



KAREN ELLISON, RECORDER

Assessor's Parcel Number: APN 42-261-18

Recording Requested By: Carol Simas

✓ Name: Carol Simas

Address: 55 Pershing Avenue

City/State/Zip: Locust Valley, NY 11560

Real Property Transfer Tax: \$ 0

Affidavit of Death 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 3 day of March,
2015.

STEPHANIE M RANT
Notary Public, State of New York
No. 01RA6281358
Qualified In Nassau County
Commission Expires May 13, 2017


NOTARY PUBLIC

My Commission Expires: 5-13-17

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECORDED DISTRICT 2951		REGISTER NUMBER 116		1. NAME: FIRST Gladys T. MIDDLE Lewis LAST Lewis		2. SEX: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		3A. DATE OF DEATH: MONTH 01 DAY 24 YEAR 2005		3B. HOUR: 3:55 AM			
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/>		4B. IF FACILITY, DATE ADMITTED: MONTH 12 DAY 28 YEAR 2004		4C. NAME OF FACILITY: (If not facility, give address) North Shore University Hosp		4D. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> North Hempstead		4E. COUNTY OF DEATH: Nassau		4F. MEDICAL RECORD NO. 1577302		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	
5. DATE OF BIRTH: MONTH 05 DAY 26 YEAR 1928		6A. AGE IN YEARS: 76 yrs.		6B. IF UNDER 1 YEAR ENTER: months <input type="checkbox"/> days <input type="checkbox"/>		6C. IF UNDER 1 DAY ENTER: hours <input type="checkbox"/> minutes <input type="checkbox"/>		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Brooklyn, NY		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:			
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)		10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (Specify) P <input type="checkbox"/> Other Asian (Specify) R <input type="checkbox"/> Other Pacific Islander (Specify) S <input type="checkbox"/> Other (Specify)		11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> < 8th grade 2 <input type="checkbox"/> 8th-12th grade, no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree		12. SOCIAL SECURITY NUMBER: 7702		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> 1 MARRIED <input checked="" type="checkbox"/> 2 WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4 SEPARATED <input type="checkbox"/> 5		14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Charles A. Lewis	
15A. USUAL OCCUPATION: (Do not enter retired) Purchasing Agent		15B. KIND OF BUSINESS OR INDUSTRY: Perfume/Camera		15C. NAME AND LOCALITY OF COMPANY OR FIRM: Fragrance Perfume, NY, NY		16A. RESIDENCE: (State or Country if not USA) New York		16B. COUNTY OR REGION/PROVINCE if not USA: Nassau		16C. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> Oyster Bay		16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NO, SPECIFY TOWN:	
16D. STREET AND NUMBER OF RESIDENCE: 4 Anchorage Lane, Apt. 4A		16E. ZIP CODE: 11771		17. NAME OF FATHER: FIRST Percivel MI Senhouse LAST Senhouse		18. MAIDEN NAME OF MOTHER: FIRST Unknown MI Unknown LAST Unknown		19A. NAME OF INFORMANT: Charles A. Lewis		19B. MAILING ADDRESS: (include zip code) 4 Anchorage Lane, Apt. 4A, Oyster Bay, NY 11771		20A. 1 <input checked="" type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION 6 <input type="checkbox"/> ENTOMBMENT MONTH 01 DAY 27 YEAR 2005	
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Calverton National Cemetery		20C. LOCATION: (City or town and state) Calverton, NY		21A. NAME AND ADDRESS OF FUNERAL HOME: Oyster Bay Funeral Home, 261 South St., Oyster Bay, NY 11771		21B. REGISTRATION NUMBER: 01390		22A. NAME OF FUNERAL DIRECTOR: Louis G. Pillari		22B. SIGNATURE OF FUNERAL DIRECTOR: <i>[Signature]</i>		22C. REGISTRATION NUMBER: 03166	
23A. SIGNATURE OF REGISTRAR: <i>[Signature]</i>		23B. DATE FILED: MONTH 01 DAY 25 YEAR 2005		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: <i>[Signature]</i>		24B. DATE ISSUED: MONTH 01 DAY 25 YEAR 2005		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: DAVID MMELETT License No.: 229697 Signature: <i>[Signature]</i> Month 1 Day 24 Year 2005 Certifier's Title: 0 <input type="checkbox"/> Attending Physician 0 <input checked="" type="checkbox"/> Physician acting on behalf of Attending Physician Address: 300 COMMUNITY DRIVE MANHASSET 1 <input type="checkbox"/> Coroner 2 <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner 25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: 14435701 Signature: <i>[Signature]</i> Address: 600 Northern Blvd Great Neck 11021 25C. If certifier is not attending physician, enter Attending Physician's name & title: Heiner Robert License No.: 14435701 Address: 600 Northern Blvd Great Neck 11021					
26A. Attending physician attended deceased: FROM 12 28 2004 TO 01 24 2005		26B. Deceased last seen alive by attending physician: Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>		26C. Pronounced Dead by M.E. or Coroner: MONTH <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/>		27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input type="checkbox"/> 6		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 <input checked="" type="checkbox"/> NO 1 <input type="checkbox"/> YES		29A. AUTOPSY? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>		29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES	
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: (A) CARDIOPULMONARY ARREST (B) PANCREATIC CANCER (C)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):		DID TOBACCO USE CONTRIBUTE TO DEATH? 0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> PROBABLY 3 <input checked="" type="checkbox"/> UNKNOWN		31A. IF INJURY, DATE: MONTH <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/>		31B. INJURY LOCALITY: (City or town and county and state)		31C. DESCRIBE HOW INJURY OCCURRED:		31D. PLACE OF INJURY: 0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES	
31E. INJURY AT WORK? 0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES		32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		33A. IF FEMALE: 0 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 3 <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death 4 <input type="checkbox"/> Unknown if pregnant within past year		33B. DATE OF DELIVERY: MONTH <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/>		33C. DATE OF DEATH: MONTH <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/>		33D. TIME OF DEATH: AM <input type="checkbox"/> PM <input type="checkbox"/>		33E. NAME OF DECEASED: Gladys T. Lewis	



This is to certify that this is a true and correct copy of the original Certificate of Death on file in the Office of the Registrar, Town of North Hempstead, County of Nassau, State of New York.

District # 2951 Signature: *Michelle Schimel*

Date: JAN 25 2005

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. 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. 018 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. 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 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".

A Portion of APN 42-261-18

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
CLERK OF OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

88 AUG 19 12:43

SUZANNE BEAUDREAU
RECORDER

LORE PAIS DEPUTY

184638

BOOK 888 PAGE 3113