

DOC # 843308
05/28/2014 03:16PM Deputy: PK
OFFICIAL RECORD
Requested By:
Diamond Resorts
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-514 PG-5297 RPTT: 0.00



A Portion of APN: 1319-30-712-001
Identification Number: 16-020-08-01

RPTT: \$0.00

MAIL TAX STATEMENTS TO:
RECORDING REQUESTED BY:
WHEN RECORDED MAIL TO:
Diamond Resorts Corporation
c/o Reconveyance Department
10600 W. Cheyenne Blvd.
Las Vegas, NV 89135

Contract #: 360112
Unit/Week: 020-08-Annual

COVERSHEET

AFFIDAVIT - DEATH OF JOINT TENANT



A Portion of APN: 1319-30-712-001
Identification Number: **16-020-08-01**

RECORDING REQUESTED BY

And when recorded mail to:
Diamond Resorts Corporation
C/O Reconveyance Department
10600 West Charleston Blvd.
Las Vegas, NV 89135

AFFIDAVIT – DEATH OF JOINT TENANT

State of: New York

County of: Fulton

Account No.: **360112** Assessor's Parcel Number: Portion of APN: **1319-30-712-001**

ELENA WILLETT, of legal age, being first duly sworn, deposes, and says:

That **STEVEN WILLETT**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as one of the parties in that certain **Grant Deed** dated **November 11, 1998**, executed by **STEVEN WILLETT and ELENA WILLETT, Husband and Wife, as Joint Tenants with Right of Survivorship**, recorded as Instrument No. **0455377**, on **December 2, 1998**, in Book **1298**, Page **0376**, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stateline, County of Douglas, State of Nevada.

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Dated May 7, 2014

Elena Willett
ELENA WILLETT

State of: New York

County of: Fulton

Subscribed and sworn to (or affirmed) before me, on this 7th day of May, 2014, by **ELENA WILLETT**, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Signature]

Print Notary Name: THOMAS C. WALSH

My Commission expires: 3-30-18

(seal)

THOMAS C. WALSH
Notary Public, State of New York
No. 9820236
Qualified in Fulton County
Commission Expires 3/30/18



EXHIBIT "A" (160)

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 Biennial Even year in accordance with said Declaration.

A portion of APN: 1319-30-712-001
Identification Number: 16-020-08-01

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. NAME: FIRST MIDDLE LAST Steven J. Willett; 2. SEX: MALE FEMALE [X] 1 [] 2; 3A. DATE OF DEATH: MONTH DAY YEAR 03 01 2013; 3B. HOUR: 7:45 A

4A. PLACE OF DEATH: HOSPITAL INPATIENT [] HOSPITAL OUTPATIENT [] NURSING HOME [] PRIVATE RESIDENCE [] HOSPICE FACILITY [X] OTHER []; 4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR 02 27 2013

4C. NAME OF FACILITY: Mountain Valley Hospice House; 4D. LOCALITY: City Village Town [X] [] [] Gloversville; 4E. COUNTY OF DEATH: Fulton

4F. MEDICAL RECORD NO. 002581; 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? [] NO [X] YES St. Mary's Hospital, Amsterdam, Montgomery County, NY; 5. DATE OF BIRTH: MONTH DAY YEAR 11 24 1957; 6A. AGE IN YEARS: 55 yrs.; 6B. IF UNDER 1 YEAR ENTER: months days; 6C. IF UNDER 1 DAY ENTER: hours minutes; 7A. CITY AND STATE OF BIRTH: Bronx, NY; 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? [X] NO [] YES; 9. DECEDENT OF HISPANIC ORIGIN? [X] No, not Spanish/Hispanic/Latino [] Yes, Mexican, Mexican American, Chicano [] Yes, Puerto Rican [] Yes, Cuban [] Yes, Other Spanish/Hispanic/Latino (Specify); 10. DECEDENT'S RACE: [X] White/Caucasian [] Black or African American [] Asian Indian [] Chinese [] Filipino [] Japanese [] Korean [] Vietnamese [] Native Hawaiian [] Guamanian or Chamorro [] Samoan [] American Indian or Alaska Native (specify) [] Other Asian (specify) [] Other Pacific Islander (specify) [] Other (specify)

