

16
First Foundation
18101 Von Karman Ave
Suite 700
Irvine, CA 92612

DOUGLAS COUNTY, NV 2015-860178
Rec:\$16.00
Total:\$16.00 04/14/2015 03:53 PM
JACK STEMPER Pgs=3

APN: 42-287-08-15
1319-30-644-092
Recording Requested by: PTN
Jack Stemper
12274 Circula Panorama
Santa Ana, CA 92705



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

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

1. My name is Beverly J. Stemper and I reside at 6123 27th Street E, Ellenton, FL.
2. I owned real property as a joint tenant with David J. Stemper, such real property located in Douglas County, State of Nevada, described as follows:
SEE ATTACHED LEGAL DESCRIPTION-EXHIBIT A.
Title deed is recorded in Book 392, Page 2090 in the office of the register of deeds in the county and state aforesaid.
3. David J. Stemper, my joint tenant identified above, departed this life on the 26th day of March, 1999. A copy of the death certificate is attached.
4. On the date of the death of David J. Stemper, the above described real estate was owned by David J. Stemper and Beverly J. Stemper, 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.

Dated this the 18 day of MARCH, 2015.

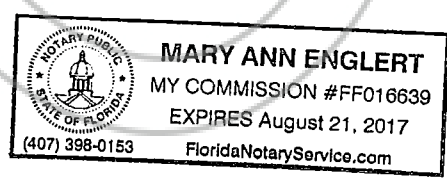
Beverly J. Stemper
Affiant, Beverly J. Stemper

STATE OF FLORIDA)

COUNTY OF MANATEE)

SWORN TO AND SUBSCRIBED before me this the 18 day of MARCH, 2015.

Mary Ann Englert
NOTARY PUBLIC



My Commission Expires: 8-21-2015

AFFIDAVIT OF DEATH OF JOINT TENANT—EXHIBIT A

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows:

(A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and

(B) Unit No. 182 as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 37 only, for one week each year in the PRIME "Season" as defined in and in accordance with said Declarations.

A portion of APN: ~~42-287-08-JS~~

1319-30-644-092 PTN

1 DECEASED NAME FIRST MIDDLE LAST David J. STEMPER		2 SEX male	3 DATE OF DEATH (Month, Day, Year) March 26, 1999
4 DATE OF BIRTH (Month, Day, Year) Nov. 5, 1934	5 AGE - Last Birthday 64	6 RACE - White, Black, American Indian, Other (Specify) White	7 OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8 COUNTY OF DEATH Fairfield	9 TOWN OF DEATH Danbury	10 PLACE OF DEATH (Check One) Hospital: Danbury <input type="checkbox"/> OOA <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/outpatient	11 OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other
12 CITY & STATE OF BIRTH (COUNTRY IF NOT U.S.) Milwaukee, Wisconsin	13 CITIZEN OF (Country) USA	14 <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED	15 LAST SPOUSE (If wife, give maiden name) Beverly Fritz
16 SOCIAL SECURITY NUMBER [REDACTED]-9857	17 USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Certified General Appraiser	18 KIND OF BUSINESS OR INDUSTRY Real Estate	
19 RESIDENCE STATE Connecticut	20 COUNTY Fairfield	21 TOWN Ridgefield	22 NUMBER AND STREET 442 Barrack Hill Road
23 WAS DECEASED A VETERAN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24 IF YES GIVE WAR Cuban Crisis	25 BRANCH OF SERVICE US Airforce	26 EDUCATION (Specify Highest Grade Completed): Primary/Secondary: 12 College: 4 0
27 FATHER - NAME FIRST MIDDLE LAST John Stemper	28 MOTHER FIRST MIDDLE MAIDEN Bernice Hoffman	29 INFORMANT - NAME MAILING ADDRESS RELATIONSHIP TO DECEASED Beverly J. Stemper-442 Barrack Hill Road-Ridgefield, CT 06877-Spouse	
30 PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) IMMEDIATE CAUSE ARTERIOSCLEROTIC HEART DISEASE			31 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
32 CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)			
33 PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (I)		34 AUTOPSY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	35 INJURY AT WORK <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
36 ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (Specify)	37 DATE OF INJURY (Mo., Day, Yr.)	38 HOUR	39 HOW INJURY OCCURRED (Enter Nature of Injury Part I or Part II, Item 28)
40 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify)	41 LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
42 NURSE PRONOUNCEMENT TYPE OR PRINT NAME	43 DEGREE	44 SIGNATURE	45 DATE AND TIME PRONOUNCED MONTH DAY YEAR TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
46 CERTIFICATION-MEDICAL EXAMINER: In my opinion on the date and due to the causes stated, death resulted or, deceased was found dead on or about 43	47 MONTH DAY YEAR TIME	48 THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR TIME	49 M. E. CASE NO.
50 CERTIFIER - NAME (type or print)	51 SIGNATURE	52 TITLE	
53 MAILING ADDRESS - CERTIFIER (STREET OR R.F.D. NO.)	54 CITY OR TOWN	55 STATE	56 ZIP
57 DATE SIGNED (Month, Day, Year)	58		
59 BURIAL, CREMATION, REMOVAL	60 CEMETERY OR CREMATORY - NAME	61 LOCATION (CITY OR TOWN) (STATE)	
62 DATE (MONTH, DAY, YEAR)	63 FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	64	
65 FUNERAL DIRECTOR OR EMBALMER - SIGNATURE	66 NAME OF EMBALMER (IF BODY WAS EMBALMED)	67 LICENSE NUMBER	
68 THIS CERTIFICATE RECEIVED FOR RECORD ON	69 BY	70	

I certify that this is a true transcript of the information on the vital record as recorded in this office.

Attest: *Capital B. [Signature]* Registrar of Vital Statistics.

Dated: MAR 23 2015 Town of Danbury