

Doc Number: **0842124**

05/07/2014 09:24 AM

OFFICIAL RECORDS

Requested By

LEE VALLADOLID

DOUGLAS COUNTY RECORDERS

Karen Ellison - Recorder

Page: 1 Of 5

Fee: \$ 18.00

Bk: 0514 Pg: 1273



Deputy ar

A PORTION OF

Assessor's Parcel Number: 0000-40-050-450

Recording Requested By: LEE J. VALLADOLID

Name: LEE J. VALLADOLID

Address: 454 RIVERFRONT DR, #107

City/State/Zip BULLHEAD CITY, AZ 86442

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 ARIZONA }

SS

COUNTY OF MOHAVE }

BEFORE ME, the undersigned Notary Public, personally appeared, LEILA J. VALLADOLID, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

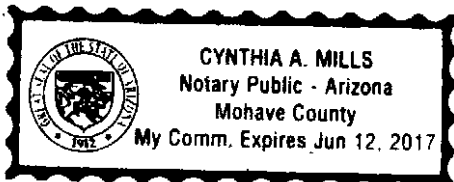
1. My name is LEE J. VALLADOLID and I reside at 454 RIVERFRONT DR., #107, BULLHEAD CITY, ARIZONA 86442
2. I owned real property as a joint tenant with RUDY VALLADOLID, JR., such real property located in DOUGLAS County, State of NEVADA, described as follows:

See Attached Legal Description.
Title deed is recorded in Book 1197, Page 0678 in the office of the register of deeds in the county and state aforesaid.
3. RUDY VALLADOLID, JR., my joint tenant identified above, departed this life on the 10 day of MARCH, 2011. A copy of the death certificate of RUDY VALLADOLID, JR. is attached.
4. On the date of the death of RUDY VALLADOLID, JR., the above described real estate was owned by RUDY VALLADOLID, JR. and LEE J. VALLADOLID, 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 31 day of MARCH, 2014.

Lee J. Valladolid
Affiant
LEE J. VALLADOLID

SWORN TO AND SUBSCRIBED before me this the 31st day of MARCH,
2014.



Cynthia A. Mills
NOTARY PUBLIC

My Commission Expires: Jun 12, 2017

COPY

Exhibit "A"

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/1326th interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 – 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31 11'12" East 81.16 feet; thence South 58 48'39" West 57.52 feet; thence North 31 11'12" West 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18 23'51", an arc length of 57.80 feet the chord of said curve bears North 60 39'00" East 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each year in accordance with said Declaration.

A portion of APN: 0000-40-050-450

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2011-010347

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) RUDY VALLADOLID JR		2. AKA'S (IF ANY)		3. DATE OF DEATH MARCH 10, 2011	
4. SEX MALE	5. SOCIAL SECURITY NUMBER [REDACTED]-5054	6. DATE OF BIRTH 10-15-1943	7. AGE 67	8. UNDER 1 YEAR 9. UNDER 1 DAY	
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): WESTERN ARIZONA REGIONAL MEDICAL CTR			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH BULLHEAD CITY 86442		16. COUNTY OF DEATH: MOHAVE
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) EL PASO, TEXAS		18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) LEILA J JOHNSON	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 454 RIVERFRONT DR, #107		21. CITY AND COUNTY BULLHEAD CITY, MOHAVE		22. STATE ARIZONA	23. ZIP CODE 86442
25. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input checked="" type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)		26. DECEDENT'S RACE(S). <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION ACCOUNT MANAGER		29. FATHER'S NAME (FIRST, MIDDLE, LAST) RUDY VALLADOLID SR			
31. INFORMANT'S NAME LEILA J VALLADOLID		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) EMIMA MOLINA		32. RELATIONSHIP SPOUSE	
34. NAME AND ADDRESS OF FUNERAL FACILITY DIMOND & SONS SILVER BELL CHAPEL 2620 SILVER CREEK RD. BULLHEAD CITY, AZ		35. FUNERAL DIRECTOR WILLIAM RIDUNN, FUNERAL DIRECTOR		36. LICENSE NUMBER F0956	
37. METHOD(S) OF DISPOSITION REMOVAL/BURIAL		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY BELLEVUE CEMETERY, ONTARIO, CALIFORNIA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
40. A IMMEDIATE CAUSE OF DEATH RESPIRATORY FAILURE		41. APPROXIMATE INTERVAL UNKNOWN		42. B DUE TO OR AS A CONSEQUENCE OF	
44. C DUE TO OR AS A CONSEQUENCE OF		45. APPROXIMATE INTERVAL		46. D DUE TO OR AS A CONSEQUENCE OF	
47. APPROXIMATE INTERVAL		48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:			
49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH	
52. TIME OF DEATH 2018		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
55. NAME OF PERSON COMPLETING CAUSE OF DEATH: DONNA HUFANA MD		56. DATE CERTIFIED: 03-15-2011		57. CERTIFIER'S ADDRESS: 3015 HIGHWAY 95 SUITE #105 BULLHEAD CITY, AZ, 86442	
58. NAME OF REGISTRAR PATTY MEAD		59. DATE REGISTERED 03-22-2011			

Date Issued: 03-22-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.