Doc Number: 0820846 03/29/2013 09:32 AM OFFICIAL RECORDS Requested By JANICE VOGL

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

Page: 1 Of 5 Fee: \$ 18.00

Bk: 0313 Pg: 7758

Denuty ed

Aftadavit 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.

BK: 0319 PG: 7759 03/29/2013 09:32 AM

AFFIDAVIT OF DEATH OF JOINT TENANT

STAT	E OF _	Wisconsin SS F Warkesh
COU	NTY O	F Warker }
	BEEC	ORE ME, the undersigned Notary Public, personally appeared,
Ja	nice	R Vog 1 , "Affiant", who upon being duly sworn, deposes and
states	upon h	\mathcal{R} $V_{o_{\mathcal{S}}}$, "Affiant", who upon being duly sworn, deposes and is or her oath or affirmation, the following:
	1.	My name is Taxing P Vac and I reside at
	1.	My name is <u>Janice R. Vogl</u> and I reside at 1402 Manistique AN. 50. Milw. WI 53172
	2.	I owned real property as a joint tenant with <u>Charles F. Vogl</u> , such real property located in <u>Douglas</u> County, State of <u>Nevade</u> , described as follows:
		such real property located in posicias County, state of described as follows:
•		TVE URA E
		See Attached Legal Description.
		Title deed is recorded in Book //08, Page 39/4 in the office of
		the register of deeds in the county and state aforesaid.
	3.	Charles F. Vogl, my joint tenant identified above, departed
		this life on the 2. day of October, 2012. A copy of the death
		certificate of Charles F. Vog/ is attached.
	4.	On the date of the death of Charles F Vaal, the above
-	T.	On the date of the death of <u>Charles F. Vogl</u> , the above described real estate was owned by <u>Charles F. Vogl</u> and <u>Tanice R. Vogl</u> , as joint tenants and the joint tenancy
	1	Tanice R. Vog 1, 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.
		, Alland to die dotte Bar / Hang Johns to also Proposition
	_	
	Dated	this the 13th day of 19amch 20 13.
		O - Q U Q
		Affiant R. Vogl
The same		Affiant

SWORN TO AND SUBSCRIBED before me this the 13th day of 17arch 20_13.

NOTARY PUBLIC

My Commission Expires: is gemanent

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EXHIBIT "A"

(33)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 33 as shown on Tahoe Village Unit No. 3 - 13th 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 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 128 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 III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Lots 31, 32 or 33 only, for one week every other year in Even numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-008



