

DOUGLAS COUNTY, NV

2016-882538

Rec:\$18.00

\$18.00 Pgs=5

06/15/2016 11:09 AM

DIAMOND RESORTS

KAREN ELLISON, RECORDER

**A Portion of APN: 1319-30-712-001**

Identification Number: 16-018-50-81

**RPTT: \$0.00**

**MAIL TAX STATEMENTS TO:  
RECORDING REQUESTED BY:  
WHEN RECORDED MAIL TO:**  
Diamond Resorts Corporation  
c/o Reconveyance Department  
10600 W. Cheyenne Blvd.  
Las Vegas, NV 89135

**Contract #: RPT0200T  
Unit/Week: 018-50-Even**

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**COVERSHEET**

**AFFIDAVIT - DEATH OF JOINT TENANT**

**A Portion of APN: 1319-30-712-001**  
Identification Number: **16-018-50-81**

RECORDING REQUESTED BY

And when recorded mail to:  
Diamond Resorts Corporation  
C/O Reconveyance Department  
10600 West Charleston Blvd.  
Las Vegas, NV 89135

AFFIDAVIT – DEATH OF JOINT TENANT

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Account No.: **RPT0200T** Assessor's Parcel Number: Portion of APN: 1319-30-712-001

**ROBERT W. MACMAHON**, of legal age, being first duly sworn, deposes, and says:

That **GENEVIEVE M. MACMAHON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as one of the parties in that certain **Grant Deed** dated **January 22, 2003**, executed by **Robert W. MacMahon and Genevieve M. MacMahon**, recorded as Instrument No. **0565310**, on **January 28, 2003**, in Book **0103**, Page **11220**, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stateline, County of Douglas, State of Nevada.

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Dated \_\_\_\_\_

  
\_\_\_\_\_  
**ROBERT W. MACMAHON**

State of: \_\_\_\_\_ )

County of: \_\_\_\_\_ )

Subscribed and sworn to (or affirmed) before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 2015, by **ROBERT W. MACMAHON**, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature  \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(seal)

**CALIFORNIA ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT  
(CALIFORNIA 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 San Diego )

On March 7<sup>th</sup> 2016 before me, Mary Pearson Notary Public  
(Date) (Here Insert Name and Title of the Officer)

personally appeared Robert W. MacMahon,  
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.

Mary Pearson  
Signature of Notary Public

(Notary Seal)



**ADDITIONAL OPTIONAL INFORMATION**

**Description of Attached Document**

Title or Type of Document: Affidavit - Death of Joint Tenant Document Date: 3/7/16

Number of Pages: 4 pgs Signer(s) Other Than Named Above: 3/7/16

Additional Information: \_\_\_\_\_

**EXHIBIT "A" (160)**

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided **1/2,652nd** interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 – 14<sup>th</sup> AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: beginning at the Northeast corner of Lot 160; thence South 31°11'12" East 81.16 feet; thence South 58°48'39" West 57.52 feet; thence North 31°11'12" West 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet the chord of said curve bears North 60°39'00" East 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each Biennial Even year in accordance with said Declaration.

**A portion of APN: 1319-30-712-001**  
**Identification Number: 16-018-50-81**

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200833009323

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND ERASURES, WHITEOUTS OR ALTERATIONS VS 140REY 10/01		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
GENEVIEVE		EILEEN		MACMAHON	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
		03/02/1923		85	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
PENNSYLVANIA		5822		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		09/07/2008		FND 1801	
13. EDUCATION - Highest Level Degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
CONTRACT MANAGER		HEALTH CARE		40	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1912 SUNSET DRIVE #A					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
ESCONDIDO		SAN DIEGO		92025	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
11		CALIFORNIA			
27. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
ROBERT MACMAHON, HUSBAND			1641 BORDEN ROAD #168, ESCONDIDO, CA 92026		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
ROBERT		WALLACE		MACMAHON	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
LLOYD		WASHINGTON		MILLER	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
PA		GENEVIEVE		MAE	
37. LAST (Maiden)		38. BIRTH STATE			
KELLEY		PA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
09/15/2008		AT SEA OFF THE COAST OF SAN DIEGO COUNTY			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/SEA		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
MCLEOD MORTUARY		FD299		ERIC K. FRYKMAN, M.D.	
47. DATE mm/dd/yyyy					
09/12/2008					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OPEN DESERT		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
RIVERSIDE		1.7 MILES NORTH OF CHASE SCHOOL ROAD		THOUSAND PALMS	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time Interval Between Onset and Death		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(A) EFFECTS OF HEAT EXPOSURE		HRS		2008-06489	
(B) ENVIRONMENTAL HYPERTHERMIA		HRS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		(C) 110. AUTOPSY PERFORMED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		(D) 111. USED IN DETERMINING CAUSE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
CHEST AND SHOULDER INJURIES					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
NO					
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 CAUSE(S) STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive			
(A) mm/dd/yyyy		(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		09/06/2008	
122. HOUR (24 Hours)		UNK			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
OPEN DESERT					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
MECHANICAL FALL AND HEAT EXPOSURE					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
1.7 MILES NORTH OF CHASE SCHOOL ROAD, THOUSAND PALMS, CA 92276					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
NANCY JUNG		09/11/2008		NANCY JUNG, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Sep 18, 2008

Eric Frykman, M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA



000690754

DATE ISSUED

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

