

Assessor's Parcel Number: $1319^{\circ}30^{\circ}319^{\circ}015$ (p)	Requested By
Recording Requested By:	ROBERT H LAMBERT
Name: Robert Lambert	DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder
Address: 22 Mechani St	Page: 1 Of 6 Fee: \$ 19.00 Bk: 0613 Pg: 5341
City/State/Zip Hudson Falls NY	Deputy sd
R.P.T.T.:	

Affidavit of Death of Joint Tenant (Title of Document)

06/20/2013 03:11 PM

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 : Ø6 13 PG : 5342 6/20/20 13

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF	NEUADA }
COUNTY	of Douglas ss
0001111	- Signal
. REE	ORE ME, the undersigned Notary Public, personally appeared,
RobeRTH	Lambeet , "Affiant", who upon being duly sworn, deposes and
states upon l	nis or her oath or affirmation, the following:
1.	My name is Robert # Imbers and I reside at 20 Mechanic St, Hudsin Falls NY 12538
2.	I owned real property located in Days County, State of
	such real property located in <u>Douglas</u> County, State of <u>Neurala</u> , described as follows:
•	7-50/1,41
	See Attached Legal Description. Title deed is recorded in Book 385 Page 160 in the office of
	Title deed is recorded in Book, Page in the office of the register of deeds in the county and state aforesaid.
3.	this life on the 12 day of February, 2013. A copy of the death
	certificate of Deary is attached.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4.	On the date of the death of PATALLA LAMBERT, the above described real estate was owned by Cobern Lambert, Thouby Lambert and the joint tenancy as joint tenants and the joint tenancy had not been severed by any set of the parties or by operation of law
	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.
J.	Attiant is the sole surviving joint tenant of the property deserted deeve.
Dated	I this the 12 day of Jun 2013.
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\	Affiguit Vanni

BK : 06 13 PG 5343 6/20/20 13

SWORN TO AND SUBSCRIBED before me this the 12th day of JUNE 20 13.

KELLY SARTH
NOTARY PUBLIC
STATE OF NEVADA
DOUGLAS COUNTY
Commission Expires: 09-27-16
Certificate Not 12-9194-5

Robert LAmbert Bober funt

NOTARY PUBLIC

My Commission Expires:

BK: 06 13 PG: 5344 6/20/20 13

EXHIBIT "A" LEGAL DESCRIPTION

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium; described as follows:

(a) An undivided 1/2	4th interest as tenant	s in common, in a	nd to the Common	n Area of Lot 50
Tahoe Village, Unit N	o. 1, as designated o	n the Seventh Am	ended Map of Ta	thoe Village Unit
No. 1, recorded on Ap	ril 14, 1982, as Docu	ment No. 66828 Of	(ficial Records of	Douglas County:
State of Nevada, and				
adjustment map rec				
	ficial Records of	Douglas County	, Nevada, as	Document No.
114254		- N	7	•
00	7–43	V 1 1 2 2 2 3 4 .	ald Till Smoondes	· . ! Nam of Takes
(b) Unit No.	as snown	and defined on s	sia viu Amenaec	i Map Oi Tanos
Viliage, Unit No. 1.	- N	. \	/ /·	,
1	- N	N	~ /	

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1. recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded ____March 4, 1985____, in Book ____385____, at Page ___160____, of Official Records of Douglas County, Nevada as Document No. ____114254____.

STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

*89 JUN -5 P1:55

SUZANNE BEAUDREAU RECORDER 203516 SUPPARIENTS DEPUTY BUOK 689 PAGE 568

H-1961 (8/2011)	RECORDED DISTRICT										N:	
RESIDENCE	REGISTER JUNEAR		CERTIF		OF DE	AIH	A 000	L or Diff.	V OF STIL	STATE F	ILE NUMBER	*
. 1	1. NAME: FIRST	MIDD		LAST			2. SEX:		22	2013	14:20 P	
NCHS	Patricia 4A PLACE OF DEATH: HOSPITA	N. HOSPITAL	Lambert HOSPITAL NURSING	PRIVATE	HOSPICE (OTHER	□1 X	2 02		LITY, DATE ADMITTED);	m
	(Check one) DOA E	R OUTPATIENT	INPATIENT HOME	RESIDENCE		Specity).				02	17 20)13
4C -	4C NAME OF FACILITY: (If not fac				4D. LOCALITY: (G	heck one and spec	city)			4E. COUNTY OF		
	Community Ho	spice @	St. Pete	r's	CITY VILLAGE		Albany			A1b	any	
46	4F. MEDICAL RECORD NO.	4G. WAS DEC	EDENT TRANSFERRED FR	OM ANOTHER INS	TITUTION? (If yes, s	pocify institution r	name, city or town, co	unly and state)				i İ
	01123876	10 24	YES						· ·	marrie Mr. o Mar	IF OF HODDITAL OF	
	5, DATE OF BIRTH: MONTH DAY	YEAR 6A. AG	E IN 68. IF UNDER EARS: ENTER: months	1 YEAR 6C IF	UNDER 1 DAY ITER:	7A. CITY AND S' Region/Prov	TATE OF BIRTH: (If n vince)	ot USA, Country and	78 IF AGE BIRTH	UNDER 1 YEAR, NAM :	ae of Ruspital of	Ø6 13
			į 1	days hou	rs minutes	White	Plains	NV				Ø,
			ORIGIN? Check the boxes that	t had decorbs whether	The descript is Granich		10. OECEDENT'S RACE:		to indicate what if	ne decedent considered him	nsell or hersell to bo:	 '⊻୯
· 2	FORCES? (Specify years)		anic/Latino B 🔲 Yes, k				A White/Caucasian					1000
7A G	100 YES C□	Yes, Puerto Rican	g 🔲 Yes, (Cuban		1	E 🔲 Allipino	F Japanesa	{	G Korean H	☐ Vietnamese	
DEC		Yes, Other Spanistvill					J 🔲 Native Hawallan	K 🔲 Guanianian or	Chamorro I	М. Samoan		
7B	11. DECEMENT'S EDUCATION: Check 1 ☐ ≤ 8th grade		<i>the highest degree or</i> level of so highest, no diploma — 3 [[ין	N . American Indian	or Alaska Native <i>(specif</i>)				Ì
	4 🔲 Some college credit, but no d	egres 5 🔁 Associa	de's degree 6 🗀	Bachslor's degree]]	P 🔲 Other Aslan (spe	city)		A Cither Pacific Islan	nder (specify)	
	7 🔲 Master's degree		te/Professional degree	•		and the same of th	S Cither (speckly)					_
	12. SOCIAL SECURITY NUMBER:		ARITAL STATUS: Married Married	WIDOWED I		ARATED	14. SURVIVING SPC Enter birth name of	Spouse	*	1		
	2657		□1 □2	□ 2 3 -3		☐ 5	If married or separa	76.	E IND LOCAL	TY OF COMPANY DR	FIRM	
	15A USUAL OCCUPATION: (Do n Homemaker	ol enter retired)	, 1		BUSINESS OR INDUS omemaker	100	1	11	vn hon			
	16A RESIDENCE:		168 County or Region		<u>шешакет</u>		CALITY. (Check one a		ATT ITO		Y OR VILLAGE, IS RESID TY OR VILLAGE LIMITS	ENCE
SI	(State or Country	NYS	16B. County or Region/ If not USA:	Warre	, I	CITY	VILLAGE TOW	N	sburv	WITHIN CI	TY OR VILLAGE LIMITS? 1500 IF NO, SPECIFY	TOWN =
	16D. STREET AND NUMBER OF		1	MOLIC		<u>. % Ld.</u>		16E ZIP CODE:	,		ensbury	
25	117 Rockhui	st Rd.	(Clever	dale)		1		12820			_	
	17. BIRTH NAME OF FATHER / PARENT:	FIRST	M	LAST			H NAME OF	FIRST		MI	LAST	
		1000		LING1		18. BIRT	WED COADENT	-25"				
30	FATHER / PARENT:	loward	E. War			18. BIRT MOT	TH NAME OF THER / PARENT:	Margue	rite	J. M	cKenna	
30	FATHER / PARENT:		E. War	ing 198. MAILING	ADDRESS: (include	zip code)		<u> </u>			cKenna	
	194 NAME OF INFORMANT: Robert Lami	Howard Dert		111g	1echanic	zip code) c Stree	et, Huds	on Falls	s, NY	12839	cKenna	
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FEB 2 5 2013

Denise Ctreasery