

19-

DOUGLAS COUNTY, NV

2015-855917

Rec:\$19.00

01/21/2015 02:36 PM

Total:\$19.00

ROBIN ZANG

Pgs=6

Assessor's Parcel Number: _____

Recording Requested By:

✓ Name: Charles H. Zang

Address: 4201 S Mimbres Dr.

City/State/Zip Tucson AZ 85735

Real Property Transfer Tax:

\$ _____



00006876201508559170060066

KAREN ELLISON, RECORDER

Affidavit of Death

(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

STATE OF Arizona
COUNTY OF Pima

I, Charles H Zang, residing at 4201 S. Mimbres Dr, Tucson, Arizona 85735, being of legal age, depose and say that:

That Phyllis L Zang, 2434 E. 9th St, Tucson, Arizona 85719 died on November 30, 2014 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

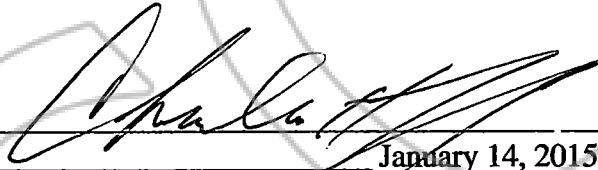
That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Arizona for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Arizona law that I know the contents of this Affidavit signed by me and that the statements are true and correct.



January 14, 2015

Charles H. Zang

STATE OF ARIZONA, COUNTY OF PIMA, ss:

This Affidavit was acknowledged before me on this 14th day of Jan,
2015 by Charles H Zang, who, being first duly sworn on oath according to law, deposes and
says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated
herein are true to the best of his/her information, knowledge and belief.

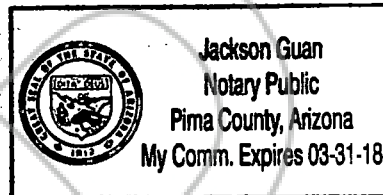


Notary Public

Notary Public

Title (and Rank)

My commission expires 3/31/2018



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- 2014-047998

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) PHYLLIS L ZANG			2. AKA'S (IF ANY)			3. DATE OF DEATH NOVEMBER 30, 2014						
4. SEX FEMALE		5. SOCIAL SECURITY NUMBER: ██████ 3534		6. DATE OF BIRTH 01/29/1927		7. AGE 87		8. UNDER 1 YEAR 8. MONTHS 9. DAYS		10. UNDER 1 DAY 10. HOURS 11. MINUTES		
12. PLACE OF DEATH - HOSPITAL: <input 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 checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER								
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 2121 N ROSEMONT APT 203						15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: TUCSON 85712			16. COUNTY OF DEATH: PIMA			
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) UNKNOWN, MINNESOTA				18. MARITAL STATUS AT TIME OF DEATH: WIDOWED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)						
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 2121 N ROSEMONT APT 203				21. CITY AND COUNTY: TUCSON, PIMA		22. STATE ARIZONA		23. ZIP CODE 85712		24. EVER IN THE ARMED FORCES NO		
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR 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 (SPECIFY) <input type="checkbox"/> UNKNOWN			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 <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:						
28. OCCUPATION: BOOKKEEPER				29. FATHER'S NAME (FIRST, MIDDLE, LAST) HAROLD GREELEY				30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) LAURA MARKER				
31. INFORMANT'S NAME CHARLES ZANG				32. RELATIONSHIP SON		33. INFORMANT'S MAILING ADDRESS: 4201 S MIMBRES DR, TUCSON, ARIZONA 85735						
34. NAME AND ADDRESS OF FUNERAL FACILITY: DESERT ROSE HEATHER CREMATION & BURIAL 1040 COLUMBUS BLVD, TUCSON, AZ						35. FUNERAL DIRECTOR: MICHELLE GARCIA-VALDEZ, FUNERAL DIRECTOR			36. LICENSE NUMBER: F1475			
37. METHOD(S) OF DISPOSITION: BURIAL			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: SOUTH LAWN MEMORIAL CEMETERY, TUCSON, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE						
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART 1												
IMMEDIATE CAUSE OF DEATH		40. A HEART FAILURE				41. APPROXIMATE INTERVAL: 1 YEAR						
DUE TO OR AS A CONSEQUENCE OF:		42. B DEEP VEIN THROMBOSIS				43. APPROXIMATE INTERVAL: UNKNOWN						
DUE TO OR AS A CONSEQUENCE OF:		44. C				45. APPROXIMATE INTERVAL:						
DUE TO OR AS A CONSEQUENCE OF:		46. D				47. APPROXIMATE INTERVAL:						
CAUSE OF DEATH PART II												
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: CHRONIC OBSTRUCTIVE PULMONARY DISEASE					49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH		52. TIME OF DEATH 07:16 AM	
					53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
CAUSE AND MANNER OF DEATH CERTIFICATION												
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: LESLIE LASHLE LEDBETTER, APRN				56. DATE CERTIFIED: 12/04/2014				
57. CERTIFIER'S ADDRESS: 3945 E PARADISE FALLS DR STE 201 TUCSON AZ 85712				58. NAME OF REGISTRAR: AUDREY ROGERS				59. DATE REGISTERED: 12/15/2014				

