

DOUGLAS COUNTY, NV

2015-871939

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10/29/2015 09:41 AM

SUMDAY VACATIONS

KAREN ELLISON, RECORDER

Space above this line for Recorder's use only

Return To: Sunday Vacations
14788 Business 13
Branson West, MO 65737

Affidavit Terminating Joint Tenancy Cover Page

Affiant: Helen Sanderson

September 1, 2015

Return recorded affidavit to:
Sunday Vacations
14788 Business Hwy 13
Branson West, MO 65737

State of California
County of Alameda

AFFIDAVIT TERMINATING JOINT TENANCY

Before me, the undersigned Notary Public, personally known to me, appeared Helen M. Sanderson (hereinafter "Affiant"), who first being duly sworn, deposes and says that Affiant has personal knowledge of the facts and matters set forth herein.

1. Affiant is over the age of eighteen (18) years of age and resides at :

3032 Mills Brae Ave.
Oakland, CA 94605

- 2. Affiant further states that he is executing this Affidavit for the purpose of establishing in the Public Records that Affiant is one of the grantees in that certain deed recorded on August 6, 1997 in Deed Book 0897, At Page 0922 in Osceola County, Florida.
- 3. That the Affiant was one of the grantees named in said deed and was the identical person named as joint tenant with Barbara J. Loche, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made part hereof.

EXHIBIT "A"
DESCRIPTION SHEET

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

A Time Share interest comprised of the following:

PARCEL ONE:

(a) An undivided 1/51st interest in and to that certain condominium estate described as follows: Condominium Unit No. 19, Building B, as set forth in the condominium map of Lot 33, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records of Douglas County, State of Nevada, during ONE (1) "use period" within the Summer "season" as defined in the Declaration of Time Share Covenants, Conditions and Restrictions, originally recorded on April 5, 1983 as Document No. 78473, and as rerecorded May 24, 1983 as Document No. 80819, Official Records of Douglas County, State of Nevada, and the Declaration of Time Share Covenants, Conditions and Restrictions recorded on October 24, 1983 as Document No. 89976 and as amended by the First Amendment to Declaration of Time Share Covenants, Conditions and Restrictions recorded on November 10, 1983 as Document No. 090832 in the Office Records of Douglas County, State of Nevada.

(b) An undivided 1/11th interest in and to the common area designated, depicted and described in the condominium map of Lot 33, Building B, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL TWO:

A: A non-exclusive right to use the "Special Common Area" as define, and for the purposes and on the terms and conditions set forth, in that certain Declaration of Annexation (Tahoe Summit Village) and Grant, Bargain and Sale Deed recorded May 27, 1987 in Book 587 at Page 2664 as Document No. 155368, Official

Records of Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL THREE:

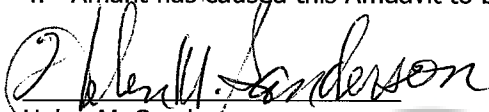
A non-exclusive right to use the real property known as Common Area on the official map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, Official Records of Douglas County, State of Nevada, as amended and modified, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973 as Document No. 63681, Official Records of Douglas County, State of Nevada, and as amended by instruments recorded with said County and State on September 28, 1973 as Document No. 69063 in Book 973, Page 812 and July 2, 1976 as Document No. 01472 in Book 776, Page 87 of Official Records of Douglas County, State of Nevada during and for the "Use Period" set forth in subparagraph (a) above.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said Use Period within said season.


A Portion of APN 41-290-10.

END OF EXHIBIT A

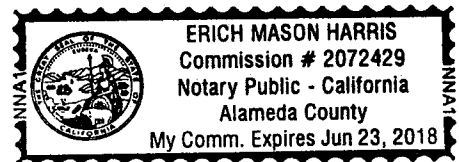
4. Affiant has caused this Affidavit to be executed this 1st day of September, 2015


Helen M. Sanderson

On this 1st day of September 2015, before me personally appeared Patricia Bates, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that they/he executed the same as his/their free act and deed.


Notary Public

My Commissions Expires: June 23, 2018



CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200701003432

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-TMBEV 1001		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) BARBARA		2. MIDDLE JEAN		3. LAST (Family) LOCHE	
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 08/25/1936		5. AGE Yrs. 70
	9. BIRTH STATE/FOREIGN COUNTRY AR		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS (at Time of Death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 05/18/2007		8. HOUR (24 Hours) 1116	
USUAL RESIDENCE	13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) BLACK	
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HUMAN RESOURCES		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTH CARE		19. YEARS IN OCCUPATION 40	
	20. DECEDENT'S RESIDENCE (Street and number or location) 6901 SUNKIST DRIVE					
	21. CITY OAKLAND		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94605	
SPOUSE AND PARENT INFORMATION	24. INFORMANT'S NAME, RELATIONSHIP JOHN LAWSON, FRIEND		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 8377 SUNKIST DRIVE, OAKLAND, CA 94605			
	28. NAME OF SURVIVING SPOUSE - FIRST -		29. MIDDLE -		30. LAST (Maiden Name) -	
	31. NAME OF FATHER - FIRST CHESTER		32. MIDDLE GEORGE		33. LAST HAYMON	
	34. BIRTH STATE AR		35. NAME OF MOTHER - FIRST BERNIECE		36. MIDDLE -	
FUNERAL DIRECTORY LOCAL REGISTRAR	37. LAST (Maiden) SANDERS		38. BIRTH STATE AR		39. DISPOSITION DATE mm/dd/yyyy 05/25/2007	
	40. PLACE OF FINAL DISPOSITION MOUNTAIN VIEW CEMETERY 5000 PIEDMONT AVE., OAKLAND, CA 94611		41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER GREGORY ATKINS	
	43. LICENSE NUMBER 7340		44. NAME OF FUNERAL ESTABLISHMENT WHITTED-WILLIAMS FUNERAL HOME		45. LICENSE NUMBER FD837	
	46. SIGNATURE OF LOCAL REGISTRAR ANTHONY ITON, M.D.		47. DATE mm/dd/yyyy 05/22/2007		48. DATE mm/dd/yyyy 05/22/2007	
PLACE OF DEATH	101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 280 WEST MACARTHUR BLVD.		106. CITY OAKLAND	
	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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RESPIRATORY ARREST (B) OVARIAN CANCER		108. DEATH REPORTED TO CORONER (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) MIN MOS		109. BIOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	110. AUTOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO	
PHYSICIAN'S CERTIFICATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) YES: 05/08/2007 HYSTERECTOMY; BILATERAL SALPINGO-OOPHORECTOMY; TUMOR DEBULKING		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		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: <input type="checkbox"/> Decedent Last Seen At: <input type="checkbox"/>	
	115. SIGNATURE AND TITLE OF CERTIFIER GIUSEPPE CIARAVINO M.D.		116. LICENSE NUMBER A63443		117. DATE mm/dd/yyyy 05/22/2007	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GIUSEPPE CIARAVINO M.D. 280 WEST MACARTHUR BLVD, OAKLAND, CA 94611		119. 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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		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.)	
CORONERS USE ONLY	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	
	STATE REGISTRAR		A B C D E		FAX AUTH. #	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 05/22/2007

Anthony Iton, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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

