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KAREN ELLISON, RECORDER

APN# 1319-30-724-021 PTN

Recording Requested by/Mail to:

Name: Kathryn E.W. Thorsland

Address: 6000 W. Floyd Ave. Unit 301

City/State/Zip: Denver, CO 80227

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

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)

Kathryn E.W. Thorsland

Signature

Kathryn E.W. Thorsland

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 Nevada }
COUNTY OF Douglas } SS

BEFORE ME, the undersigned Notary Public, personally appeared, Kathryn EW Thorsland, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

- 1. My name is Kathryn EW Thorsland and I reside at 6000 W. Floyd Ave. Unit 301 Denver, CO 80227.
- 2. I owned real property as a joint tenant with Larry E. Whittaker such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.
Title deed is recorded in Book 811, Page 2135 in the office of the register of deeds in the county and state aforesaid.

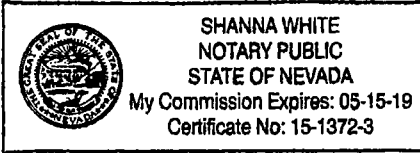
- 3. Larry E. Whittaker, my joint tenant identified above, departed this life on the 1 day of December, 2014. A copy of the death certificate of Larry E. Whittaker is attached.
- 4. On the date of the death of Larry E. Whittaker, the above described real estate was owned by Larry E. Whittaker and Kathryn EW Thorsland/Andrew S. Thorsland as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
- 5. Affiant is the ~~sole~~ ^{one of the} surviving joint tenant of the property described above.

Dated this the 1 day of July, 2016.

Kathryn EW Thorsland
Affiant

Kathryn E. W. Thorsland

SWORN TO AND SUBSCRIBED before me this the 1 day of July,
20 16.



Shanna White

NOTARY PUBLIC

My Commission Expires: 5-15-19

COPY



EXHIBIT "A"

(34)

An undivided 1/51st 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. 020 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 conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-021

This document is recorded as an
ACCOMMODATION ONLY and without liability
for the consideration therefore, or as to the
validity or sufficiency of said instrument, or
for the effect of such recording on the title of
the property involved.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **12540** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix 2. Death Date
LARRY ELWOOD WHITTAKER **Dec. 1, 2014**

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death
Male **84** **Months Days** **Hours Minutes** **1239** **King**

7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education
July 25, 1930 **Toledo Ohio** **Bachelor Degree**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces? Yes
No **White** **Yes**

13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.) 13b. City or Town
2244 132nd Avenue SE **Bellevue**

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits? Yes No Unk
King **Washington** **98005** Yes No Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
11 years **Widowed**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)
Engineer/Salesman **Defense Systems**

19. Father's Name (First, Middle, Last) 20. Mother's Name Before First Marriage (First, Middle, Last)
George Edwin Whittaker **Mary Cherry**

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Stuart Whittaker **Son** **821 Duvall Place NE Renton WA 98059**

24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital:
Nursing Home

25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code
6617-128th Ave SE Del Mar Woods **Bellevue** **WA** **98006**

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
Cremation **Seattle Service Group Crematory** **Seattle, Washington**

31. Name and Complete Address of Funeral Facility 32. Date of Disposition
Greenwood Funeral Home 350 Monroe Ave NE Renton, WA 98056 **Dec. 5, 2014**

33. Funeral Director Signature X *Nancy K. Hoult*

34. 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. Add additional lines if necessary.
 Cause of Death (See instructions and examples)
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Renal failure** Interval between Onset & Death **2 months**
 Due to (or as a consequence of):
 b. **Hepatic infection** Interval between Onset & Death **3 months**
 Due to (or as a consequence of):
 c. **Gall bladder disease** Interval between Onset & Death **3 months**
 Due to (or as a consequence of):
 d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
Cardiomyopathy Diabetes

36. Autopsy? 37. Were autopsy findings available to complete the Cause of Death?
 Yes No Yes No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?
 Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes Probably
 Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death No Unknown
 Suicide Pending Unknown if pregnant within the past year

41. Date of Injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work?
 Yes No Unk

45. Location of Injury: Number & Street: Apt. No.
 City or Town: County: State: Zip Code + 4:
 46. Describe how injury occurred 47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - 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.
 X *Wesley Teraski*

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs)
Dr. Wesley Teraski 12917 129th Pl SE Bellevue, WA 98006 **0558**

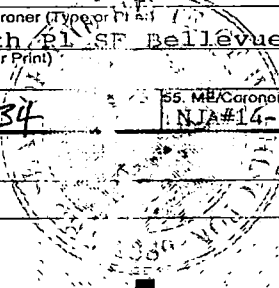
51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy)
12/2/14

53. Title of Certifier MD 54. License Number MD 00020234 55. ME/Coroner File Number NJA#14-8930 56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature *John Jones* 58. Date Received (mm/dd/yyyy)
DEC 04 2014

59. Amendments

25-719





Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

1. Name on record: Birth Death Marriage Dissolution

First Middle Last

2. Date of Event: 3. Place of Event: City or County

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify)

Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: (Printed Name) 16. Date: 17. Address:

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

Seattle - King County

 David Fleming, MD
 Director and Health Officer

DEC.09.2014

BB00070364