

Doc Number: **0827678**

07/23/2013 02:02 PM

OFFICIAL RECORDS

Requested By
CYNTHIA SHARP

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0713 Pg: 5725



Deputy: gb

APN 1319-30-542-002

WHEN RECORDED MAIL TO:

✓ Grantee c/o Cynthia E. Sharp
933 Soñoma St.
Carson City, NV 89701

MAIL TAX STATEMENTS TO:

Ridge Sierra
P.O. Box 859
Sparks, NV 89432

DECLARATION (OR AFFIDAVIT) OF DEATH

State of NEVADA

County of WASHOE

I, Robert Lee Hoover "being duly sworn" say I am 18 years of
age or over; Theresa Elois Hoover, the decedent mentioned in the
attached Certificate of Death, is the same person as Theresa Elois Hoover,
named as one of the parties in the deed dated May 31, 1984, executed
by Helmark Corporation to Theresa Elois Hoover and the
undersigned, as Joint Tenants, recorded on June 14, 1984, as
Instrument # 102218 in Book 684, Page 1331, of the Official
Records of Douglas County, Nevada, covering the property situated in
Stateline, County of Douglas, State of Nevada,
described

as follows:

Timeshare No. 01-001-31-1

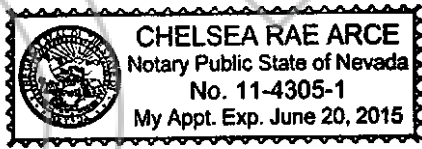
A.P.N. 1319-30-542-002

Robert Lee Hoover
ROBERT LEE HOOVER

Subscribed and sworn to before me
on 7/18/13

by Robert Lee Hoover

Chelsea Rae Arce
Notary Public



(seal of notary public)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013009257

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Theresa Elbis HOOVER		2 DATE OF DEATH (Mo/Day/Year) June 05, 2013		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1935 King Edward Drive		3e If Hosp or Inst, indicate DOA, OP/Emer. Rm Inpatient(Specify) Home	
4 SEX Female		7a AGE-Last birthday (Years) 85		8 DATE OF BIRTH (Mo/Day/Yr) December 25, 1927	
5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
9a. STATE OF BIRTH (If not U.S.A., name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States		12 SURVIVING SPOUSE (if wife, give maiden name) Robert L HOOVER	
13. SOCIAL SECURITY NUMBER 0869		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b KIND OF BUSINESS OR INDUSTRY Own Home	
15a RESIDENCE - STATE Nevada		15b COUNTY Washoe		15c CITY, TOWN OR LOCATION Reno	
15d STREET AND NUMBER 1935 King Edward Drive		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Clifford SMITH			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Alice MITCHELL		
18a INFORMANT- NAME (Type or Print) Robert L HOOVER			18b MAILING ADDRESS - (Street or R.F.D No, City or Town, State, Zip) 1935 King Edward Drive Reno, Nevada 89509		
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c LOCATION City or Town State Sparks Nevada 89431	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOANN BUSAM SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE 624		20c NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno, NV 89502	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JONATHAN MCCALED MD			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) June 07, 2013		21c. HOUR OF DEATH 23:58		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jonathan McCaleb MD, 5538 Longley Lane Ste. B Reno, NV 89511			
23b. LICENSE NUMBER 14163		24a REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 07, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Congestive Heart Failure (b) Atrial Fibrillation (c) Ischemic Heart Disease (d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		28g. LOCATION STREET OR R.F.D No		CITY OR TOWN STATE	

STATE REGISTRAR

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BK 0713
PG 5727
7/23/2013

VRS-Rev-20120523a

000120210

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

06/11/2013

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



EXHIBIT "A"
(Sierra 01) 01-001-31-1

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 1/8th interest as tenants in common, in and to the Common Area of **Lot 4** of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada
- (B) Unit No. A1 as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, 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" within the PRIME "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-542- 002