

DOC # 820784  
 03/28/2013 11:44AM Deputy: AR  
**OFFICIAL RECORD**  
 Requested By:  
 Stewart Title Vacation Ownr  
 Douglas County - NV  
 Karen Ellison - Recorder  
 Page: 1 of 4 Fee: \$17.00  
 BK-313 PG-7492 RPTT: 0.00



<b>A.P.N. #</b>	A ptn of 1319-30-724-029
<b>Escrow No.</b>	20137634- TS/AH
<b>Title No.</b>	None
<b>Recording Requested By:</b>	
<b>Stewart Vacation Ownership</b>	
<b>Mail Tax Statements To:</b>	
Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449	
<b>When Recorded Mail To:</b>	
A. Patricia Kieran 2314 N.E. 80 <sup>th</sup> St. Vancouver, WA 98665	

**AFFIDAVIT – DEATH OF JOINT TENANT**

State of AZ }  
 } ss.  
 County of Pima }

A. PATRICIA KIERAN, of legal age, being first duly sworn, deposes and says: That J. MICHAEL KIERAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as J. MICHAEL KIERAN named as one of the parties in that certain Grant, Bargain, Sale Deed dated October 17, 1987 executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to J. MICHAEL KIERAN and A. PATRICIA KIERAN, husband and wife as joint tenants, recorded as Document No. 165197, on October 27, 1987 in Book 1087, Page No. 3664 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Tower Building, Swing Season, Account #3402844A, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

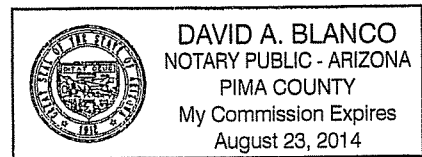
Dated: 2/22/13

A. Patricia Kieran  
 A. Patricia Kieran

State of AZ }  
 } ss.  
 County of Pima }

This instrument was acknowledged before me on 02/22/13 (date)  
 by: A. Patricia Kieran

Signature: David A. Blanco  
 Notary Public



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

Local File Number: 1111 Washington State Certificate of Death State File Number: \_\_\_\_\_

1. Legal Name (Include AKA's if any): First Middle LAST Suffix: James Michael Kieran, Jr. 2. Death Date: Sep 24, 2007

3. Sex (M/F): Male 4a. Age - Last Birthday: 61 4b. Under: 1 Year Months Days: \_\_\_\_\_ 4c. Under 1 Day: Hours Minutes: \_\_\_\_\_ 5. Social Security Number: ██████-6887 6. County of Death: Clark

7. Birthdate: Dec 6, 1945 8a. Birthplace (City, Town, or County): New York 8b. (State or Foreign Country): New York 9. Decedent's Education: 4 Yrs College-No Degree

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No 11. Decedent's Race(s): White 12. Was Decedent ever in U.S. Armed Forces? Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 4415 NW 131st Street 13b. City or Town: Vancouver

13c. Residence: County: Clark 13d. Tribal Reservation Name (if applicable): \_\_\_\_\_ 13e. State or Foreign Country: Washington 13f. Zip Code + 4: 98685 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence: 5 Years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's Name (Give name prior to first marriage): Amy Patricia Claxton

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): Engineer 18. Kind of Business/Industry (Do not use Company Name): Electronics

19. Father's Name (First, Middle, Last, Suffix): James Michael Kieran, Sr. 20. Mother's Name Before First Marriage (First, Middle, Last): Evelyn Fenton

21. Informant's Name: Amy P. Kieran 22. Relationship to Decedent: Spouse 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 4415 NW 131st St., Vancouver, WA 98685

24. Place of Death, if Death Occurred in a Hospital: Emergency Room Place of Death, if Death Occurred Somewhere Other than a Hospital: \_\_\_\_\_

25. Facility Name (If not a facility, give number & street or location): Legacy Salmon Creek Hospital 26a. City, Town, or Location of Death: Vancouver 26b. State: WA 27. Zip Code: 98686

28. Method of Disposition: Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place): Lower Columbia Crematory, Inc. 30. Location-City/Town, and State: Vancouver, WA

31. Name and Complete Address of Funeral Facility: Cascadia Cremation & Burial Services 32. Date of Disposition: Sept 28, 2007

33. Funeral Director Signature: Samuel A. Hella, Jr.

34. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Asystole (no cardiac activity) Interval between Onset & Death: 1 hour  
Due to (or as a consequence of): \_\_\_\_\_ Interval between Onset & Death: \_\_\_\_\_

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

b. \_\_\_\_\_ Due to (or as a consequence of): \_\_\_\_\_ Interval between Onset & Death: \_\_\_\_\_

c. \_\_\_\_\_ Due to (or as a consequence of): \_\_\_\_\_ Interval between Onset & Death: \_\_\_\_\_

d. \_\_\_\_\_ Due to (or as a consequence of): \_\_\_\_\_ Interval between Onset & Death: \_\_\_\_\_

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: hypertension

36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death:  Natural  Homicide  Accident  Undetermined  Suicide  Pending

39. If female:  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year

40. Did tobacco use contribute to death?  Yes  Probably  No  Unknown

41. Date of Injury (MM/DD/YYYY): \_\_\_\_\_ 42. Hour of Injury (24hrs): \_\_\_\_\_ 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): \_\_\_\_\_ 44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street: \_\_\_\_\_ Apt No.: \_\_\_\_\_  
City or Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code+ 4: \_\_\_\_\_

46. Describe how injury occurred: \_\_\_\_\_ 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify) \_\_\_\_\_

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place stated due to the cause(s) and manner stated: Michael Albrecht MD 48b. Medical Examiner/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: Michael Albrecht

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): 2211 NE 139th Vancouver, WA 98686 50. Hour of Death (24hrs): 0429 Hrs

51. Name and Title of Attending Physician if other than Certifier (Type or Print): \_\_\_\_\_ 52. Date Signed (MM/DD/YYYY): 9/24/2007

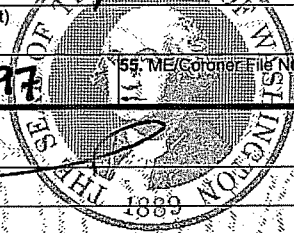
53. Title of Certifier: Medical Director 54. License Number: MD 00015197 55. ME/Coroner File Number: \_\_\_\_\_ 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature: [Signature] 58. Date Received (MM/DD/YYYY): SEP 27 2007

59. Amendments: \_\_\_\_\_

Part 1 completed by Funeral Director  
Part 2 completed by Certifier

BK 313  
PG-7493  
820784 Page: 2 of 4 03/28/2013



**Affidavit for Correction**

This is a legal Document. Complete in ink and do not alter.

**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

- Examples of documentary proof:
- |                               |                          |   |
|-------------------------------|--------------------------|---|
| Certificate of Naturalization | Medical Record           | School Record   |
| Hospital Records              | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| Insurance Records             | Birth Record             | Alien Registration Card (front and back)                  |
| Marriage/Divorce Records      | Passport                 |   |

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

**CERTIFIED**

SEP 27 2007

*Alan Melnick*  
Alan Melnick  
Health Officer  
Clark County Public Health





**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 1/38<sup>th</sup> interest in and to Lot 34 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 028 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 August 21, 1984, as Document No. 097150, 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: 1319-30-724-029

This document is recorded as an  
**ACCOMMODATION ONLY** and without liability  
for the consideration therefore, or as to the  
validity or sufficiency of said instrument, or  
for the effect of such recording on the title of  
the property involved.