

18-

Doc Number: **0833712**

11/12/2013 12:58 PM

OFFICIAL RECORDS

Requested By:

**PHILIPPINE RALLAPALLI**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 1113 Pg: 2426



Deputy ar

Assessor's Parcel Number: *1319 -30 -644-049*

Recording Requested By:

Name: *PHILIPPINE RALLAPALLI*

✓ Address: *3184 LINKFIELD WAY  
SAN JOSE, CA 95135*

City/State/Zip

Real Property Transfer Tax: \$ *0*

*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, PHILIPPINE RALLAPALLI, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is PHILIPPINE RALLAPALLI and I reside at 3184 LINKFIELD WAY, SAN JOSE CA 95135
2. I owned real property as a joint tenant with KRISHNA RALLAPALLI, such real property located in DOUGLAS County, State of NEVADA, described as follows:

See Attached Legal Description.

Title deed is recorded in Book 0995, Page 1566 in the office of the register of deeds in the county and state aforesaid.

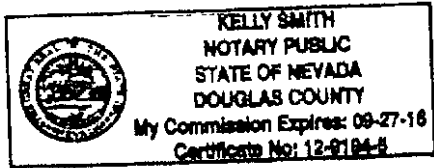
3. KRISHNA RALLAPALLI, my joint tenant identified above, departed this life on the 5<sup>th</sup> day of DECEMBER, 20 12. A copy of the death certificate of KRISHNA RALLAPALLI is attached.
4. On the date of the death of KRISHNA RALLAPALLI, the above described real estate was owned by KRISHNA RALLAPALLI and PHILIPPINE RALLAPALLI, 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<sup>th</sup> day of NOVEMBER, 20 13.

PHILIPPINE RALLAPALLI  
Affiant

PHILIPPINE RALLAPALLI

SWORN TO AND SUBSCRIBED before me this the 12<sup>th</sup> day of NOVEMBER  
20 13.



*[Handwritten Signature]*  
NOTARY PUBLIC

My Commission Expires: 9/27/16

COPY

EXHIBIT "A" (37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 142 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-284-16

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11/12/2013

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

'95 SEP 13 AIO:36

LINDA SLATER  
RECORDER

\$8.00 PAID *[Signature]* DEPUTY

370262

BK0995PG1567

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201243009361

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES / WHITE OUTS OR ALTERATIONS VS-100 (REV. 3/05)		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) KRISHNA		2. MIDDLE		3. LAST (Family) RALLAPALLI			
AKA, ALSO KNOWN AS - include 1st AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/25/1941		5. AGE Yrs 71		6. SEX M	7. BIRTH STATE/FOREIGN COUNTRY INDIA
10. SOCIAL SECURITY NUMBER 0283		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/PROP: in Title of Decedent MARRIED		13. DATE OF DEATH mm/dd/yyyy 12/05/2012	14. HOUR (24 Hour) 1410
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14.15. 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) ASIAN INDIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION 25			
20. DECEDENT'S RESIDENCE (Street and number, or location) 3184 LINKFIELD WAY		21. CITY SAN JOSE		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 95135	
24. INFORMANT'S NAME, RELATIONSHIP PHILIPPINE RALLAPALLI, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 3184 LINKFIELD WAY, SAN JOSE, CA 95135					
29. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST PHILIPPINE		29. MIDDLE		30. LAST (BIRTH NAME) HUGUENIN			
31. NAME OF FATHER/PARENT-FIRST RAMAPURNANANDA		32. MIDDLE RAO		33. LAST RALLAPALLI		34. BIRTH STATE INDIA	
35. NAME OF MOTHER/PARENT-FIRST RATNAMAMBA		36. MIDDLE		37. LAST (BIRTH NAME) HOTHA		38. BIRTH STATE INDIA	
39. DISPOSITION DATE mm/dd/yyyy 12/10/2012		40. PLACE OF FINAL DISPOSITION RES OF PHILIPPINE RALLAPALLI 3184 LINKFIELD WAY, SAN JOSE, CA 95135					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF CENTRAL CALIFORNIA		45. LICENSE NUMBER FD1322		46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD		47. DATE mm/dd/yyyy 12/06/2012	
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL-SAN JOSE		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Other			
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 250 HOSPITAL PKWY				106. CITY SAN JOSE	
107. CAUSE OF DEATH HYPOXEMIA		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. MEDICAL CAUSE (Final disease or condition resulting in death) CONGESTIVE HEART 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 INTESTINAL LUNG DISEASE, DIABETES MELLITUS		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attested Since mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER SUKHVINDER NAGI M.D.		116. LICENSE NUMBER A104018		117. DATE mm/dd/yyyy 12/06/2012	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SUKHVINDER NAGI M.D. 11/16/2012 12/05/2012		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. LOCATION OF INJURY (Street and number, or location, and city, and zip)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. HOUR (24 Hour)	
STATE REGISTRAR		A B C D E		FAX AUTH# 12		CENSUS TRACT	

BK 1113  
PG 2430  
11/12/2013

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA CLARA

DATE ISSUED **DEC 13 2012**  
By



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

*Martin D. Fenstersheib MD*  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

PHNCO (Rev) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

