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Doc Number: **0827201**

07/18/2013 09:08 AM

OFFICIAL RECORDS

Requested By
LUCILLE E FARRELL

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0713 Pg: 4105



Deputy pk

Assessor's Parcel Number: 1319-30-631-026

✓ Name: Lucille E. Farrell

Address: 103 Watrobski Drive

City/State/Zip Hagaman, NY 12086

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.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEW YORK }

SS

COUNTY OF FULTON }

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

1. My name is LUCILLE E FARRELL and I reside at 103 WATROBSKI DR. HAGAMAN, NY 12086

2. I owned real property as a joint tenant with EDWARD R. FARRELL, such real property located in DOUGLAS County, State of NEVADA, described as follows:

See Attached Legal Description.

Title deed is recorded in Book 1092, Page 4000 in the office of the register of deeds in the county and state aforesaid.

3. EDWARD R. FARRELL, my joint tenant identified above, departed this life on the 3RD day of OCTOBER, 20 11. A copy of the death certificate of EDWARD R. FARRELL is attached.

4. On the date of the death of EDWARD R. FARRELL, the above described real estate was owned by EDWARD R. FARRELL and LUCILLE E FARRELL, 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 31 day of may, 20 13.

Lucille E Farrell
Affiant
Lucille E. Farrell

SWORN TO AND SUBSCRIBED before me this the 31 day of May,
2013.

James J. Carney
NOTARY PUBLIC
My Commission Expires: 05/31/2015

JAMES J. CARNEY
Notary Public, State of New York
Qualified in Fulton County,
My Commission Expires ~~05/31/2013~~ 05/31/2015
Reg No. 01CA0573255

EXHIBIT "A" (49)

A Timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

(A) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.

(B) Unit No. 307 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium 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" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&Rs"). The above described described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.

A Portion of APN 40-370-25

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

92 OCT 23 A9:45

SUZANNE BEAUDREAU 291460
RECORDER
700 PAID K2 DEPUTY

BOOK 1092 PAGE 4000

1 NAME: FIRST MIDDLE LAST EDWARD FARRELL 2 SEX: MALE FEMALE [X] 1 [] 2 3A. DATE OF DEATH: MONTH DAY YEAR 10 03 2011 3B HOUR 6:11 A

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

4C NAME OF FACILITY: (If not facility, give address) ST. MARY'S HOSPITAL 4D LOCALITY: (Check one and specify) CITY VILLAGE TOWN [X] [] [] AMSTERDAM 4E COUNTY OF DEATH: MONTGOMERY

4F MEDICAL RECORD NO M000219948 4G WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO YES [X] [] 5. DATE OF BIRTH: MONTH DAY YEAR 01 12 1935 6A AGE IN YEARS 76 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 Region/Province) AMSTERDAM, NEW YORK 7B IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH

8 SERVED IN U.S. ARMED FORCES? (Specify years) NO YES [] [X] 1 1956-1957 9 DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino A [X] 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 -that the decedent considered himself or herself to be. A [X] 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 [X] 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: [REDACTED]-6617 13. MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED [] [X] 1 [] 2 [] 3 [] 4 [] 5 [] 14 SURVIVING SPOUSE. Enter name if married or separated. If surviving spouse is wife, enter maiden name. LUCILLE FALCO

15A USUAL OCCUPATION: (Do not enter retired) LETTER CARRIER 15B. KIND OF BUSINESS OR INDUSTRY: UNITED STATES GOVERNMENT 15C NAME AND LOCALITY OF COMPANY OR FIRM: U.S. POSTAL SERVICE AMSTERDAM, NEW YORK

16A RESIDENCE: (State or Country if not USA) NEW YORK 16B. County or Region/Province if not USA: FULTON 16C LOCALITY: (Check one and specify) CITY VILLAGE TOWN [] [] [X] PERTH 16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? [] YES [X] NO IF NO, SPECIFY TOWN

16D STREET AND NUMBER OF RESIDENCE 103 WATROBSKI DRIVE 16E. ZIP CODE: 12086 16F. PERTH

17. NAME OF FATHER: FIRST MI LAST ROBERT FARRELL 18 MAIDEN NAME OF MOTHER: FIRST MI LAST MARGARET KLOCK

19A. NAME OF INFORMANT LUCILLE FARRELL 19B MAILING ADDRESS (include zip code) 103 WATROBSKI DRIVE, HAGAMAN, NEW YORK 12086

20A. 1 [X] BURIAL 2 [] CREMATION 3 [] REMOVAL MONTH DAY 10 07 2011 4 [] HOLD 5 [] DONATION YEAR 2011 6 [] ENTOMBMENT 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION OUR LADY OF MT. CARMEL CEMETERY 20C. LOCATION: (City or town and state) AMSTERDAM, NEW YORK

21A NAME AND ADDRESS OF FUNERAL HOME BETZ, ROSSI & BELLINGER FAMILY FUNERAL HOME 171 GUY PARK AVENUE, AMSTERDAM, NEW YORK 12010 21B. REGISTRATION NUMBER 00177

22A NAME OF FUNERAL DIRECTOR PETER J. ROSE 22B. SIGNATURE OF FUNERAL DIRECTOR [Signature] 22C. REGISTRATION NUMBER: 03117

23A. SIGNATURE OF REGISTRAR [Signature] 23B. DATE FILED: MONTH DAY YEAR 10 05 2011 24A. BURIAL OR REMOVAL PERMIT ISSUED BY [Signature] 24B. DATE ISSUED: MONTH DAY YEAR 10 05 2011

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

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: Peter Kasanic License No. 104526 Signature: [Signature] Month Day Year 10 3 11

25B. Certifier's Title: 0 [X] Attending Physician 1 [] Coroner 2 [] Medical Examiner / Deputy Medical Examiner 3 [] Physician acting on behalf of Attending Physician Address: St Mary's Hospital, Amsterdam, NY

25C. If coroner is not a physician, enter Coroner's Physician's name & title. License No. Signature Address.

25D. If certifier is not attending physician, enter Attending Physician's name & title. License No. Signature Address.

26A Attending physician attended deceased: FROM Month Day Year 10 3 11 TO Month Day Year 10 3 11 26B Deceased last seen alive by attending physician: FROM Month Day Year TO Month Day Year 26C Pronounced Dead: MONTH DAY YEAR AT TIME 10 03 2011 AT 6:11 A M

27 MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [] NO 1 [] YES 29A. AUTOPSY? NO YES REFUSED 0 [] 1 [] 2 [] 29B IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 [] NO 1 [] YES

CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE. (A) Due to or as a consequence of Coronary Artery Disease + Heart Disease (B) Due to or as a consequence of (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? 0 [] NO 1 [] YES 2 [] PROBABLY 3 [X] 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 4 [] Unknown if pregnant within past year 33B DATE OF DELIVERY: MONTH DAY YEAR

33C DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution NAME OF DECEDENT: Farrell, Edward DATE OF DEATH: 10/3/11 TIME OF DEATH: AM PM

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