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Doc Number: **0828466**

08/06/2013 03:45 PM

OFFICIAL RECORDS

Requested By:
LAWRENCE R ELLIS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0813 Pg: 1888



Deputy pk

Assessor's Parcel Number: *40-050-450*

Recording Requested By:

✓ Name: *Lawrence R Ellis*

Address: *7843 Woodlake AVE*

City/State/Zip *West Hills CA*
91304

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 Nevada }

SS

COUNTY OF Douglas }

BEFORE ME, the undersigned Notary Public, personally appeared, Lawrence R. Ellis, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Lawrence R. Ellis and I reside at 7843 Woodlake Ave West Hills, CA 91304
2. I owned real property as a joint tenant with Irene D. Ellis, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.

Title deed is recorded in Book 0798, Page 6336 in the office of the register of deeds in the county and state aforesaid.

3. Irene D. Ellis, my joint tenant identified above, departed this life on the 11 day of June, 2013. A copy of the death certificate of Irene D. Ellis is attached.
4. On the date of the death of Irene D. Ellis, the above described real estate was owned by Lawrence R. Ellis and Irene D. Ellis, 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 6 day of August, 2013.

Lawrence R. Ellis
Affiant LAWRENCE R. ELLIS

SWORN TO AND SUBSCRIBED before me this the 6 day of August,
20 13.



SHANNA WHITE
Notary Public
State of Nevada
Certificate No. 11-5458-5
My Commission Expires 05-01-15

[Handwritten Signature]

NOTARY PUBLIC

My Commission Expires: 5/1/15

[Large, faint watermark text: COOPER]

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013112984 <small>STATE FILE NUMBER</small>		CERTIFICATE OF DEATH <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (6-11-1997 AND)</small>				3201319025457 <small>LOCAL REGISTRATION NUMBER</small>	
1. NAME OF DECEDENT - FIRST (Given) IRENE		2. MIDDLE DOROTHY		3. LAST (Family) ELLIS			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) IRENE KANES ELLIS		4. DATE OF BIRTH mm/dd/yyyy 11/09/1936		5. AGE Yrs 76		6. UNDER ONE YEAR Months: _____ Days: _____	7. UNDER ONE YEAR Hours: _____ Minutes: _____
8. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER 7703		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP (at Time of Death) MARRIED	
9. DATE OF DEATH mm/dd/yyyy 06/11/2013		13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MIDDLE SCHOOL TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION				19. YEARS IN OCCUPATION 27	
20. DECEDENT'S RESIDENCE (Street and number, or location) 7843 WOODLAKE AVE							
21. CITY WEST HILLS		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91304		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP LAWRENCE R. ELLIS, HUSBAND				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7843 WOODLAKE AVE, WEST HILLS, CA 91304			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST LAWRENCE		29. MIDDLE RICHARD		30. LAST (BIRTH NAME) ELLIS			
31. NAME OF FATHER/PARENT - FIRST IRVING		32. MIDDLE SELIGMAN		34. BIRTH STATE RUSSIA			
35. NAME OF MOTHER/PARENT - FIRST SARAH		36. MIDDLE ELIASHEV		38. BIRTH STATE RUSSIA			
39. DISPOSITION DATE mm/dd/yyyy 06/14/2013		40. PLACE OF FINAL DISPOSITION EDEN MEMORIAL PARK 1,1500 SEPULVEDA BLVD, MISSION HILLS, CA 91345					
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT GROMAN EDEN MORTUARY		45. LICENSE NUMBER FD1070		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD		47. DATE mm/dd/yyyy 06/13/2013	
101. PLACE OF DEATH PROVIDENCE TARZANA MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 18321 CLARK ST				106. CITY TARZANA	
107. CAUSE OF DEATH Enter the chain of events -> disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE. RESPIRATORY FAILURE HEPATOBIILIARY CANCER		Time Interval Between Onset and Death (a) DAYS (b) WKS (c) (d) 		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		110. BIOPSY PERFORMED? <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 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
115. SIGNATURE AND TITLE OF CERTIFIER LLORENS JOSEPH PEMBROOK M.D.		116. LICENSE NUMBER A37585		117. DATE mm/dd/yyyy 06/12/2013			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LLORENS JOSEPH PEMBROOK M.D. 4601 COLDWATER CANYON #308, STUDIO CITY, CA 91604		119. DATE mm/dd/yyyy 05/25/2013		120. DATE mm/dd/yyyy 06/09/2013		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
129. STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

BK 0813
 PG 1891
 8/6/2013
 0828456
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This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding, MD
 Director of Public Health and Registrar


 *H D 3 2 8 6 7 . 8 4 *
 JUL - 8 2013

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A" (160)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/2652nd interest in and to Lot 160 as shown and defined on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period every other year in ODD-numbered years in accordance with said Declaration.

A portion of APN: 0000-40-050-450

COPY

BK: 0813
PG: 1892
8/6/2013

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

'98 JUL 29 AIO:20

0445641

BK0798PG6336

LINDA SLATER
RECORDER
800 PAID *SL* DEPUTY