

15

Doc Number: **0836572**

01/10/2014 09:50 AM

OFFICIAL RECORDS

Requested By  
**JOANNA ELLIOTT**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0114 Pg: 1484



Deputy: ar

Assessor's Parcel Number:

1319-30-644-003 (ptn)

Recording Requested By:

✓ Name: Jo Anna ELLIOTT

Address: 224 HIGHLAND CT

City/State/Zip Terre Haute, IN 47802

Real Property Transfer Tax: \$

AFFIDAVIT OF DEATH

(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, Beverly J. Fischer, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Beverly J Fischer and I reside at 4324 E FAIRWAY CT  
MONTICELLO, IA 47960

2. I owned real property as a joint tenant with ROSS M FISCHER, such real property located in DOUGLAS County, State of NEVADA, described as follows:

See Attached Legal Description.  
Title deed is recorded in Book 292, Page 1814 in the office of the register of deeds in the county and state aforesaid.

3. ROSS M FISCHER, my joint tenant identified above, departed this life on the 21<sup>st</sup> day of MAY, 20 13. A copy of the death certificate of ROSS M FISCHER is attached.

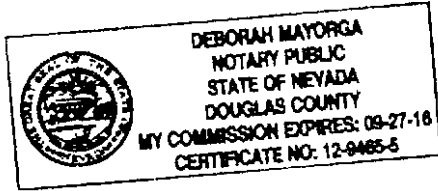
4. On the date of the death of MAY 21, 2013, the above described real estate was owned by ROSS M FISCHER and Beverly J FISCHER, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.

5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 9 day of JAN, 20 14.

Beverly J Fischer  
Affiant

SWORN TO AND SUBSCRIBED before me this the 9<sup>th</sup> day of Jan,  
20 14.



Deborah Mayorga  
NOTARY PUBLIC

My Commission Expires: 9/27/16

COPY

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. 041 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 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East M.D.B. & N.; 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. & N. 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 229 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. & N. 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. 194461 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 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 42-281-03

BK 0114  
PG: 1487  
1/10/2014

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

92 FEB 12 P1:30

SUZANNE LEJONDEAU 270921  
RECORDER  
\$6.00 PAID 12 DEPUTY  
BOOK 292 PAGE 1815

# ISSUED BY MARION COUNTY PUBLIC HEALTH DEPARTMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No **004014**

EDR No **000000325033**

State No

1 Decedent's Legal Name (First, Middle, Last) <b>ROSS M FISCHER</b>				1a Maiden Name (If female)		2 Sex <b>MALE</b>		3 Time Of Death <b>11:39 AM</b>		4 Date Of Death (Month/Day/Year) <b>05/21/2013</b>	
5 Social Security Number <b>████████ 3714</b>		6a Age - Yrs <b>82</b>		6b Under 1 Year Months:      Days:		6c Under 1 Month Hours:      Minutes:		6d Under 1 Day Hours:      Minutes:		7. Date of Birth (Month/Day/Year) <b>04/24/1931</b>	
8 Birthplace (City and State or Foreign Country) <b>GILMAN, IL</b>		9 Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred in A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11 Facility Name (If Not Institution, Give Street and Number) <b>IU HEALTH METHODIST HOSPITAL</b>											
12 City Or Town, State, And Zip Code <b>INDIANAPOLIS, IN, 46202</b>						13. County Of Death <b>MARION</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Mamed, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15 Surviving Spouse's Name <b>BEVERLY FISCHER</b>				15a (If Wife) Give Maiden Last Name <b>THOMPSON</b>				16. Decedent's Usual Occupation <b>INDEPENDENT GOODYEAR TIRE DEALER</b>		17. Kind Of Business/Industry <b>TIRE AND AGRICULTURE</b>	
18 Residence - State <b>INDIANA</b>		18a County <b>WHITE</b>		18b. City Or Town <b>MONTICELLO</b>		18c Apt No		18e Zip Code <b>47960</b>		18f Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18c Street And Number <b>4324 EAST FAIRWAY COURT</b>		19 Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22 Father's Name (First, Middle, Last) <b>BEN FISCHER</b>		23a. Mother's Maiden Last Name <b>WILKENING</b>	
22 Father's Name (First, Middle, Last) <b>BEN FISCHER</b>		23. Mother's Name (First, Middle, Last) <b>MATILDA FISCHER</b>		23a. Mother's Maiden Last Name <b>WILKENING</b>		24 Informant's Name <b>BEVERLY FISCHER</b>		24a. Relationship To Decedent <b>WIFE</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>4324 EAST FAIRWAY COURT, MONTICELLO, IN 47960</b>	
25a Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>ARROW CREMATORY</b>				25c Location - City, Town, And State <b>LAFAYETTE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>SPRINGER-VOORHIS-DRAPER FUNERAL HOME, 202 S. ILLINOIS STREET, MONTICELLO, IN 47960</b>						27a Funeral Home License Number <b>FH10700014</b>			
27b. Signature Of Indiana Funeral Service Licensee <b>RANDY M. SPRINGER, BY ELECTRONIC SIGNATURE</b>						27c License Number (Of Licensee) <b>FD08900023</b>					
<b>Cause Of Death (See Instructions And Examples)</b>											
28 Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology Do Not Abbreviate Enter Only One Cause On A Line Add Additional Lines If Necessary.										Approximate Interval To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A <b>ACUTE THROMBOSIS OF SUPERIOR MESENTERIC ARTERY</b>										<b>3 DAYS</b>	
Sequentially 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 B <b>ATHEROSCLEROTIC PERIPHERAL VASCULAR DISEASE</b>										<b>10 YEARS</b>	
C _____											
D _____											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I										29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACUTE RENAL FAILURE										30 Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32 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 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33 Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a City Or Town		38b Street & Number		38c. Apt. No.		38d. Zip Code			
39 Describe How Injury Occurred								40 If Transportation Injury, Specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death <b>CHRIS C NAUM, BY ELECTRONIC SIGNATURE</b>						42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44 License Number <b>01034864A</b>		45 Date Certified <b>05/30/2013</b>	
43 Name, Address And Zip Code Of Person Certifying Cause Of Death <b>CHRIS C NAUM, 1801 N. SENATE BLVD, SUITE 230, INDIANAPOLIS, IN 46202</b>						47. Alias					
48. Signature of Local Health Officer <b>VIRGINIA A CAINE, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 31 2013</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

State Form 53395 ATTENTION ESTATE The Social Security # is being requested by this state agency in order to pursue responsibility Disclosure is voluntary and there will be no penalty for refusal.