

RECORDING REQUESTED BY:

Thomas V. Irby

AND WHEN RECORDED MAIL TO:

LT Transfers  
4513 Hwy 129 North  
Cleveland, GA 30528

APN: 1319-30-519-021 PTN

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 ) SS.  
COUNTY OF DOUGLAS )

**Thomas V. Irby**, of legal age, being first duly sworn, deposes and says:  
That **Helen F. Irby** is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain deed dated **December 13, 1986**, executed by SAIDA of Nevada, Inc. to **Thomas V. Irby and Helen F. Irby, Husband and Wife as Joint Tenants with Right of Survivorship**, recorded on **February 10, 1987**, as Instrument No. 1987-149764, Official Records of Douglas County, Nevada, covering the following described property located in Douglas County, Nevada:

**See attached Exhibit A**

Property Address: 311 Tramway Drive, Stateline, Nevada 89449

Dated: 6-27-16

*Thomas V. Irby*  
Thomas V. Irby, Affiant

State of Texas

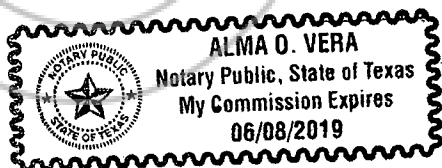
County of Muess

Subscribed and sworn to (or affirmed) before me on this 22 day of June, 2016, by **Thomas V. Irby**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Alma O. Vera*  
Notary Public signature

Alma O. Vera  
Notary printed name

My commission expires: 06/08/2019



## Exhibit "A"

A timeshare estate comprised of:

### PARCEL 1:

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

(a) An undivided 1/24<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 50 of Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982 as Document No. 66828 Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985 in Book 385, Page 160 of Official Records of Douglas County, Nevada as Document No. 114254.

(b) **Unit No. 021** as shown and defined on said 7<sup>th</sup> Amended Map of Tahoe Village, Unit No. 1.

### PARCEL 2:

A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985 in Book 385 at Page 160 of Official Records of Douglas County, Nevada as Document No. 114254.

### PARCEL 3:

The exclusive right to said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "Use Week" within the "**Winter** use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984 in Book 1284 at Page 1993 as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985 in Book 385 at Page 961 of Official Records as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

**End of Exhibit "A"**

CERTIFICATION OF VITAL RECORD

City of Corpus Christi, Texas  
Bureau of Vital Statistics

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST HELEN		(b) MIDDLE FRANCES		(c) LAST IRBY		(d) MAIDEN Neff		2. SEX Female		3. DATE OF DEATH June 14, 2003			
4. DATE OF BIRTH August 14, 1944			5. AGE (IN YEARS) 58		IF UNDER 1 YR MO DAYS HOURS MIN		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Corpus Christi, Texas		7. SOCIAL SECURITY NO. [REDACTED] 0149				
8. RACE Caucasian		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 13					
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Thomas V. Irby			14a. DECEDENT'S USUAL OCCUPATION Electronic Tech		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company						
15a. RESIDENCE STREET ADDRESS 5013 Moultrie						15b. CITY OR TOWN Corpus Christi			15c. COUNTY Nueces				
15d. STATE Texas			15e. ZIP CODE 78413			15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			16. FATHER'S NAME Francis Akin Neff				
17. MOTHER'S MAIDEN NAME Elsie Mae Adameit						18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)							
19. COUNTY OF DEATH Nueces			20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Corpus Christi			21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) 5013 Moultrie							
22. INFORMANT — SIGNATURE & RELATIONSHIP <i>Thomas V. Irby</i> HUSBAND						23. MAILING ADDRESS OF INFORMANT 5013 Moultrie Corpus Christi, Texas 78413							
24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input checked="" type="checkbox"/> OTHER (SPECIFY) Entombment		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Seaside Memorial Park		25b. LOCATION (CITY, STATE) Corpus Christi, Texas		25c. NAME & ADDRESS OF FUNERAL HOME Cage-Mills Funeral Directors 4901 Everhart Road Corpus Christi, Texas 78411		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Cheri Seary</i>					
27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		28. DATE OF DISPOSITION June 18, 2003		30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE									
31. SIGNATURE & TITLE OF CERTIFIER <i>Eugene L. Brown</i>		32. DATE SIGNED MO DAY YEAR 06 17 2003		33. TIME OF DEATH 2:28 PM		34. PRINTED NAME & ADDRESS OF CERTIFIER EUGENE L. BROWN, M.D. 5705 GOLLTHAR CORPUS CHRISTI, TX 78412							
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PARTIAL BOWEL OBSTRUCTION DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. RUPTURED VISCUS DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. RADIATION ENTERITIS DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. CANCER OF RECTUM Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST										Approximate Interval Between Onset and Death			
35. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) METASTATIC DISEASE										36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)					
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)						41f. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO. 021257			42b. DATE RECEIVED BY LOCAL REGISTRAR JUN 29 2003			42c. SIGNATURE OF LOCAL REGISTRAR <i>Ardys Boostrom MD</i> Signature for registrar only.							

Texas Department of Health — Bureau of Vital Statistics  
 WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)  
 VS-112 REV. 9/95

91282

CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS  
COUNTY OF NUECES

DATE ISSUED JUN 20 2003

This is a true reproduction of the document officially registered and recorded on file in the BUREAU OF VITAL STATISTICS, CORPUS CHRISTI NUECES COUNTY HEALTH DEPARTMENT.

*Ardys Boostrom MD, MPH*  
Ardys Boostrom, MD, MPH  
LOCAL REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the raised City Of Corpus Christi seal.

