

DOUGLAS COUNTY, NV

2016-881788

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\$18.00 Pgs=5

06/06/2016 08:59 AM

GROUPWISE, INC

KAREN ELLISON, RECORDER

RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

APN# 42-190-20

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrrealprop/ownr.aspx>)

TITLE OF DOCUMENT

(DO NOT Abbreviate)

Affidavit of Death of Joint Tenant

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

RECORDING REQUESTED BY:

GroupWise, Inc.

RETURN TO: Name GroupWise, Inc.

Address 701 N. Hermitage Road, Suite 26

City/State/Zip Hermitage, PA 16148

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name Carl W. Thoms and Jean M. Thoms

Address PO Box 5491

City/State/Zip Incline Village, NV 89450

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.

P:\Common\Forms & Notices\Cover Page Template Feb2014

APN: 31-094-08-02

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 CALIFORNIA)
COUNTY OF SANTA CLARA)

Affidavit of Death of Joint Tenant
Under NRS § 111.365

The affiant, Lois E. Hoyt, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Dale E. Hoyt, the decedent mentioned in the attached certified certificate of death, who died on 03/17/2007, in SANTA CLARA VALLEY MEDICAL CENTER, is the same person as Dale E. Hoyt
3. That the affiant and the decedent were both grantees in that certain Grant deed dated December 16, 1985, recorded on December 17, 1985, as book/page 1285/1314 - 1315 or instrument # 128258 in the records of Douglas County, Nevada, and executed by the grantor(s) Harich Tahoe Developments to the grantee(s) Dale E. Hoyt and Lois E. Hoyt as Husband and Wife as JTWROS covering the real property commonly known as 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 as Joint Tenants with right of survivorship

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 _____ day of _____, 20__.

Lois E. Hoyt
Affiant

Lois E. Hoyt

Print name LOIS E. HOYT

Subscribed and sworn to before me on 01/14/16 by Lois E. Hoyt

Danni Kluu

Notary Public 10/14/18

Commission expiration date

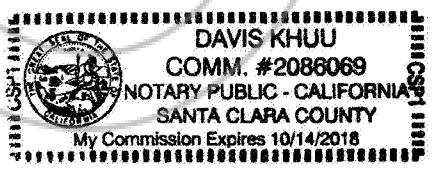


EXHIBIT "A"

A Timeshare Estate comprised of:

Parcel One:

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

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 31 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 81 to 100. Amended Map and as corrected by said Certificate of Amendment.**
- (b) Unit No. 094-08 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.**

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 Document 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 modification thereof recorded September 28, 1973, as Documents 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 use and enjoyment and incidental purposes over, on and through Lots, 29, 39, 40, and 41 as shown on said Tahoe Village Unit No. 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

Parcel Four:

- (a) A non-exclusive easement for roadway and public utility purposes as granted to 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, M.D.M., - and-**
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612, and amended by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, Official Records, Douglas County, State of Nevada.**

Parcel Five:

The Exclusive right to use said UNIT 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 during ONE "use week" within the summer "use season", as said quoted term are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

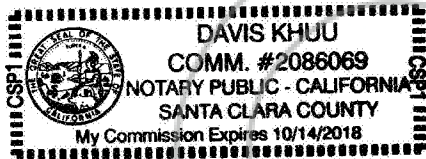
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of SANTA CLARA)
On 01/14/16 before me, DAVIS KHUU, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer
personally appeared LOIS ELMOR HOYT
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 [Handwritten Signature]
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: AFFIDAVIT of DEATH joint TENANT Document Date: 01/14/16
Number of Pages: 3 Signer(s) Other Than Named Above: 1

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 Is Representing: _____

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

3052007028372

CERTIFICATE OF DEATH

3200743002348

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
DALE		EUGENE		HOYT	
4. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. DATE OF BIRTH mm/dd/yyyy		6. AGE Yrs.	
---		02/13/1928		79	
7. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
MI		-0108		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIAGE STATUS (at Time of Death)		13. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		03/17/2007		0920	
15. EDUCATION - Highest Level (Degree) (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
PROFESSIONAL		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
INSPECTOR		WATER		30	
20. DECEDENT'S RESIDENCE (Street and Number or location)		21. CITY		22. COUNTY/TERRITORY	
381 MANCHESTER AVE.		CAMPBELL		SANTA CLARA	
23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
95008		59		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or R.F.D. (Rural) number, city or town, state, ZIP)			
LOIS E. HOYT, WIFE		381 MANCHESTER AVE., CAMPBELL, CA 95008			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Given Name)	
LOIS		E.		TOPHAM	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
PERCY				HOYT	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
MI		JESSIE			
37. LAST (Marginal)		38. BIRTH STATE			
COLLINS		CA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
03/30/2007		RES OF LOIS E. HOYT 381 MANCHESTER AVE., CAMPBELL, CA 95008		CR/RES	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
NEPTUNE SOCIETY OF CENTRAL CAL.		FD1522		MARTIN O. PENSTERSHEB, MD	
47. DATE mm/dd/yyyy				48. DATE mm/dd/yyyy	
03/27/2007				03/27/2007	
101. PLACE OF DEATH		102. HOSPITAL, SPECIFY ONE		103. OTHER THAN HOSPITAL, SPECIFY ONE	
SANTA CLARA VALLEY MEDICAL CENTER		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER <input type="checkbox"/> DVA <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other		<input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Street and number or location)		106. CITY	
SANTA CLARA		751 S. BASCOM AVE.		SAN JOSE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER (Date and Date)		109. DEATH REPORTED TO CORONER (Referral Number)	
IMMEDIATE CAUSE: (1) VENTRICULAR FIBRILLATION		20 MIN		07-0127	
Under the chain of events - distal causes, if any, that directly caused death. DO NOT enter terminal physiological or anatomic respiratory arrest, or ventilator disconnection as the etiology. DO NOT ABBREVIATE.		110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?	
CORONARY ARTERY DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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)		113. USED IN DETERMINING CAUSE?			
CHRONIC RENAL FAILURE, CONGESTIVE HEART FAILURE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (Type, date of operation and date)		115. IF FEMALE, PREGNANT IN LAST YEAR?			
CORONARY ARTERY BYPASS GRAFT 08/11/1994, IMPLANTABLE CAROTIDVERTER DEBRILLATOR 12/09/1998		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
116. I CERTIFY THAT TO THE BEST OF MY KNOWING, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. SIGNATURE AND TITLE OF CERTIFIER		118. LICENSE NUMBER	
(a) Decedent Attended Since (b) Decedent Last Seen Alive		DAVID SETH HIRSCHFELD, D.M.D.		G22502	
12/18/1981 03/13/2007		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
		DAVID SETH HIRSCHFELD M.D.		03/21/2007	
120. I CERTIFY THAT MY OPINION OF DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		121. INJURED AT WORK?		122. INJURY DATE mm/dd/yyyy	
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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
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			
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	
				012007000449471	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

DATE ISSUED

COUNTY OF SANTA CLARA } SS

JAN 11 2016



H03153533

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Sarah H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
PEN00 (Rev) 12/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

