
	17b. LICENSE NUMBER (Of license) M-558		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility		19b. 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"/> Other (Specify)	
	20. FACILITY NAME (if not facility, give street and number) 2062 Bounty Loop		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Hayden 83835	
CAUSE OF DEATH	22. COUNTY OF DEATH Kootenai		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 14, 2008	
	24. TIME OF DEATH 1129 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 14, 2008	
CERTIFIER: Complete Within 72 Hours of Death	26. TIME PRONOUNCED DEAD 1129 (24hr)		27. CAUSE OF DEATH	
	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 ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Lung Cancer		Approximate Interval Onset to Death 5 months	
ITEMS 29-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER USE)	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (LAST) (disease or injury that initiated the events resulting in death)		PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year	
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	31. 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		32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	
REGISTRAR	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable	
REGISTRAR	TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger	
	38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat Belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.	
REGISTRAR	39b. CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39c. LICENSE NUMBER M8193	
	Signature and Title of Certifier Stephen J. Iacoboni, MD., 700 Ironwood Dr., Coeur d'Alene, ID 83814		39d. DATE SIGNED 11/14, 2008 MM DD YYYY	
REGISTRAR	40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record.		40b. DATE SIGNED MM DD YYYY	
	I have reviewed and if necessary amended the medical section		41a. REGISTRAR'S SIGNATURE Loren Holm	
REGISTRAR	41b. DATE SIGNED 11/16, 2008 MM DD YYYY		41c. DATE SIGNED MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **NOV 19 2008**

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



BK 0213
PG 4013
Page 2 of 4 02/15/2013 10:07 AM



COPY

000091362

STATE OF IDAHO County of Kootenai
This copy of a death certificate was issued by
the District Health Department prior to filing
with the Bureau of Vital Records and Health
Statistics
Susan K. DeW
Local Vital Statistics Registration Official

EXHIBIT "A"

(50)

A timeshare estate comprised of:

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

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 013 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said 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" within the "Swing use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-013