

18-

Doc Number: **0824319**

05/28/2013 02:56 PM

OFFICIAL RECORDS

Requested By:
MARY ABB CASTOR

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0513 Pg: 7080



Deputy gb

Assessor's Parcel Number: 1319-30-723-007

Recording Requested By:
✓ Name: MARY ANN CASTOR

Address: 21 N. HICKORY

City/State/Zip TRACY CA 95376

Real Property Transfer Tax:

\$0

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 17th day of OCTOBER,
2012.

T. Basra
NOTARY PUBLIC

My Commission Expires: 03-09-2015

State of California County of
SAN JOAQUIN

Subscribed and sworn to (or affirmed)
before me on this 17th day of OCTOBER, 2012, by
MARY ANN CASTER,
proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature T. Basra
(Seal)

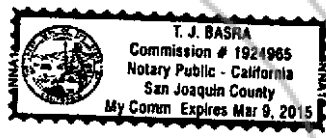


EXHIBIT "A"

(33)

An undivided 1/51st 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. 127 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 each year in the SPRING/FALL "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-007

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER
COUNTY OF ALAMEDA
OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

3201001004566

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSEPH		3. LAST (Family) CASTOR JR.	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy 12/29/1943	
AKA, ALSO KNOWN AS - Include all AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 66	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 07/21/2010	
8. HOUR 24 Hours 0915		9. BIRTH STATE/FOREIGN COUNTRY HI	
10. SOCIAL SECURITY NUMBER 3597		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/PROP at Time of Death MARRIED		13. DECEASED'S RACE - Use to 3 races they be listed (see worksheet on back) HAWAIIAN	
14. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTOMOBILE MANUFACTURING	
19. YEARS IN OCCUPATION 16		20. DECEDENT'S RESIDENCE (Street and number, or location) 43151 GRANDBROOK PARK COURT	
21. CITY FREMONT		22. COUNTY/PROVINCE ALAMEDA	
23. ZIP CODE 94538		24. YEARS IN COUNTY 47	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MARY ANN C. CASTOR, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or Post Office number, city or town, state and zip) 43151 GRANDBROOK PARK COURT, FREMONT, CA 94538		28. NAME OF SURVIVING SPOUSE/PROP - FIRST MARY ANN	
29. MIDDLE CATHERINE		30. LAST (BIRTH NAME) FRISBIE	
31. NAME OF FATHER/PARENT - FIRST JOSEPH		32. LAST CASTOR SR.	
33. MIDDLE		34. BIRTH STATE HI	
35. NAME OF MOTHER/PARENT - FIRST GRACE		36. MIDDLE	
37. LAST (BIRTH NAME) THOMAS		38. BIRTH STATE HI	
39. DISPOSITION DATE: mm/dd/yyyy 07/23/2010		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF OAHU, HI	
41. TYPE OF DISPOSITION CR/TR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT FREMONT CHAPEL OF THE ROSES	
45. LICENSE NUMBER FD1007		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE: mm/dd/yyyy 07/22/2010		101. PLACE OF DEATH RESIDENCE	
102. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. COUNTY ALAMEDA	
104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 43151 GRANDBROOK PARK COURT		105. CITY FREMONT	
106. CAUSE OF DEATH CARDIAC ARREST		107. TIME INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE MIN	
108. CORONARY ARTERY DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BOOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. HYPERTENSION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE, ASTHMA		113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
116. SIGNATURE AND TITLE OF CERTIFIER DIANNE CHILES MARTIN M.D.		117. LICENSE NUMBER G45774	
118. DATE 07/20/2010		119. DATE 07/22/2010	
120. PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DIANNE CHILES MARTIN M.D.		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hours)	
125. LOCATION OF INJURY (Street and number, or location, and city and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

EX: 0513
P.O. 982
5/20/2010

105
6167280



CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED **MAY 29 2012**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.



* 0 0 2 2 2 4 6 7 3 *

Patrick O'Connell
PATRICK O'CONNELL
ALAMEDA COUNTY RECORDER

