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11/15/2013 10:10 AM

OFFICIAL RECORDS

Requested By:
DONALD MARXER

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 42.00
Bk: 1113 Pg: 2948



Deputy: sd

AFFIDAVIT OF SURVIVING JOINT TENANT

State of Oklahoma

County of Cleveland


I, Donald Paul Marxer, being duly sworn, depose and say:

That on the August 08, 1991, there was conveyed to Donald P. Marxer and Janice F. Marxer, husband and wife by (warranty deed or quit claim deed) as joint tenants, with full right of survivorship, the following described property situated in Douglas County, Nevada, to-wit:

SEE EXHIBIT "A" ATTACHED HERETO

Which said deed was recorded in the Records of the County Clerk of Douglas County, Nevada, in Book 991, Page 3498. There is attached hereto and made a part hereof a certified copy of the Death Certificate of Janice Faye Parker aka Janice F. Marxer, issued by the State Department of Health (or comparable agency) of the State of Oklahoma showing the said Joint Tenant died on the 29th day of November, 1999.

Affiant further states that he, is the surviving joint tenant of said estate as heretofore described and that the ecedent Janice Faye Parker aka Janice F. Marxer named in said Death Certificate is one and the same person as the joint tenant named in said deed recorded in Book 991, Page 3498.

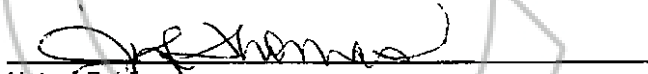

Donald Paul Marxer

Accession # 139-30-644-061

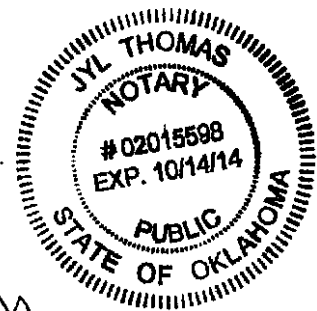
State of Oklahoma
County of Cleveland

Before me the undersigned, a Notary Public in and for said County and State on the 23rd day of October, 2013, personally appeared Donald Paul Marxer, to me known to be the identical person who executed the within and foregoing instrument, and acknowledged to me that same was executed as the free and voluntary act and deed of said person for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.


Notary Public

My commission expires: _____



RETURN TO:

11636 Country Dr
Dec, OK 73170
✓ Donald P. Marxer
11636 Country Dr.
Oklahoma City, OK 73170

EXHIBIT
LEGAL DESCRIPTION

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE

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

- (A) An undivided 1/106th interest as tenants-in-common, in and to Lot 37 as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, State of Nevada.
- (B) Unit No. 153 as shown and defined on said last Condominium Plan.

PARCEL TWO

- (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 24-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East M.D.B. & M.; 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 THREE

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, range 19 East, M.D.B. & M. for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in book 173 Page 225 of Official Records and in modifications thereof: (1) recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records; (2) recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records; and (3) recorded July 26, 1989, as Document No. 207446, in Book 789, Page 3011.

PARCEL FOUR

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, 30, 35, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - 10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East M.D.B. & M. 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 and as amended from time to time of Official Records of Douglas County, State of Nevada.

PARCEL FIVE

The Exclusive right to use any UNIT of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461 of Official Records of Douglas the 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 Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive right may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

A Portion of APN 42-285-11

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

029707

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) JANICE FAYE PARKER		2. SEX F	3a. DATE OF DEATH (Month, Day, Year) 11-29-1999	3b. TIME OF DEATH FOUND 1518
4a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		4b. FACILITY NAME (If not institution, give street and number) 8201 N.W. 29th STREET		
4c. CITY, TOWN, OR LOCATION OF DEATH BETHANY		4d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4e. COUNTY OF DEATH OKLAHOMA	
5. <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		6. SURVIVING SPOUSE (If wife, give maiden name)		
7. SOCIAL SECURITY NO. 8928	8a. Age Last Birthday (Years) 49	8b. Under 1 Year Months: <input type="checkbox"/> Days: <input type="checkbox"/>	8c. Under 1 Day Hours: <input type="checkbox"/> Minutes: <input type="checkbox"/>	9. DATE OF BIRTH (Month, Day, Year) September 8, 1950
10. BIRTHPLACE (City, and State or Foreign Country) Oklahoma City, Oklahoma		11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Nurse		
11b. KIND OF BUSINESS/INDUSTRY Medical	12a. RESIDENCE-STATE Oklahoma	12b. COUNTY Oklahoma	12c. CITY, TOWN, OR LOCATION Bethany	
12d. STREET AND NUMBER 8201 N. W. 29th St.	12e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12f. ZIP CODE 73008	13. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	
14. RACE - American Indian, Black, White, etc. Specify: White	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 4			
16. FATHER'S NAME (First, Middle, Last) Henry C. Divis		17. MOTHER'S NAME (First, Middle, Maiden Surname) Faye Ruth Lowell Divis		
18a. INFORMANT'S NAME (Type/Print) Anna Smith		18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10213 Carrick Lane, Oklahoma City, OK 73162		
19a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		19b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Moore City Cemetery		
19c. DATE OF DISPOSITION 12-03-99	19d. LOCATION - City or Town, State Moore, Oklahoma	20a. FUNERAL HOME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Mercer-Adams F.S., 3925 N. Asbury, Bethany, OK 73008		
20b. FUNERAL DIRECTOR Amy Brown		20c. SIGNATURE <i>Amy Brown</i>		
21a. PART-I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				Approximate interval between onset and death
IMMEDIATE CAUSE (The final disease or condition leading to death) 99089000 GUNSHOT WOUND TO CHEST				
a. Due to (or as a consequence of):				
b. Due to (or as a consequence of):				
c. Due to (or as a consequence of):				
d. Due to (or as a consequence of):				
PART II. OTHER SIGNIFICANT MEDICAL CONDITIONS (not directly contributing to death.)				
21b. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21c. AUTOPSY AUTHORIZED BY:		21d. WAS BODY VIEWED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined				
23a. DATE OF INJURY (Month, day, Year) 11-29-99	23b. TIME OF INJURY found 1518	23c. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23d. DESCRIBE HOW INJURY OCCURRED SELF INFLICTED GUNSHOT WOUND	
23a. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify) RESIDENCE		23f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8201 n.w. 29th STREET, BETHANY OK.		
24a. CERTIFIER (Check only one) <input type="checkbox"/> ATTENDING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <i>Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness-unrelated to injury or poisoning-to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonable medically expected. For enumeration of deaths subject to investigation and certification by a Medical Examiner, refer to O.S. Title 63, Sec. 538, or contact office of Chief Medical Examiner in Oklahoma City.</i>				
<input checked="" type="checkbox"/> MEDICAL EXAMINER 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 as stated.				
24b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			24c. DATE SIGNED (Month, Day, Year) NOVEMBER 30, 1999	
25. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 24) (Type/Print) CHAT S. CHOI, N.O. 001 N. STONEWALL, OKLAHOMA CITY, OKLAHOMA 73117				
26. REGISTRAR'S SIGNATURE (LOCAL) <i>[Signature]</i>		27. DATE RECEIVED BY LOCAL REGISTRAR DEC 07 1999		28. DATE RECEIVED BY STATE REGISTRAR DEC 07 1999

This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

Kelly M Baker

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63 Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND THE BACK CONTAINS SPECIAL LINES WITH TEXT, EMBOSSED SEAL AND THERMOCHROMIC INK