

191

Doc Number: **0825729**

06/20/2013 03:11 PM

OFFICIAL RECORDS

Requested By:
ROBERT H LAMBERT

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 6 Fee: \$ 19.00

Bk: 0613 Pg: 5341



Deputy sd

Assessor's Parcel Number: 1319-30-519-013 pth

Recording Requested By:

Name: Robert Lambert

Address: 22 Mechanic St

City/State/Zip Hudson Falls NY
12839

R.P.T.T.: _____

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.

C:\bc docs\Cover page for recording

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA }

SS

COUNTY OF Douglas }

BEFORE ME, the undersigned Notary Public, personally appeared, Robert H Lambert, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Robert H Lambert and I reside at 22 Mechanic St, Hudson Falls NY 12538
2. I owned real property as a joint tenant with Patricia Lambert, such real property located in Douglas County, State of NEVADA, described as follows:

See Attached Legal Description.

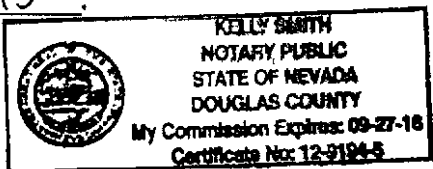
Title deed is recorded in Book 385, Page 160 in the office of the register of deeds in the county and state aforesaid.

3. Patricia Lambert, my joint tenant identified above, departed this life on the 22 day of February, 2013. A copy of the death certificate of Death is attached.
4. On the date of the death of Patricia Lambert, the above described real estate was owned by Robert H Lambert, Timothy Lambert, Roger Lambert, Richard Lambert, Roy Lambert, Patricia Lambert, Pam, Homer and Patricia Lambert, 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.

Dated this the 12 day of JUN, 2013.

Robert H Lambert
Affiant

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



Robert Lambert
Robert Lambert *[Signature]*
NOTARY PUBLIC

My Commission Expires: 9/27/16

COPY

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 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the 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 said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(b) Unit No. 007-43 as shown and defined on said 7th Amended Map of Tahoe Village, Unit No. 1.

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.

Parcel 3: the exclusive right to use said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "winter use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 JUN -5 P1 55

SUZANNE BEAUDREAU
RECORDER 203516

\$6.00 PAID: K12 DEPUTY
BOOK 689 PAGE 568

CERTIFICATE OF DEATH

STATE FILE NUMBER

RECORDED ORIGIN 101 REGISTERED NUMBER 396

1. NAME: FIRST MIDDLE LAST Patricia M. Lambert 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH DAY YEAR 02 22 2013 3B. HOUR: 14:20 P

4A. PLACE OF DEATH: HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER (Specify) 4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR 02 17 2013

4C. NAME OF FACILITY: (If not facility, give address) Community Hospice @ St. Peter's 4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Albany 4E. COUNTY OF DEATH: Albany

4F. MEDICAL RECORD NO. 01123876 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO YES 5. DATE OF BIRTH: MONTH DAY YEAR 04 29 1929 6A. AGE IN YEARS: 83 yrs. 6B. IF UNDER 1 YEAR ENTER: months days 6C. IF UNDER 1 DAY ENTER: hours minutes 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Regions/Provinces) White Plains, NY 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO YES 9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A No, not Spanish/Hispanic/Latino B Yes, Mexican, Mexican American, Chicano C Yes, Puerto Rican D Yes, Cuban E Yes, Other Spanish/Hispanic/Latino (Specify) 10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be. A White/Caucasian B Black or African American C Asian Indian D Chinese E Filipino F Japanese G Korean H Vietnamese J Native Hawaiian K Guamanian or Chamorro M Samoan N American Indian or Alaska Native (specify) P Other Asian (specify) R Other Pacific Islander (specify) S Other (specify)

11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death 1 8th grade 2 9th-12th grade, no diploma 3 High school graduate or GED 4 Some college credit, but no degree 5 Associate's degree 6 Bachelor's degree 7 Master's degree 8 Doctorate/Professional degree 12. SOCIAL SECURITY NUMBER: 2657 13. MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED 14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated.

