

**Affidavit-Termination of Joint Tenancy  
(Death of a Joint Tenant)**

ASSESSOR'S PARCEL NO. (APN#): 46-261-37

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Raymond E. Hummel

Address: 189 Marshall Drive

City/State/Zip: Wentzville, MO 63385

I, Raymond E. Hummel, the Affiant, being of legal age, and being first duly sworn, deposes and says:  
 That Eileen Frances Hummel, the decedent mentioned in the  
 (Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Eileen F. Hummel  
 (Deceased Name as shown on Deed)

named as one of the parties in that certain Grant, Bargain, Sale Deed  
 (Type of Document)

dated on the 3rd day of July, 1988 and executed by Hatch Tahoe Development, known as "Grantor(s)" to Raymond E. Hummel and Eileen F. Hummel, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 181999, on the 7th day of July, 1988, in book 788 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stateline, County of Douglas, State of Nevada.  
 (Set forth legal description and commonly known street address, if known)

Legal Description Attached as "EXHIBIT A"

WITNESS Affiant's hand this the 27 day of August, 2014.

Signed, Sealed and Delivered in the presence of:

Raymond E. Hummel  
 Raymond E. Hummel

STATE OF Missouri  
 COUNTY OF St. Charles

SWORN TO AND SUBSCRIBED before me this 27th day of August, 2014 by Raymond E. Hummel, who is personally known to me, or had produced Drivers License as identification.



CHRISTIAN RAWLS  
 My Commission Expires  
 July 10, 2015  
 St. Charles County  
 Commission #1110557

Christian Rawls  
 (Signature of Notary Public)  
Christian Rawls  
 (Printed Name of Notary Public)  
 Notary Public, State of Missouri  
 Commission Number: 1110557  
 My Commission Expires: July 10, 2015

EXHIBIT "A"

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

An undivided 1/51st 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. 156983 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. 156983 of Official Records of Douglas County, State of Nevada.
- (B) Unit No. 037 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 re-recorded December 8, 1981, as Document No. 63826, being over a portion of Parcel 26-A (described in Document No. 81112, 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. 156984 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 Amended Declaration of Annexation of Phase Three Establishing Phase Four.

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

CERTIFICATE OF DEATH

124 -

VS 300 MO 589-2211 (1-10)

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) EILEEN FRANCES HUMMEL		2. SEX FEMALE		3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE MINKS		4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) AUGUST 04, 2012	
5. SOCIAL SECURITY NUMBER -0075		6a. AGE - Last Birthday (Years) 68		6b. UNDER 1 YEAR MONTHS DAYS HOURS MINUTES		7. DATE OF BIRTH (Month, Day, Year) JUNE 16, 1944	
8a. RESIDENCE (COUNTRY) UNITED STATES				8b. COUNTY SAINT CHARLES		8c. CITY, TOWN OR LOCATION WENTZVILLE	
8d. STREET AND NUMBER 189 MARSHALL DR.				8e. APARTMENT NO.		8f. ZIP CODE 63385	
8g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. MARITAL STATUS AT THE TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		12. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage.) RAYMOND EDWARD HUMMEL SR			
13. FATHER'S NAME (First, Middle, Last, Suffix) VERNON MINKS SR				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) NAOMI-C. WOODS			
15a. INFORMANT'S NAME (First, Middle, Last, Suffix) RAYMOND EDWARD HUMMEL SR		15b. RELATIONSHIP TO DECEDENT HUSBAND		15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code) 189 MARSHALL DR., WENTZVILLE, MISSOURI 63385			
16. PLACE OF DEATH (Check only one: see instructions.)							
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> OOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
17. FACILITY NAME (if not institution, give street and number) 189 MARSHALL DR.				18. CITY OR TOWN, STATE AND ZIP CODE WENTZVILLE, MISSOURI 63385		19. COUNTY OF DEATH SAINT CHARLES	
20a. 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)		20b. DATE OF DISPOSITION (Month, Day, Year) 8.8.2012		21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) BAUE CREMATORY		22. LOCATION (City or Town, State) ST. CHARLES, MISSOURI	
23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BAUE FUNERAL HOME & MEMORIAL CENTER 3950 W CLAY ST, ST CHARLES, MISSOURI 63301				24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH DONALD W WHITE		25. FUNERAL ESTABLISHMENT LICENSE NUMBER 1999137800	
26. ACTUAL OR PRESUMED TIME OF DEATH 3:23pm				27. WAS MEDICAL EXAMINER/CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MYOCARDIAL INFARCTION						Approximate interval Onset to Death MINUTES	
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.							
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown				30. IF FEMALE <input checked="" 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		31. 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) (Spell Month)		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	
38a. LOCATION OF INJURY - STATE		38b. COUNTY		38c. CITY OR TOWN		38d. STREET AND NUMBER	
38e. LOCATION OF INJURY - STATE		38f. COUNTY		38g. CITY OR TOWN		38h. ZIP CODE	
39. DESCRIBE HOW INJURY OCCURRED				40. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. CERTIFIER (CHECK ONLY ONE) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - 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 [Signature]				43. TITLE OF CERTIFIER MD			
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28) PAUL LESCURE, 969 MARSHALL ST, ST CHARLES MO 63141				43. TITLE OF CERTIFIER			
44. CERTIFIER MO LICENSE NUMBER MO - 103973		45. CERTIFIER NPI NUMBER 1487161298		46. DATE CERTIFIED (Month, Day, Year) 8.7.12			
47. REGISTRAR'S SIGNATURE [Signature]				48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) August 9, 2012			
49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input checked="" type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)		50. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Chinese <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Unknown			
52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED") HOMEMAKER				53. KIND OF BUSINESS/INDUSTRY OWN HOME			

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STATE OF MISSOURI )  
COUNTY OF ST. CHARLES ) ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as County Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services.

AUG 9 2012

[Signature]  
Registrar of Vital Records

ST. CHARLES COUNTY HOPE WOODSON