

18

Doc Number: **0820477**

03/22/2013 09:52 AM

OFFICIAL RECORDS

Requested By

WALTER L. HENDERSON

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5

Fee: \$ 18.00

Bk: 0313 Pg: 5688



Deputy: sd

Assessor's Parcel Number: _____

Recording Requested By:

Name:

Walter L Henderson, PC.

Address:

6700 North Oracle Rd #119

City/State/Zip

TULSON, AZ 85704

Real Property Transfer Tax:

\$ _____

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.

SWORN TO AND SUBSCRIBED before me this the 15th day of February, 2013.

Walter L. Henderson
NOTARY PUBLIC

My Commission Expires: 5 May 2015

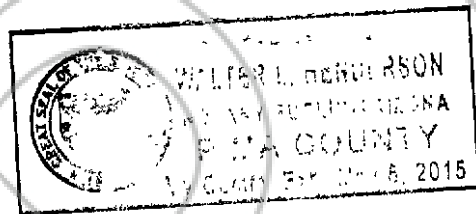
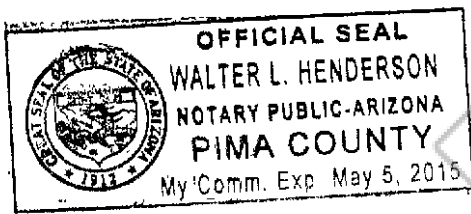


EXHIBIT "A" (37)

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. 155 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: 42-285-13

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

2000 OCT 31 PM 2: 30

LINDA SLATER
RECORDER

\$ 8.00 PAID kg DEPUTY

0502513

BK 1000 PG 6228

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2012-045604

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) BETTY J WILLIAMS		2. AKA'S (IF ANY)		3. DATE OF DEATH DECEMBER 05, 2012	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER 4854	6. DATE OF BIRTH 08/24/1929	7. AGE 83	8. MONTHS 9. DAYS 10. HOURS 11. MINUTES UNDER 1 YEAR	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER					
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 3100 W CALLE DOS			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: GREEN VALLEY 85622		16. COUNTY OF DEATH: PIMA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): JOHNSON CITY, TEXAS		18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) ROBERT WILLIAMS	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 3100 W CALLE DOS		21. CITY AND COUNTY: GREEN VALLEY, PIMA		22. STATE ARIZONA	23. ZIP CODE 85622
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: ACCOUNTANT		29. FATHER'S NAME (FIRST, MIDDLE, LAST) JOHN MCCLURE		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) JEFFIE KILGORE	
31. INFORMANT'S NAME ROBERT WILLIAMS		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 4360 S DESERT JEWEL LOOP, GREEN VALLEY, ARIZONA 85622	
34. NAME AND ADDRESS OF FUNERAL FACILITY: DESERT ROSE CREMATION & BURIAL 2750 S. 4TH AVE #106, SOUTH TUCSON, AZ		35. FUNERAL DIRECTOR: ARICK DOMBROWSKI, FUNERAL DIRECTOR		36. LICENSE NUMBER: F1394	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: SOUTH LAWN CREMATORY, TUCSON, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH 40. A MYOCARDIAL INFARCTION		41. APPROXIMATE INTERVAL: UNKNOWN		42. B ATHEROSCLEROTIC HEART DISEASE	
DUE TO OR AS A CONSEQUENCE OF: 44. C HYPERTENSION		43. APPROXIMATE INTERVAL: MORE THAN 5 YEARS		45. APPROXIMATE INTERVAL: MORE THAN 5 YEARS	
DUE TO OR AS A CONSEQUENCE OF: 48. D		46. APPROXIMATE INTERVAL: MORE THAN 5 YEARS		47. APPROXIMATE INTERVAL:	
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:		49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 0545
		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: HOWARD ROLINS, M.D.		56. DATE CERTIFIED: 12/05/2012	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.		57. CERTIFIER'S ADDRESS: 400 W. CAMINO CASA VERDE, #100 GREEN VALLEY, AZ 85614-1945		58. NAME OF REGISTRAR: AUDREY ROGERS	
				59. DATE REGISTERED: 12/11/2012	

DATE ISSUED: 02/01/2013

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.