

A portion of
APN# 1319-30-724-014



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Susan K. Andersen, Attorney at Law

Address: 2686 S.W. Vista Ave.

City/State/Zip: Portland, OR 97201

Mail Tax Statements to:

Name: Sandra Criscenti

Address: 33396 Rotterdam St.

City/State/Zip: Scappoose, OR 97056

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)

Susan K. Andersen
Signature

Susan K. Andersen
Printed Name

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

\$1.00 Additional Recording Fee for Use of This Page

Affidavit of Death of Joint Tenant

STATE OF Oregon)
)ss
COUNTY OF Washington)

I, **Sandra N. Criscenti**, residing at 3396 Rotterdam Rd., Scappoose, Oregon 97056, being of legal age, depose and say:

That **Frank D. Criscenti**, residing at 34296 Sykes Rd., Scappoose, Oregon 97051 at the time of his death, died on January 30, 2012 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent and I owned the following property described in the real property deed attached hereto and incorporated herein as joint tenants with right of survivorship;
as document # 328830 on Jan 31, 1994 as Frank D Criscenti & Sandra Criscenti, Husband & Wife See Ex A attached

That I am the successor to the estate of the decedent and to the decedent's interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Oregon for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Oregon law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

October 15, 2015

Sandra N. Criscenti
Sandra N. Criscenti

STATE OF OREGON, COUNTY OF WASHINGTON, ss:

This Affidavit was acknowledged before me on this 15 day of Oct, 2015 by **Sandra N. Criscenti**, who, being first duly sworn on oath according to law, deposes and says that she has read the foregoing Affidavit subscribed by her, and that the matters stated herein are true to the best of her information, knowledge and belief.

Susan K. Andersen
Notary Public for Oregon
My commission expires 13 Apr 19



CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

610972

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Frank, Middle: D., Last: Criscenti, Suffix:				2. Death Date January 30, 2012	
3. Sex Male		4. Age 80 years		5. Social Security Number [REDACTED]-4913	
6. County of Death Columbia		7. Birthdate January 13, 1932		8. Birthplace Detroit, Michigan	
9. Decedent's Education Associate's degree		10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? Yes		13. Residence: Number and Street 34296 Sykes Road		14. City/Town St. Helens	
15. Residence County Columbia		16. State or Foreign Country Oregon		17. Zip Code + 4 97051	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Sandra Sleight	
21. Usual Occupation Supervisor		22. Kind of Business/Industry Vocational Instruction			
23. Father's Name Dominic Criscenti			24. Mother's Name Prior to First Marriage Frances Barressi		
25. Informant's Name Sandra Criscenti		26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address 34296 Sykes Road, St. Helens, OR 97051					
29. Place of Death Decedent's Residence - Hospice		30. Facility Name		31. Location of Death 34296 Sykes Road	
32. City/Town or Location of Death St. Helens		33. State Oregon		34. Zip Code + 4 97051	
35. Method of Disposition Burial		36. Place of Disposition Columbia Memorial Gardens		37. Location Scappoose, Oregon	
38. Name and Complete Address of Funeral Facility Columbia Funeral Home & Cremation Center, 681 Columbia Boulevard, St. Helens, Oregon 97051					
39. Date of Disposition February 03, 2012		40. Funeral Director's Signature <i>John L. Potter</i>		41. OR License Number CO-3312	
42. Registrar's Signature <i>Elizabeth E. Huser</i>		43. Date Received Feb. 10, 2012		44. Local File Number #31	
45. Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAUSE OF DEATH					
49. Time of Death 4:13P					Approximate Interval: Onset to Death
60. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate Interval: Onset to Death
Final disease or condition resulting in death → Chronic Lymphoid Leukemia					5 years
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).					
61. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
62. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		63. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		64. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
65. Date of Injury (MM/DD/YYYY)		66. Time of Injury		67. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
68. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
69. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)					
70. Describe how injury occurred					
71. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
72. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Douglas M. Laskowski, 3600 N Interstate Ave, Portland OR 97227					
73. Name and Title of Attending Physician if Other than Certifier					
74. Title of Certifier MD		75. License Number MD12334		76. Date Signed (MM/DD/YYYY) 2/7/2012	
77. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			78. Medical Examiner - 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) and manner stated.		
79. Amendment					

399428

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/05)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE COLUMBIA COUNTY REGISTRAR.

DATE ISSUED: Feb. 10, 2012

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Elizabeth E. Huser
ELIZABETH E. HUSER
COUNTY REGISTRAR
COLUMBIA COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

(34)

An undivided 1/102nd 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, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 013 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 August 21, 1984, as Document No. 097150, 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, in Lot 34 only, for one week every other year in Odd -numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

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