

Assessor's Parcel Number: 1319-30-643-002 Ptn

Recording Requested By:

Name: William DeMatteo Jr.

✓ Address: 595 Middletown Ave.

City/State/Zip North Haven, CT 06473

Real Property Transfer Tax:

\$ _____

DOUGLAS COUNTY, NV 2015-858883

Rec:\$18.00

Total:\$18.00

03/19/2015 10:57 AM

THERESE DEMATTEO

Pgs=5



00010257201508588830050051

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.

SWORN TO AND SUBSCRIBED before me this the 25th day of February,
20 15.

 **LIZA ANN DECHIARA**
Notary Public, State of Connecticut
My Commission Expires Aug. 31, 2019


NOTARY PUBLIC

My Commission Expires: 8-31-2019

COPY

EXHIBIT "A" (28)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 2 as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week every other year in Odd-numbered years in accordance with said Declarations.

A portion of APN: 42-254-02

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'92 AUG 24 AIO:27

SUZANNE BEAUSREAU
RECEIVED
286563
DEPUTY
BOOK 892 PAGE 3627

VS-4 REV. 1/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

shaded Area to be completed by the medical Director or his/her representative.

Use VS-40 to be completed for Nurse pronouncements.

Name of Decedent Maryann Dematteo

For use by Physician or Institution

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Mary Ann Dematteo | | 2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | 3. DATE OF BIRTH (MM/DD/YYYY) August 13, 1947 | | 4. ACTUAL OR PRESUMED TIME OF DEATH (MM/DD/YYYY) (Specify Hour) 08/08/14 August 6:30 PM | |
| 5. AGE LAST BIRTHDAY 66 | 6. UNDER 1 YEAR Mo. Days Hours Min. | 7. DATE OF BIRTH (MM/DD/YYYY) August 13, 1947 | 8. BIRTHPLACE (City, State or Foreign Country) New Haven, Connecticut | 9. RESIDENCE (State) Connecticut | 10. RESIDENCE (County) New Haven | 11. RESIDENCE (City or Town) North Haven | 12. RESIDENCE (Street and No.) 595 Middletown Avenue |
| 14. ZIP CODE 06473 | 15. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 16. MARITAL STATUS AT 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 | 17. SURVIVING SPOUSES NAME (Give full name prior to first marriage) William Dematteo | | 18. FATHER'S NAME (First, Middle, Last) Frank Delucia | | |
| 20. INFORMANT'S NAME Mr. William Dematteo | | 21. INFORMANT'S RELATIONSHIP TO DECEDENT Husband | | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mary Massimino | | | |
| 23. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival | | 24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | 22. MAILING ADDRESS (Street and Number, City, State, Zip Code) North Haven, CT 06473 595 Middletown Avenue YNH New Haven, CT 06473 | | | |
| 26. CITY OR TOWN OF DEATH New Haven | | 27. COUNTY OF DEATH New Haven | | 28. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) | | 25. FACILITY NAME (If not institution, give street & number) YNH | |
| 28. DISPOSITION (Name of cemetery, crematory, other place) All Saints Cemetery | | 30. LOCATION (City/Town, State) North Haven, Connecticut | | 31. DATE (MM/DD/YYYY) 08/11/14 | | 32. WAS BODY EMBALMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 33. FUNERAL FACILITY - Name and Address (Street, Town, State, Zip) Washington Memorial Funeral Home 4 Washington Ave., North Haven, CT 06473 | | 34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER John Iacobucci | | 35. LICENSE NUMBER OF SIGNER IN BOX 34 2169 | | 36. DATE (MM/DD/YYYY) 08/08/14 | |
| 38. DATE (MM/DD/YYYY) PRONOUNCED DEAD 08/08/14 | | 37. TIME PRONOUNCED DEAD 6:30 pm | | 39. PRONOUNCER'S SIGNATURE Mary Grace Baker | | 40. DATE SIGNED 08/08/14 | |
| 41. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 42. WAS ANAUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? (Yes/No) No | | 44. APPROXIMATE INTERVAL ONSET TO DEATH: 1 week | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Septic Shock | | | | | | | |
| 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 (b) Due to (or as a consequence of): | | | | | | | |
| (c) Due to (or as a consequence of): | | | | | | | |
| (d) Due to (or as a consequence of): | | | | | | | |
| 45. PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I: (a) 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 | | | | | | | |
| 46: IF FEMALE: 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 | | | | | | | |
| 47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | |
| 48. CERTIFIER (Check only one box) <input type="checkbox"/> Certifying practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred due to the cause(s) and manner stated in Part I. <input type="checkbox"/> Pronouncing (Certifying) practitioner and the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated in Part I. Mary Grace Baker (Certifier Name, Manner or Print) Mary Grace Baker (Certifier Signature) York Street (Street) New Haven (City or Town) CT (State) 06510 (ZIP) | | | | | | | |
| 49. MAILING - CERTIFIER York Street (Street) New Haven (City or Town) CT (State) 06510 (ZIP) | | | | | | | |
| THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: AUG 1 12 014 BY: Lisa D Wilson REGISTRAR | | | | | | | |
| 50. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, no diploma <input type="checkbox"/> High School Graduate(GED) <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> Master's degree <input type="checkbox"/> Unknown | | | | | | | |
| 51. DECEDENT OF HISPANIC ORIGIN? <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) | | | | | | | |
| 52. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chamorro <input type="checkbox"/> Other (Specify) | | | | | | | |
| 53. DECEDENT'S USUAL OCCUPATION Certified Public Accountant | | | | | | | |
| 54. KIND OF BUSINESS/INDUSTRY Mary Ann Dematteo, CPA | | | | | | | |
| 55. SOCIAL SECURITY NUMBER 3108 | | | | | | | |

I certify that this is a true transcript of the information recorded in this office.

Attest: *Lisa D Wilson*
Lisa D. Wilson, Registrar

Dated at New Haven, Connecticut, U.S.A., this 11 day of AUGUST 2014
NOT VALID WITHOUT SEAL OF CERTIFYING OFFICIAL