

RECORDING REQUESTED BY:

Arlene Hume

AND WHEN RECORDED MAIL TO:

LT Transfers
4513 Hwy 129 North
Cleveland, GA 30528

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Arlene E. Hume of legal age, being first duly sworn, deposes and says:
That **Elwood Hume** is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain deed dated December 16, 1991, executed by Harich Tahoe Developments, to **Elwood Hume and Arlene E. Hume, Husband and Wife as joint tenants with right of survivorship**, recorded on December 26, 1991, as Instrument No. 267834, Official Records of Douglas County, Nevada, covering the following described property located in Douglas County, Nevada:

An undivided 1/106th interest, as tenants-in-common, in and to **Lot 37** as shown on Tahoe Village Unit No. 3, Tenth Amended Map, recorded September 21, 1990, as Document No. 235008, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, State of Nevada. Unit No. 163 as shown and defined on said last Condominium Plan.

APN: 1319-60-644-072
Property Address: 400 Ridge Club Drive, Stateline, Nevada 89449

Dated: 8-29-15

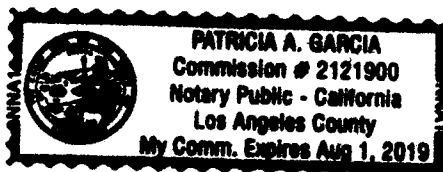
Arlene E. Hume
Arlene E. Hume, Affiant

State of California
County of Los Angeles

Subscribed and sworn to before me on this 29th day of August, 2015, by **Arlene E. Hume** proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. WITNESS my hand at office, this 29th day of August, 2015.

Patricia Garcia
Notary Public signature

Patricia Garcia
Notary printed name
My commission expires: Aug. 1, 2019



**STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEDOUTS OR ALTERATIONS
VS-11 (REV 1/04)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) ELWOOD		2. MIDDLE KINGSFORD	
3. LAST (Family) HUME		AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)	
4. DATE OF BIRTH mm/dd/yyyy 07/16/1930		5. AGE Yrs. 75	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 04/03/2006	
8. HOUR (24 Hours) 1630		9. BIRTH STATE/FOREIGN COUNTRY WA	
10. SOCIAL SECURITY NUMBER ---3570		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		13. EDUCATION -- Highest Level/Degree (see worksheet on back) HS GRADUATE	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> CAUCASIAN	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED TRUCK DRIVER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HOUSE HOLD GOODS	
19. YEARS IN OCCUPATION 54		20. DECEDENT'S RESIDENCE (Street and number or location) 11528 STARLIGHT AVE.	
21. CITY WHITTIER		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90604		24. YEARS IN COUNTY 6	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ARLENE HUME, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 11528 STARLIGHT AVE., WHITTIER, CA 90604		28. NAME OF SURVIVING SPOUSE -- FIRST ARLENE	
29. MIDDLE -		30. LAST (Maiden Name) EASTMAN	
31. NAME OF FATHER -- FIRST JAMES		32. MIDDLE -	
33. LAST HUME		34. BIRTH STATE WA	
35. NAME OF MOTHER -- FIRST MARGARITE		36. MIDDLE S.	
37. LAST (Maiden) STEPHENS		38. BIRTH STATE MO	
39. DISPOSITION DATE mm/dd/yyyy 04/06/2006		40. PLACE OF FINAL DISPOSITION RES:ARLENE HUME, 11528 STARLIGHT AVE., WHITTIER, CA 90604	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY	
45. LICENSE NUMBER FD-1289		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE mm/dd/yyyy 04/05/2006		101. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 11528 STARLIGHT AVE.	
106. CITY WHITTIER		107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. COLON CANCER	
108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) 3 YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy 03/08/2006 Decedent Last Seen Alive (B) mm/dd/yyyy 04/01/2006		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> HELMUT MACHOWSKY, M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE H. MACHOWSKY M.D., 15050 IMPERIAL HWY., LA MIRADA, CA 90638		117. DATE mm/dd/yyyy 04/05/2006	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. LICENSE NUMBER C29210	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR A B C D E		FAX AUTH. # 312-5130	
CENSUS TRACT		*H D 0 2 7 4 1 5 2*	

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED

Director of Health Services and Registrar

[Signature] APR 13 2006

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

