

166

DOUGLAS COUNTY, NV 2015-855492
Rec:\$18.00
Total:\$18.00 01/09/2015 01:38 PM
JAYKALEY J GILFORD JR Pgs=5

Assessor's Parcel Number: 1319-30-724-000 (PTN)

Recording Requested By:

Name: JAYKALEY JAMES GILFORD JR

Address: 8100 BUCKS HARBOR WAY

City/State/Zip SACRAMENTO CA 95828

Real Property Transfer Tax: _____



KAREN ELLISON, RECORDER

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 Nevada }
COUNTY OF Douglas } SS

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

1. My name is JayKaley J. Gilford JR and I reside at SACRAMENTO.
2. I owned real property as a joint tenant with Mattie L Bolden, such real property located in ~~Nevada~~ County, State of Nevada, described as follows: Douglas

See Attached Legal Description.

Title deed is recorded in Book 1087, Page 3151 in the office of the register of deeds in the county and state aforesaid.

3. Mattie L. Bolden, my joint tenant identified above, departed this life on the 19 day of December, 20 15. A copy of the death certificate of death is attached.
4. On the date of the death of Mattie L. Bolden, the above described real estate was owned by JayKaley J. Gilford JR and Edie M. Gilford, 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.

Mattie L. Bolden,

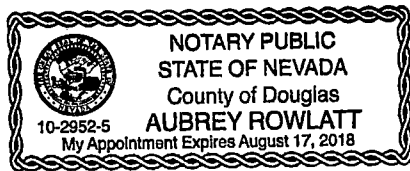
Dated this the 9 day of JANUARY, 20 15.

JayKaley J. Gilford Jr.
Affiant
JayKaley J. Gilford Jr.

SWORN TO AND SUBSCRIBED before me this the 9th day of January,
20 15. JayKaley James Gilford Jr.

Aubrey Rowlatt
NOTARY PUBLIC

My Commission Expires: 8-17-18



Affidavit of Death - Mattie L. Bolden

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052014233847

CERTIFICATE OF DEATH

3201434010883

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 3/00)

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) MATTIE		2. MIDDLE LEE		3. LAST (Family) BOLDEN	
	AKA, ALSO KNOWN AS: (Include full AKA (FIRST, MIDDLE, LAST))					
	4. DATE OF BIRTH mm/dd/ccyy 07/03/1942		5. AGE Yrs 72		6. SEX F	
USUAL RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY AR		10. SOCIAL SECURITY NUMBER 2645		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS/SRDP* (at Time of Death) NEVER MARRIED		7. DATE OF DEATH mm/dd/ccyy 12/19/2014		8. HOUR (24 Hours) 0955	
	13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back) AFRICAN AMERICAN	
INFORMANT	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED JANITORIAL SUPERVISOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, beer construction, employment agency, etc.) STATE OF CALIFORNIA		19. YEARS IN OCCUPATION 25	
	20. DECEDENT'S RESIDENCE (Street and number, or location) 2473 57TH AVE APT A					
	21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95822	
SPOUSE/SRDP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP TERRI WALSH NEICE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 12303 HARBOR POINTE BLVD # C-201, MUKILTEO, WA 98275			
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST BENNIE		29. MIDDLE MOSES		30. LAST (BIRTH NAME) BOLDEN	
	31. NAME OF FATHER/PARENT - FIRST WILLIE		32. MIDDLE MAE		33. LAST (BIRTH NAME) EVANS	
FUNERAL DIRECTORY / LOCAL REGISTRAR	38. DISPOSITION DATE mm/dd/ccyy 12/23/2014		40. PLACE OF FINAL DISPOSITION RES: JAY GILFORD 8100 BUCKS HARBOR WAY, SACRAMENTO, CA 95828			
	41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT ACACIA CREMATION AND BURIAL SOCIETY		45. LICENSE NUMBER FD2046		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASHRYE, MD	
PLACE OF DEATH	101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
	104. COUNTY SACRAMENTO		105. FACILITY, ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6600 BRUCEVILLE RD		106. CITY SACRAMENTO	
	107. CAUSE OF DEATH Enter the chain of events (e.g., disease, injuries, or complications) that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure, without showing the etiology. DO NOT ABBREVIATE. (A) HEART FAILURE (B) CORONARY ARTERY DISEASE (C) _____ (D) _____ LAST		108. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and end date.) NO		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER LILLIAN HAGE-FISCHER M.D.	
	116. SIGNATURE AND TITLE OF CERTIFIER LILLIAN HAGE-FISCHER M.D.		117. LICENSE NUMBER A80380		118. DATE mm/dd/ccyy 12/20/2014	
CORONERS USE ONLY	119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
	122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
	125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		
				CENSUS TRACT		
				010001002811081*		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **January 7, 2015**

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

* 0 0 1 4 8 8 2 0 5 *

Olivia Kashrye MD
LOCAL REGISTRAR

EXHIBIT "A"

AN ALTERNATE YEAR TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

An undivided 1/102nd interest in and to that certain condominium as follows:

- (A) An undivided 1/38th interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.
- (B) Unit No. 029 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, 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 the modifications thereof recorded September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

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, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada 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 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed 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, - 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 FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 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 alternate use week during ODD numbered years within the " SWING season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, and is defined in the Fourth Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984 as Document No. 96758 of Official Records, as amended.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said alternate use week within said "use season".

RECORDED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'87 OCT 23 P12:50

SUZANNE BRADY REAU
RECORDER

66- PAUL [Signature] DEPUTY

164959

BOOK 1087 PAGE 3151