15A. USUAL OCCUPATION: (Do not enter retired) Homemaker 15B. KIND OF BUSINESS OR INDUSTRY: Homemaker 15C. NAME AND LOCALITY OF COMPANY OR FIRM: own home 16A. RESIDENCE: (State or Country if not USA) NYS 16B. County or Region/Province if not USA: Warren 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Queensbury 16E. ZIP CODE: 12820 16F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN Queensbury

17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST Howard E. Waring 18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST Marguerite J. McKenna 19A. NAME OF INFORMANT: Robert Lambert 19B. MAILING ADDRESS: (include zip code) 22 Mechanic Street, Hudson Falls, NY 12839 20A. 1 BURIAL 2 CREMATION 3 REMOVAL 4 HOLD 5 DONATION 6 ENTOMBMENT 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Gate of Heaven Cemetery 20C. LOCATION: (City or town and state) Valhalla, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: Sweet's Funeral Home, Inc. 4365 Albany Post Road, Hyde Park, NY 12538 21B. REGISTRATION NUMBER: 01656 22A. NAME OF FUNERAL DIRECTOR: Paul B. Weidman 22B. SIGNATURE OF FUNERAL DIRECTOR: Paul B. Weidman 22C. REGISTRATION NUMBER: 13759 23A. SIGNATURE OF REGISTRAR: Denise C. Kelley 23B. DATE FILED: MONTH DAY YEAR 02 24 2013 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Denise C. Kelley 24B. DATE ISSUED: MONTH DAY YEAR 02 24 2013

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Wendy Van Bellingham MD License No.: 167992 Signature: Wendy Van Bellingham MD Date: 02 23 2013 Certifier's Title: 0 Attending Physician 1 Coroner 2 Medical Examiner / Deputy Medical Examiner Address: St. Peter's Hosp 315 S. Manning Blvd Albany NY 12208 25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: 25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address:

26A. Attending physician attended deceased: FROM 02 17 2013 TO 02 22 2013 26B. Deceased last seen alive by attending physician: 02 21 2013 26C. Pronounced Dead: CH 02 22 2013 AT 1420 P M 27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES 29A. AUTOPSY? NO YES REFUSED 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: (A) Bilateral Pontine Infarct 14 days (B) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): DID TOBACCO USE CONTRIBUTE TO DEATH? NO YES PROBABLY UNKNOWN

31A. IF INJURY, DATE, MONTH DAY YEAR HOUR: 31B. INJURY LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES 31F. IF TRANSPORTATION INJURY, SPECIFY: 1 Driver/Operator 2 Passenger 3 Pedestrian 4 OTHER (specify) 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES 33A. IF FEMALE: 0 Not pregnant within last year 1 Pregnant at time of death 2 Not pregnant, but pregnant within 42 days of death 3 Not pregnant, but pregnant 43 days to 1 year before death 4 Unknown if pregnant within past year 33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or physician assistant: Patricia Lambert DATE OF DEATH: 2-22-2013 TIME OF DEATH: 1420 AM PM

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CERTIFICATE SECURITY FEATURES

Security Features:	Description:
Hidden "VOID" Images:	The word "VOID" will appear repeatedly in the background of copies, scans, and faxes.
Heat-Reactive Ink:	The RED New York State Seal will temporarily disappear when rubbed.
Chemical Sensitivity:	The base paper is reactive to both solvents and bleach.
Fourdrinier Watermark:	A True Watermark is revealed when the document is placed in front of any light source.
Invisible Fibers:	Tiny invisible fluorescent fibers are embedded into the paper which will glow when exposed to UV light.
Toner Adhesion:	An additive in the paper fuses toner to the paper to combat alterations and other "lifting" techniques.

This is to certify that this document is a true copy of a record on file in the City of Albany, Bureau of Vital Statistics, Albany, New York. DO NOT ACCEPT this copy unless the raised seal of the City of Albany, Registrar of Vital Statistics is affixed thereon.

FEB 25 2013

Denise C. Kelly
Registrar