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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



Deputy: sd

Assessor's Parcel Number: 1319-30-723-008
PTN

Recording Requested By: Janice R. Vogl

✓ Name: Janice R Vogl

Address: 1402 Manistigie Av

City/State/Zip So. Milwaukee, WI
53172

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 13th day of March,
20 13.

Gregory K. Miller
NOTARY PUBLIC

My Commission Expires: is permanent

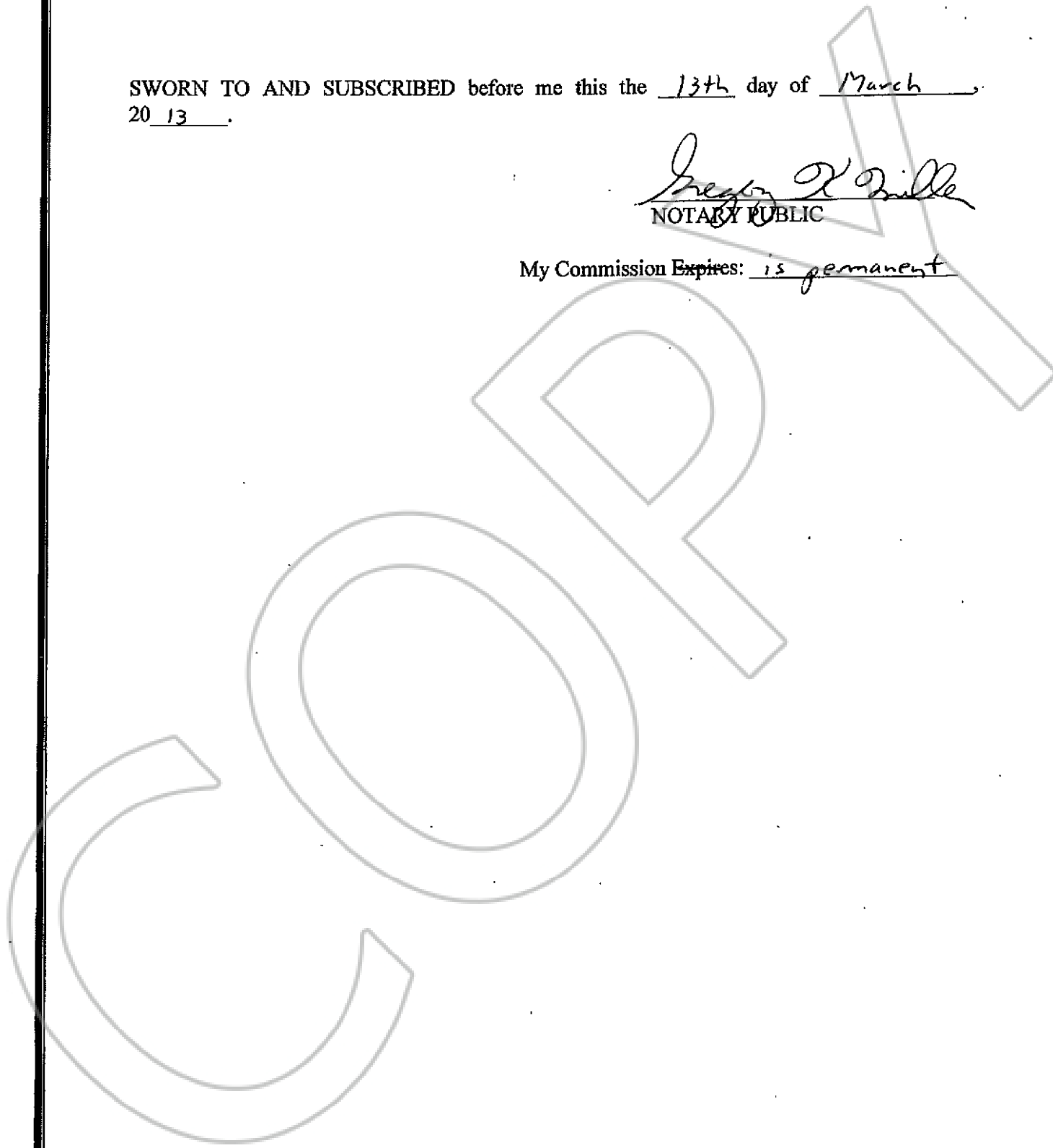
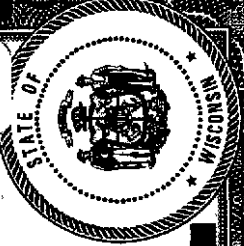


EXHIBIT "A"
(33)

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



F-5006 (Rev. 12/07)
Type as Print
Use Permanent Black Ink
No White-out or Erasures.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH

30411
LOCAL FILE NUMBER
LAST FULL NAME
Francis VOGL
3. BODY FOUND (24 or more hours after death)
4b. HOUR PRONOUNCED DEAD (24 hour time period)
1100
5. DATE OF BIRTH (Month, Day, Year)
Aug. 4, 1936
6. DATE OF DEATH (Month, Day, Year)
October 2, 2012

11a. HOSPITAL/NURSING HOME NAME (and Campus) or ADDRESS
Milwaukee
11b. N.H. LIC. NO.
11c. CHECK ONE
11d. NUMBER AND STREET
1402 Manistique Av.
11e. CITY, STATE AND ZIP CODE
Milwaukee, Wisconsin 53172

16. PATHER'S NAME
Vogt
17. MOTHER'S NAME
Fink
18. INFORMANT'S NAME
Janice R. Felder
19. INFORMANT'S MAILING ADDRESS (Number, Street, City, State, ZIP)
1402 Manistique Av., South Milwaukee WI 53172

20. WT. F.D. LIC. NO.
5121
21. MANNER OF DEATH
Natural
22. MEDICAL CERTIFIER'S NAME AND TITLE
Jonathan B. Gully, M.D.
23. MEDICAL CERTIFIER'S MAILING ADDRESS (Number, Street, City, State, ZIP)
5000 W. National Avenue, Milwaukee Wisconsin 53295

24. SIGNATURE - LOCAL REGISTRAR
Kara Mihalicki, Deputy Registrar
25. SIGNATURE - MEDICAL CERTIFIER (Only check box on left of the death certificate)
October 4, 2012
26. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year)
October 3, 2012
27. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year)

31. USUAL OCCUPATION (Do not enter "Retired")
Heavy Equipment MFG
32. KIND OF BUSINESS/INDUSTRY
Holy Sepulcher Cemetery
33. FORCE(S) EVER IN THE ARMED SERVICES (Active Duty or Reserve)
34. DECEDENT WAS TRIBAL MEMBER (Not Required) If "Yes," Item 4b should include American Indian Check Box: If the decedent was American Indian, list member status in full name.

35. PLACE OF DISPOSITION
Holy Sepulcher Cemetery
36. PLACE OF DEATH (If different from item 11a)
Metastatic Pancreatic Cancer
37. LOCATION OF USURERY OR CREMATORY (City, Village, Township, State) (If County, fill in US)

38. INQUIRY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED
1. Pulmonary Embolism

41. DATE OF INJURY (Month, Day, Yr)
42. HOUR OF INJURY
43. PLACE OF INJURY (Specify Home Street, Farm, etc)
44. INJURY AT WORK
45. LOCATION OF INJURY (State or Fed. City, Village, town, State)
46. COUNTY OF INJURY (State or County, Print in full)

Kara Mihalicki
KAREN MICHALSKI
CITY OF MILWAUKEE HEALTH DEPARTMENT

12094964 Date Issued: OCT 8 2012

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

