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Doc Number: **0841489**

04/24/2014 11:52 AM

OFFICIAL RECORDS

Requested By
KAREN L MASON

1319-30-644-055 (ptm)

APN: 42-285-05

Recording requested by, and please
send recorded document and
future tax statements to:

✓ Valerie M. Esparza
7221 Laramie Avenue
Las Vegas, Nevada 89113

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 0414 Pg: 4711



Deputy pk

STATE OF Nevada)
COUNTY OF Clark)

Affidavit of Death
Pursuant to NRS § 111.365

The affiant, Karen Mason, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Lee Walter Mason, the decedent mentioned in the attached certified certificate of death, who died on April 30, 2002, in Las Vegas, Nevada, is the same person as Lee Walter Mason.
3. That the affiant and the decedent were both grantees in that certain Ridge Tahoe deed dated April 18, 1994, recorded on April 18, 1994, as book/page 0494/3071 or instrument # 33534 in the records of Douglas County, Nevada, and executed by the grantor(s) Harich Tahoe Developments

covering the real property commonly
, City of Minden,

known as Ridge Tahoe
County of Douglas, State of Nevada, more particularly described as:
Exhibit "A" (37)

4. That the relationship between the affiant and the decedent was that of:
husband and wife (a married couple)

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

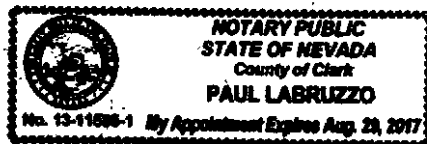
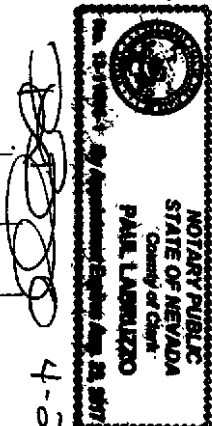
In witness whereof, I set my hand this 17th day of April, 2014.

Karen Mason
Affiant
Karen Mason
Print name

Subscribed and sworn to before me on April 17, 2014 by Karen Mason

STATE OF NEVADA
COUNTY OF CLARK

[Signature]
Notary Public
PAUL LABRUZZO
Notary name



4-21-14

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

004153

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Lee Walter MASON		2. April 30, 2002	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 5171 Lindell # 207A		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		November 28, 1944	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Idaho		9b. USA	
SOCIAL SECURITY NUMBER		DECEDENT'S EDUCATION. Specify highest grade completed.	
13. ████████-8816		10. 13	
RESIDENCE—STATE		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
15a. Nevada		11. Married	
COUNTY		SURVIVING SPOUSE (If wife, give maiden name)	
15b. Clark		12. Karen Faber	
CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
15c. Las Vegas		14b. Gas	
STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15d. 5171 Lindell Road		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Byron Mason		17. Orla Lucas	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Karen Mason		18b. 5171 Lindell Road #207A, Las Vegas, Nevada 89118	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Desert Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>Karen Mason</i>		19c. Las Vegas, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 64		20c. 1111 Las Vegas Blvd N., Las Vegas, Nevada 89101	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. 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.	
(Signature and Title) <i>Theresa Blumfelder MD</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 5/1/2002		22b. <i>[Date]</i>	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1220		22c. <i>[Time]</i>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. <i>[Name]</i>		22d. ON <i>[Time]</i>	
22e. AT <i>[Time]</i>		LICENSE NUMBER	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. 5925	
23a. Theresa Blumfelder, M.D., 6330 W. Flamingo, Las Vegas, Nevada		REGISTRAR	
24a. <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24b. <i>[Date]</i>		DEATH DUE TO COMMUNICABLE DISEASE	
24c. <i>[Date]</i>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) <i>Metastatic Adenocarcinoma of Stomach</i>		Interval between onset and death	
(b) <i>[Blank]</i>		Interval between onset and death	
(c) <i>[Blank]</i>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. No		27. Yes <i>[Signature]</i>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. <i>[Blank]</i>		28b. <i>[Date]</i>	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. <i>[Blank]</i>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. <i>[Blank]</i>		28f. <i>[Blank]</i>	
28g. <i>[Blank]</i>		28h. <i>[Blank]</i>	
28i. <i>[Blank]</i>		28j. <i>[Blank]</i>	

STATE REGISTRAR

No. 217119

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: *[Signature]*
Date Issued:

MAY 10 2002

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573



An undivided 1/102nd 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. 147 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 every other year in Even-numbered years in the Prime "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-285-05

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

'94 APR 18 A9:24

335344

BK 0494 PG 3072

SUE ANN BLOOMER
RECORDER

\$ 8.00 PAID KS DEPUTY