DATE ISSUED: 12/16/2014

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
Revised 12/2012.

[Signature]
KHALEEL HUSSAINI
ASSISTANT STATE REGISTRAR

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

48805080

Arizona
Department of
Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOC

28

A portion of APN: 1318-15-817-001

R.P.T.T. \$0 (#7)


00001636201408512960110115
KAREN ELLISON, RECORDER

PREPARED BY:

Phyllis L Zang
2434 E. 9Th St
Tucson, AZ 85719

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Phyllis L Zang
2434 E. 9Th St
Tucson, AZ 85719

MAIL TAX STATEMENTS TO:

Fairfield Resorts
8427 So. Park Cr. #500
Orlando, FL 32819

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

THIS QUITCLAIM DEED, made and entered into on the 27th day of September, 2014, Phyllis L. Zang, also known as Phyllis L Zang- Balkow, Trustee of The Balkow Family Revocable Living Trust, dated October 1, 1991 ("Grantors"), and Phyllis L Zang, a widow, whose address is 2434 E. 9Th St, Tucson, Arizona 85719, and Charles Zang, a married man, whose address is 4201 S. Mimbres Dr, Tucson, Arizona 85735 ("Grantees"), Together as joint tenants with right of survivorship

For and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Grantors hereby Remise, Release, AND FOREVER Quitclaim to Grantees, as Joint Tenants with Right of Survivorship, the property located in Douglas County, Nevada, described as:

A 77,000/138,156000 undivided fee simple interest as tenants in common in Units 7101,7102,7103,7201,7202,7203,7301,7302,and7303 in South Shore Condominium ("Property"), located at 180 Elks Point Road in Zephyr Cove, Nevada 89449, according to the Final Map #01-026 and Condominium Plat of South Shore filed of record in Book 1202, page 2181 as Document Number 559872 in Douglas County, Nevada and subject to all provisions thereof and those contained in that certain Declaration of Condominium-South Shore("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 628022, Official Records of Douglas County, Nevada which subjected the Property to a timeshare plan called Fairfield Tahoe at

South Shore ("Timeshare Plan") Less and except all minerals and mineral rights which minerals and mineral rights are hereby reserved unto the Grantor, its successors and assigns.

Method of obtaining description: Found on Previously Recorded Deed

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and restrictions of record.

Grantors grant all of the Grantors' rights, title and interest in and to all of the above described property and premises to the Grantees, and to the Grantees' heirs and assigns forever in fee simple, so that neither Grantors nor Grantors' heirs legal representatives or assigns shall have, claim, or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax/Parcel ID Number: APN: 1318-15-817-001 PTN

IN WITNESS WHEREOF the Grantors have executed this deed on the 27th day of September, 20 14.

09/27/14
Date

Phyllis L. Zang-Balkow
Phyllis L. Zang-Balkow, Trustee

State of AZ
County of Pima

This instrument was acknowledged before me on the 27th day of September, 20 14 by Phyllis L. Zang-Balkow.

Patrick Zabal
Notary Public Signatature