P-85040 (Nev. 1203) Road Instructions (F-05048A) before competing this form.	3041		STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES ORIGINAL CERTIFICATE OF DEATH		STATE FILE DATE	3	
LOCAL FILE NUMBER	LE NUMBER	7	PART 1 FACT OF DEATH	222	STATE DEATH NUMBER	ı	Children Discount of the Control of
					S DECEDENT'S SOCIAL		4a UAIE PRUNCUNCED DEAU (Morth, Day, Year)
Charles	Franci	VOGI		Z]" []		5489	October 2, 2012
9	5. BODY FOUND (24 or) (date pronounced)	b Under 1 Year a. Under 1 Day 7	DATE OF BIRTH (Month, Day, Year)		COUNTY OF DEATH	
100	. Yes 12 Ps	7.6		Aug. 4, 1936		Milwaukee	
69 UEATH OCCURRED hate City, Village or Yownship of	ty, Village or Township of	_			DEATH AT HOSPITAL		10. STREER PLACE
Milwaukee		>	Car Ovinge Offernates		COOK From N.H. 5 C DOAR From Other	DOM From Other	College Processed Houseles
11a. HOSPITAL/NURSING HOME NAME (and Centers) or ADDRESS	E NAME (and Compas) or AD	DRESS 116 N.H. LIC NO	12 MARTAL STATUS		⊢	138. RESIDENCE SYATE (County, 8 not in U.S.A.)	(36 RESIDEN
Zablocki V.A. Med. Center	. Center	_		Phoroastkond. 🔲 Wildows	Wisconsin	_	Milwaukee
13c. RESIDENCE PLACE hade City, Vitage or Township of	Xy. Village or Township of	ONE	14a NUMBER AND STREE	TREET	₽	145 ZIP CODE	15. STATE OF BIRTH (Coorty Iteal to U.B.A.)
South Milwankee	1	Con Disease	14	que Av.		53172	Wisconsin
AL/ABET		· · · · · · · · · · · · · · · · · · ·	INCLUSIONAL PIN MADE	Brown Carlo	Allow Service Bit	ing arouse mix	
198 INFORMANT'S NAME	v oge	Anna		FIRST JUSTICE JUSTICE	Short Car State Dis	뇤	reider
Janice	<u>a</u>	Janice R. Vogt		1402 Manistique Av., South Milwaukee WI 53172	Milwaukee V	A 53172	
20s. NAME AND ADORESS OF F	UNERAL FACILITY (Lines	ans and addrass of family mambar, if app	206 WIFD LIC. NO	20c. SIGNATURE - FUNERAL SERVICE LICENSEE (Or person schiq as sect)	AL SERVICE LICENSE	C (Or person acting as sec	b) 20d DATE SIGNED (Hoom, Day, Your)
Molthen-Bell & Sons Funeral Home 700 Milwaukee Ave., South Milwaukee, WI 53172	os Funerai Hor South Milwanke	ne ee. WI 53172	5121	1\	K	ł	Oct. 3, 2012
WEDICAL CERTIFICATION (C	back one.) Heres 21-38 and 3	WEDICAL CERTIFICATION (Check one) lines 21:38 and 33, 35, 50,51 lines 40-45 Concessive E. only	MANNER OF DEATH	MEDICAL CERTIFIER'S NAME AND TITLE	ER'S NAME AND TITLE		
the time and date(s) stated; the m	best of my Khowledge de: anner of death was Maturi	ath was pronounced and occurred a st; and death was due to the cause:	Calleton 4 Chemode	Jonathan B.	Gully, M.D.	1	
Correspond To the house of commensates shall be to consider to the commensates to the com	to a section of the s	and the beautiful and the second		MEDICAL CERTIFIE	6) MEDICAL CERTIFIER'S MAILING ADDRESS (Number Street, Crt. Street, 219)	Mamber Street, City, St.	(d2) 1
pronounced and occurred at the tv	ne and date(s) stated and	due to the causes and manner state	7	5000 W Nat1	5000 W National Avenue		e Wisconsin 53295
(# Officient from date in 4a)	Same as 4a for	ACTUAL OR ESTIMATED DATE OF DEATH 00 WIN HYSTELMULICENSE NO. 00 SIN 01 different from dates in 4a) ⊠Same as 4a 05 cover Co.au 5.37.97 14 different from the control of the cover	SWATURE - NEDSCAL CERTIFIER	Chy that is air on a portion of	on all partiess of the death configure)		Date Signed BY Redical Certifier grant by, vor) October 4, 2012
29. SIGNATURE - LOCAL REGISTRAR	1	1	A Junio Mind			30 DATE SIGNED	AV I DOM BEGUSTRAR NAME OF VALUE
tate H. Mar	K. Harier, Deputy Registrar) Juan	1			130	
PART 2 EX	TENDED FACT OF DEAT	H JAVAILABLE ONLY TO THOSE V	PART 2 EXTENDED FACT OF DEATH JAVAUABLE CHUY TO THOSE WITH A DIRECT AND TAMOBLE INTEREST IN THIS RECORD OR FOR A STATE APPROVED RESEARCH USE (PER 8, 68.20)	EREST IN THIS RECOR	OR FOR A STATE APP	ROVED RESEARCH L	SE (PER S. 69.20))
31, USUAL OCCUPATION (De eat mier Refreil)	mbr Ruthpd.)	32. KIND OF BUSINESSANDUST	RY 33 DECEDEN	33 DECEDENT EVER IN THE ARMED FORCES (Arms Date or Beauty)	34 DECEDENT WA	S TRIBAL MEMBER (N	AMARINE MIN. Cond. The Visc Anaches and Amarine and Am
Structural Lavout		Heavy Equipment MFG		ONe Cont	Ow D	ØNo □Unt. □Yes Tribe	Clink. Cline Unit. O'res Tribe:
35 METHOD OF DISPOSITION Entomb Bunal Cromeston	merion Donation	36. PLACE OF DISPOSITION Holy Sepulcher Cemetery	meterv	37.10C	зу, цосклюм ой семетеку о Cudahy WI	R CREMATORY (CV.)	Vinge, Tamestep, State (Or Coarty, 8 oct is U.S.)
() PART I Enter the discover, injuries Do not let and age on semility as so	to completeless that counted in counted	the death. Do not enter the mode of dying a	(BPATT) Each the discuss, byther or constructions that caused the death. Do not even the motion of dying such as cardisc or respecting aimst should be that the assessment of such as a second su	rheart Colum Liet only one ca		Interval Between Onset and Cauth	PART II, OTHER SIGNIFICANT CONDITIONS confusing to (1988) but not
IMMEDIATE CAUSE » (a)	Metastatic Debourance	Metastatic Pancreatic Cancer Mebasicomegasio			7	1-2 Months	medity in the underlying cause gives in Part I
	(b)	-	>		- أ	İ	1. Pulmonary Embolism
Sequentially the coordinate, it may be according to the coordinate receive PATER (C)		Ī				_	
UNDERLITHE CAUSE LAST. Due to or as a contequence of idease or they that include everys leading to death) (displacement)	Due to or as a contequence	30.					
<u>9</u> ,≗	Rems 48-48 for Coroner and Medical Examiner use only. Complete if an Injury or poisoning is resorted anywhere in 18 part or Part it.		40, IF INJURY STATED ANYMHERE IN CAUSE OF DEATH (Part) of Part)), DESCRIBE HOW IT OCCURRED	lor Parl II), DESCRIBE H	ом поссиява		7
41 DATE OF INJURY (Mortin, Day, Yr.)	Y:) 42, HOUR OF INJURY	JURY 63, PLACE OF INJURY (Specify Home Street, Ferm, tht.)		44 INURY AT WORK 45 LO	45 LOCATION OF INJURY (Street or RFD, Cety Village, and Stab.)	med or RFD, CAy Village, a	ind Stab) 46 COUNTY OF (KUURY (State or County I not in War)
	_	_	_	_]			

WISCONSIN CERTIFICATE OF VITAL RECORD

Type or Print.
Use
Parmanent
BLACK Ink.
No Whiteout
or Ensures.

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

BK: 0313 PG: 7762 03/29/2013 09:32 AM

THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS - THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK - HOLD TO LIGHT TO VERIFY PR Karèn Michalski City of Milwaukee Health Department

12094964

Date issued:

1 3 0