

15-  
Assessor's Parcel Number: 1319-30-724-022

Recording Requested By:

✓ Name: Linda F. Christenson

Address: 3235 Roan Way

City/State/Zip San Antonio Tx 78259

Real Property Transfer Tax: N/A

Doc Number: **0829948**

09/03/2013 09:57 AM

OFFICIAL RECORDS

Requested By  
**LINDA CHRISTENSON**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0913 Pg: 104



Deputy: gb

AFFIDAVIT Death of Joint Tenant Timeshare

(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 Texas }

SS 463-76-1460

COUNTY OF Bexar }

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

1. My name is Linda F Christenson and I reside at 3235 Roan Way San Antonio TX 78259.
2. I owned real property as a joint tenant with Gerald A Christenson such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.

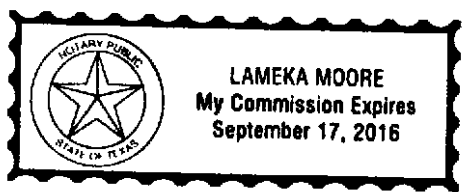
Title deed is recorded in Book 492, Page 3631 in the office of the register of deeds in the county and state aforesaid.

3. Gerald Christenson, my joint tenant identified above, departed this life on the 27 day of July, 2013. A copy of the death certificate of The State of Texas is attached.
4. On the date of the death of Gerald Christenson, the above described real estate was owned by Linda Christenson and Gerald Christenson, 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 8th day of August, 2013.

Linda F. Christenson  
Affiant

SWORN TO AND SUBSCRIBED before me this the 3<sup>rd</sup> day of August,  
2013.



*Lameka Moore*  
NOTARY PUBLIC

My Commission Expires: 09/17/2016

COPY

EXHIBIT "A"

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

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

- (A) An undivided 1/30th interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.
- (B) Unit No. 021 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63601, in Book 173, Page 229 of Official Records and in the modifications thereof recorded September 20, 1973, as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 81112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, - and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use week within the "Prime season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said use week within said "use season".

A Portion of APN 42-261-21

BK 0913  
PG 107  
9/3/2013

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

'89 JUL -5 P1:47

SUZANNE BUREAU  
RECORDER 206124  
\$6.00 PAID K12 DEPUTY 789 PAGE 242  
5/00K

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES**  
**VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
 AUG 01 2013  
**STATE OF TEXAS**      **CERTIFICATE OF DEATH**      **STATE FILE NUMBER 142-13-101807**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>GERALD A. CHRISTENSON</b>				2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) <b>JULY 27, 2013</b>	
3. SEX <b>MALE</b>	4. DATE OF BIRTH (mm-dd-yyyy) <b>APRIL 12, 1942</b>	5. AGE-Last Birthday (Years) <b>71</b>	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) <b>DICKEY COUNTY, ND</b>
7. SOCIAL SECURITY NUMBER <b>7766</b>		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>LINDA SPACEK</b>	
10a. RESIDENCE STREET ADDRESS <b>3235 ROAN WAY</b>			10b. APT. NO.	10c. CITY OR TOWN <b>SAN ANTONIO</b>	
10d. COUNTY <b>BEXAR</b>		10e. STATE <b>TEXAS</b>	10f. ZIP CODE <b>78259</b>		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME <b>GEORGE CHRISTENSON</b>			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>PEARLE THOMPSON</b>		
13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			14. COUNTY OF DEATH <b>BEXAR</b>		
15. CITY/TOWN, ZIP - (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>SAN ANTONIO, 78259</b>		16. FACILITY NAME (If not institution, give street address) <b>3235 ROAN WAY</b>			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>LINDA CHRISTENSON - WIFE</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>3235 ROAN WAY, SAN ANTONIO, TX 78259</b>		
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>JENNIFER L. MCGEE, BY ELECTRONIC SIGNATURE - 111965</b>		21. Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>FORT SAM HOUSTON NATIONAL CEMETERY</b>			23. LOCATION (City/Town, and State) <b>SAN ANTONIO, TX</b>		
24. NAME OF FUNERAL FACILITY <b>PORTER LORING MORTUARY NORTH</b>			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>2102 NORTH LOOP 1604 EAST, SAN ANTONIO, TX 78232</b>		
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Judge of the Peace - 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) and manner stated.					
27. SIGNATURE OF CERTIFIER <b>JOCELYN ZARATE, BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>AUGUST 1, 2013</b>	29. LICENSE NUMBER <b>M3123</b>	30. TIME OF DEATH (Actual or presumed) <b>09:30 AM</b>	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>JOCELYN ZARATE 414 NAVARRO STREET SUITE 1422, SAN ANTONIO, TX 78205</b>			32. TITLE OF CERTIFIER <b>MD</b>		
33. PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. <b>DO NOT</b> ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>METASTATIC PANCREATIC CANCER</b>		Due to (or as a consequence of)		Approximate interval Onset to death <b>3 MONTHS</b>	
Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		Due to (or as a consequence of)			
Due to (or as a consequence of)					
Due to (or as a consequence of)					
PART 2 ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. <b>DIABETES (HISTORY OF AGENT ORANGE)</b>					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)					
40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. <b>0207944</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>JULY 31, 2013</b>		42c. REGISTRAR <b>REGISTRAR - SAN ANTONIO CITY CLERK, ELECTRONICALLY FILED</b>	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
 WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 193, 1989)  
 VS-112 REV 1/2006

BK : 0913  
 PG : 108  
 9/3/2013

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Q A 0 3 0 0 4 4 9 8



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED AUG 02 2013  
 WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

*Geraldine R. Harris*  
 GERALDINE R. HARRIS  
 STATE REGISTRAR