11. DECEDENT'S EDUCATION: 1 [] < 8th grade 2 [] 9th-12th grade, no diploma 3 [] High school graduate or GED 4 [] Some college credit, but no degree 5 [] Associate's degree 6 [X] Bachelor's degree 7 [] Master's degree 8 [] Doctorate/Professional degree; 12. SOCIAL SECURITY NUMBER: 13. MARITAL STATUS: NEVER MARRIED [] MARRIED [X] WIDOWED [] DIVORCED [] SEPARATED [] 14. SURVIVING SPOUSE: Elena Cole

15A. USUAL OCCUPATION: Self Employed; 15B. KIND OF BUSINESS OR INDUSTRY: Telecommunications; 15C. NAME AND LOCALITY OF COMPANY OR FIRM: Veteran's Telecom, Johnstown, NY; 16A. RESIDENCE: New York; 16B. County or Region/Province if not USA: Fulton; 16C. LOCALITY: City Village Town [X] [] [] Johnstown; 16D. STREET AND NUMBER OF RESIDENCE: 230 N. Perry Street; 16E. ZIP CODE: 12095; 16F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? [X] YES [] NO IF NO, SPECIFY TOWN:

17. BIRTH NAME OF FATHER/PARENT: Donald J. Willett; 18. BIRTH NAME OF MOTHER/PARENT: Lorraine E. Malcolm; 19A. NAME OF INFORMANT: Elena Willett; 19B. MAILING ADDRESS: 230 N. Perry Street, Johnstown, NY 12095

20A. 1 [X] BURIAL 2 [] CREMATION 3 [] REMOVAL MONTH DAY YEAR 03 05 2013 4 [] HOLD DAY 5 [] DONATION YEAR 6 [] ENTOMBMENT; 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Fern Dale Cemetery; 20C. LOCATION: Johnstown, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: Barter & Donnan Funeral Home, Johnstown, NY 12095; 21B. REGISTRATION NUMBER: 00138; 22A. NAME OF FUNERAL DIRECTOR: William J. Guido, Jr.; 22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature]; 22C. REGISTRATION NUMBER: 11477

23A. SIGNATURE OF REGISTRAR: Susan Simone; 23B. DATE FILED: MONTH DAY YEAR 03 04 2013; 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Susan Simone; 24B. DATE ISSUED: MONTH DAY YEAR 03 04 2013

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: ALFONSO L. ZANONARA, MD License No.: 128822 Signature: [Signature] Month Day Year 3 4 13

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Address: 25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address:

26A. Attending physician attended deceased: FROM Month Day Year 12 6 12 TO Month Day Year 3 1 13; 26B. Deceased last seen alive by attending physician: Month Day Year 2 23 13; 26C. Pronounced Dead: Month Day Year 3 1 13 AT Time; 27. MANNER OF DEATH: NATURAL CAUSE [X] ACCIDENT [] HOMICIDE [] SUICIDE [] UNDETERMINED CIRCUMSTANCES [] PENDING INVESTIGATION []; 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? [] NO [X] YES; 29A. AUTOPSY? [] NO [X] YES; 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? [] NO [X] YES

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) (AND) OF PULMONARY ANEURYSM; (B) HEPATIC CIRRHOSIS; (C); 31A. IF INJURY, DATE: MONTH DAY YEAR; 31B. INJURY LOCALITY: (City or town and county and state); 31C. DESCRIBE HOW INJURY OCCURRED; 31D. PLACE OF INJURY; 31E. INJURY AT WORK: [] NO [X] YES; 31F. IF TRANSPORTATION INJURY, SPECIFY: 1 [] Driver/Operator 2 [] Passenger 3 [] Pedestrian 4 [] OTHER (specify); 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? [] NO [X] YES; 33A. IF FEMALE: 0 [] Not pregnant within last year 1 [] Pregnant at time of death 2 [] Not pregnant, but pregnant within 42 days of death 3 [] Not pregnant, but pregnant 43 days to 1 year before death 4 [] Unknown if pregnant within past year; 33B. DATE OF DELIVERY: MONTH DAY YEAR

33. DATE OF DEATH: 03 01 2013; 34. TIME OF DEATH: AM/PM; 35. CAUSE OF DEATH: (A) (AND) OF PULMONARY ANEURYSM; (B) HEPATIC CIRRHOSIS; (C); 36. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH; 37. BARCODE; 38. BK 514 PG-5300; 39. 843308 Page: 4 of 4 05/28/2014

For use by physician or institution: NAME OF DECEDENT: TIME OF DEATH: DATE OF DEATH: