

APN# 1319-30-124-008 PTN

**Recording Requested by/Mail to:**

Name: Vicki L Smith

Address: 2789 JEROME

City/State/Zip: POCATELLO, ID 83201

**Mail Tax Statements to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



00022513201508698530050056

KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

**Title of Document** (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17 150(4)

Military Discharge – NRS 419.020(2)

Vicki L. Smith

Signature

Vicki L Smith

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA }  
COUNTY OF DOUGLAS } SS

BEFORE ME, the undersigned Notary Public, personally appeared, VICKI L. SMITH, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is VICKI L. SMITH and I reside at 2789 TEROME ST, POCA TELLO, ID 83201
2. I owned real property as a joint tenant with GARY L. SMITH, such real property located in DOUGLAS County, State of NEVADA, described as follows:

See Attached Legal Description.

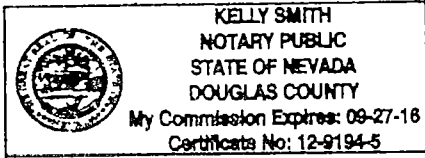
Title deed is recorded in Book 914, Page 3976 in the office of the register of deeds in the county and state aforesaid.

3. GARY L. SMITH, my joint tenant identified above, departed this life on the 22 day of MAY, 2015. A copy of the death certificate of GARY L SMITH is attached.
4. On the date of the death of GARY L SMITH, the above described real estate was owned by GARY L SMITH and VICKI SMITH, RYAN SMITH, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.  
→ STACEI TETHEROW SMITH
5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 21<sup>st</sup> day of SEPTEMBER, 2015.

Vicki L. Smith  
Affiant Vicki L. Smith

SWORN TO AND SUBSCRIBED before me this the 21<sup>st</sup> day of SEPTEMBER  
20 15.



  
NOTARY PUBLIC

My Commission Expires: 9/27/16

COPY

EXHIBIT "A" (34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/38th interest in and to Lot 34 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 001 to 038 as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 007 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 recorded February 21, 1984 as Document No. 097150 and as amended by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-261-07

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

92 OCT 29 AM 10:29

SUZANNE BEAUDREAU  
RECORDER  
#6 PAID *KJ* DEPUTY **291978**  
BOOK 1092 PAGE 5384

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA  
**CERTIFICATE OF DEATH**

2015008964

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF "RESIDENCE" ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gary L SMITH</b>		2 DATE OF DEATH (Mo/Day/Year) <b>May 22, 2015</b>		3a COUNTY OF DEATH <b>Washoe</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and <b>Renown Regional Medical Center</b>		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) <b>66</b>	
9a STATE OF BIRTH (If not U S A, <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION	
13 SOCIAL SECURITY NUMBER <b>██████████0061</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Registered Nurse</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a RESIDENCE - STATE <b>Idaho</b>		15b. COUNTY <b>Bannock</b>		15c CITY, TOWN OR LOCATION <b>Pocatello</b>	
15d STREET AND NUMBER <b>2789 JEROME STREET</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>April 04, 1949</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>VERNON C SMITH</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>EVELYN FAYE MORLEY</b>		
18a INFORMANT- NAME (Type or Print) <b>VICKY L SMITH</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State Zip) <b>2789 JEROME STREET Pocatello, Idaho 83201</b>			
19a BURIAL, CREMATION, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LEWIS NOEL</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>621</b>		20c NAME AND ADDRESS OF FACILITY <b>Ross, Burke and Knobel Mortuary, Reno 2155 Kietzke Lane Reno NV 89502</b>	
20a SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>ELLEN G.I. CLARK M.D.</b>			22a. 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) stated. (Signature & Title) <b>ELLEN G.I. CLARK M.D.</b>		
21b DATE SIGNED (Mo/Day/Yr) <b>May 26, 2015</b>			22b DATE SIGNED (Mo/Day/Yr) <b>May 26, 2015</b>		
21c HOUR OF DEATH			22c HOUR OF DEATH <b>10:37</b>		
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d PRONOUNCED DEAD (Mo/Day/Yr) <b>May 22, 2015</b>		
22e PRONOUNCED DEAD AT (Hour) <b>10:37</b>			23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Ellen G.I Clark M D PO Box 11130 Reno, NV 89520</b>		
23b LICENSE NUMBER <b>5850</b>			24a REGISTRAR (Signature) <b>BRIDGES SANDI</b>		
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 29, 2015</b>			24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER-LINE FOR (a), (b), AND (c))					
PART I (a) <b>Cerebral Hemorrhage And Facial Fractures</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(b) <b>Blunt Force Trauma</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(c)					
DUE TO, OR AS A CONSEQUENCE OF					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Hepatic Cirrhosis, Heart Arrhythmias, Pulmonary Hypertension, Arteriosclerotic Cardiovascular Disease</b>				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a ACC SUICIDE HOM, UNDET OR PENDING INVEST (Specify) <b>ACCIDENT</b>			
28b DATE OF INJURY (Mo/Day/Yr) <b>May 06, 2015</b>		28c HOUR OF INJURY <b>0738</b>		28d DESCRIBE HOW INJURY OCCURRED <b>Ground Level Fall With Co-Morbidities</b>	
28e INJURY AT WORK (Specify Yes or No) <b>No</b>		28f PLACE OF INJURY- At home, farm, street, factory, office building, etc, (Specify) <b>Ridge Tahoe Resort</b>		28g LOCATION STREET OR R.F.D. No CITY OR TOWN STATE <b>400 Ridge Club Dr Stateline Nevada</b>	

STATE REGISTRAR

3833862

VRS-Rev-20120523a

000187755

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

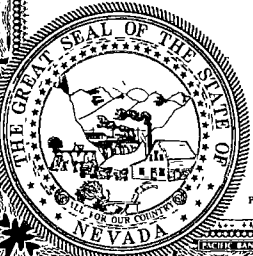
5/29/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED  
PBCO (REV) 0312

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE