

APN# 1319-30-644-043

**Recording Requested by/Mail to:**

Name: GroupWise, Inc.

Address: 701 N. Hermitage Road Suite 26

City/State/Zip: Hermitage, PA 16148

**Mail Tax Statements to:**

Name: Ridge Tahoe Property Owner's Assoc.

Address: PO Box 5721

City/State/Zip: Stateline, NV 89449-5721

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)

Jodi Snyder  
Signature

Jodi Snyder  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$1.00 Additional Recording Fee for Use of This Page

APN: 1319-30-644-043  
Recording requested by, and please  
send recorded document and  
future tax statements to:  
GroupWise, Inc.  
701 N. Hermitage Rd. Ste. 26  
Hermitage, PA 16148

STATE OF )  
COUNTY OF )

Affidavit of Death of Joint Tenant  
Under NRS § 111.365

The affiant, Patricia T. Larsen, *wife*, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Norbert W. Larsen, *husband*, the decedent mentioned in the attached certified certificate of death, who died on *May 11, 2015*, in *Community Medical Center, Clavis Ca.*, is the same person as Norbert W. Larsen.
3. That the affiant and the decedent were both grantees in that certain Grant deed dated November 5, 1988, recorded on November 15, 1988, as book/page 1188/2019 - 2020 or instrument # 190696 in the records of Douglas County, Nevada, and executed by the grantor(s) Harich Tahoe Deveopments to the grantee(s) Norbert W. Larsen and Patricia T. Lasrsen as Husband and Wife as JTWROS covering the real property commonly known as The Ridge Tahoe, City of County of Douglas, State of Nevada, more particularly described as: See attached Exhibit "A"

4. That the relationship between the affiant and the decedent was that of: Husband and Wife

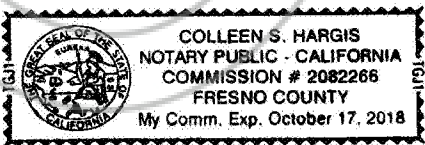
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this *8* day of *Jan*, 2016.

*Patricia T. Larsen*  
\_\_\_\_\_  
Affiant  
Patricia T. Larsen  
\_\_\_\_\_  
Print name

Subscribed and sworn to before me on *1/8/16* by Patricia T. Larsen

*Colleen S. Hargis*  
\_\_\_\_\_  
Notary Public  
*10/17/2018*  
\_\_\_\_\_  
Commission expiration date



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of FRESNO

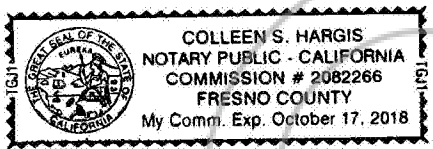
On 11/8/2016 before me, Colleen S Hargis Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared PATRICIA T LARSEN  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Colleen S Hargis  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

- Signer's Name: \_\_\_\_\_
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

- Signer's Name: \_\_\_\_\_
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

EXHIBIT "A"

A Timeshare Estate comprised of:

**PARCEL ONE:**

An undivided 1/51<sup>st</sup> interest in and to that certain condominium as follows:

- (a) An undivided 1/106<sup>th</sup> interest, as tenants-in-common, in and to Lot 37 of Tahoe Village Unit No. 3, as shown on the Ninth Amended Map, recorded July 14, 1988, as Document No. 182057, 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, Nevada.
- (b) Unit No. 076 as shown and defined on said Condominium Plan.

**PARCEL TWO:**

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Documents No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modification thereof recorded September 28, 1973, as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

**PARCEL THREE:**

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots, 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh-Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada and such recreational areas as may become a part of said timeshare project, for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

**PARCEL FOUR:**

- (A) A non-exclusive easement for roadway and public utility purposes as granted by Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, - and-
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

**PARCEL FIVE:**

The exclusive right to use a unit of the same Unit Type as described in the Declaration of Annexation of the Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three, and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use week within the PRIME SEASON, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

A Portion of AMP 42-284-10

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF FRESNO**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FRESNO, CALIFORNIA**

3052015099217

**CERTIFICATE OF DEATH**

3201510002613

1. NAME OF DECEDENT - FIRST (Given) <b>NORBERT</b>		2. MIDDLE <b>WILLIAM</b>		3. LAST (Family) <b>LARSEN</b>		LOCAL REGISTRATION NUMBER <b>3201510002613</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy <b>02/23/1935</b>		5. AGE Yrs. <b>80</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>IA</b>		10. SOCIAL SECURITY NUMBER <b>6356</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SPOF (at Time of Death) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree (See instructions on back) <b>DOCTORATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/11/2015</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>GEOLOGIST</b>				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>GEOLOGY</b>		8. HOUR (24 Hours) <b>1715</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>4606 N. KITTYHAWK AVE.</b>				21. CITY <b>SANGER</b>		22. COUNTY/PROVINCE <b>FRESNO</b>	
23. ZIP CODE <b>93657</b>				24. YEARS IN COUNTY <b>50</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>PATRICIA LARSEN, WIFE</b>				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>4606 N. KITTYHAWK AVE., SANGER, CA 93657</b>			
28. NAME OF SURVIVING SPOUSE/SPOF - FIRST <b>PATRICIA</b>		29. MIDDLE <b>TENNEY</b>		30. LAST (BIRTH) NAME <b>TENNEY</b>		31. BIRTH STATE <b>IA</b>	
31. NAME OF FATHER/PARENT - FIRST <b>EUGENE</b>		32. MIDDLE <b>VINCENT</b>		33. LAST <b>LARSEN</b>		34. BIRTH STATE <b>IA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>MARY</b>		36. MIDDLE <b>REYNOLDS</b>		37. LAST (BIRTH) NAME <b>REYNOLDS</b>		38. BIRTH STATE <b>IA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>05/20/2015</b>		40. PLACE OF FINAL DISPOSITION RESIDENCE OF PATRICIA LARSEN <b>4606 N. KITTYHAWK AVE., SANGER, CA 93657</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>WALLIN'S SANGER FUNERAL HOME</b>		45. LICENSE NUMBER <b>FD502</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>KENNETH D BIRD, MD MPH</b>		47. DATE mm/dd/yyyy <b>05/20/2015</b>	
101. PLACE OF DEATH <b>COMMUNITY MEDICAL CENTER - CLOVIS</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <b>CLOVIS</b>			
104. COUNTY <b>FRESNO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2755 HERNDON AVE.</b>		106. CITY <b>CLOVIS</b>			
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT list terminal events such as cardiac arrest, respiratory arrest, or ventilator dislodgment without showing the etiology. DO NOT ABBREVIATE. <b>CARDIOPULMONARY ARREST</b>		108. DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DATE mm/dd/yyyy <b>15-05-094</b>			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ACUTE ANTERIOR WALL MYOCARDIAL INFARCTION</b>		108. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>CORONARY ARTERY DISEASE</b>		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>PULMONARY HEMORRHAGE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? If yes, list type of operation and date. <b>STENT PLACEMENT, BRONCHOSCOPY 05/11/2015</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES SPOED. Decedent Last Seen Alive (A) mm/dd/yyyy <b>05/11/2015</b> (B) mm/dd/yyyy <b>05/11/2015</b>			
115. SIGNATURE AND TITLE OF CERTIFIER <b>BIPIN K JOSHI M.D.</b>		116. LICENSE NUMBER <b>A44090</b>		117. DATE mm/dd/yyyy <b>05/19/2015</b>			
118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES SPOED. 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		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>BIPIN K JOSHI M.D. 7215 N FRESNO # 103, FRESNO, CA 93720</b>		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		122. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
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	
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORDS**  
**STATE OF CALIFORNIA, COUNTY OF FRESNO**

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.



DATE ISSUED **MAY 29, 2015**

COUNTY HEALTH OFFICER  
 REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

