DOUGLAS COUNTY, NV

Rec:\$16.00 \$16.00

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2016-886144

08/16/2016 08:44 AM

READY LEGAL SUPPORT, INC.

KAREN ELLISON, RECORDER

APN: 1318-15-822-001

Recording Requested by:

Hubert Bartol

When Recorded Mail To:

LT Transfers

4513 Highway 129N

Cleveland GA 30528

AFFIDAVIT – DEATH OF JOINT TENANT

This page added to provide adequate space for recording information

RECORDING REQUESTED BY: **Hubert Bartol** AND WHEN RECORDED MAIL TO: LT Transfers 4513 Hwy 129 North Cleveland, GA 30528 APN: 1318-15-822-001 AFFIDAVIT - DEATH OF JOINT TENANT STATE OF NEVADA SS. COUNTY OF DOUGLAS Hubert Bartol of legal age, being first duly sworn, deposes and says: That Kathleen Ann Garr 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 executed by Wyndham Vacation Resorts, Inc., to Kathleen A. Garr and Hubert Bartol, Wife and Husband, recorded on December 8, 2008, as Instrument No. 0734141, Official Records of Douglas County, Nevada, covering the following described property located in Douglas County, Nevada: A 105,000/183,032,500 undivided fee simple interest as tenants in common in Units 12101, 12102, 12103, 12201, 12202, 12203, 12302, 14102, 14103, 14104, 14202, 14203, 14204 and 14302 in South Shore Condominium ("Property"), according to the Final Map #01-026 and Condominium Plat of South Shore filed of record in Book 1202, Page 2181 as Document Number 559872 in Douglas County, Nevada, and subject to all provisions thereof and those contained in that certain Declaration of Condominium - South Shore ("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 559873, and also subject to all the provisions contained in that certain Declaration of Restrictions for Fairfield Tahoe at South Shore and recorded October 28, 2004 in Book 1004, Page 13107 as Instrument Number 628022, Official Records of Douglas County, Nevada, which subjected the Property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan"). Property Address: 180 Elks Point Road in Zephyr Cove, Nevada 89449 Dated: Hubert Bartol, Affiant Subscribed and sworn to before me on this **Different**, 2016, by **Hubert Bartol**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. tary Public signature atricia Notary printed name My commission expires: OFFICIAL SEAL PATRICIA M. SANGHEZ

NOTARY PUBLIC - NEW MEGGO

Commission Explant S-00-



CERTIFICATION OF VITAL RECORDS

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH
State F

LE DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAS	2. AKAS (IF AN	Y);	3,DATE OF DEATH 11/07/2015
4. SEX 5. SOCIAL SECURITY NUMBER:	6. DATE OF BIRTH	UNDER 1 YEAR	UNDER LDAY
FEMALE 9478	10/30/1938	8. MONTHS 9. DAYS	10. HOURS 11. MINUTES
12. PLACE OF DEATH - HOSPITAL: 13. PLACE OF DEATH - OTHER THAN HOSPITAL:			
☐ INPATIENT ☐ E.R./OUTPATIENT ☐ DEAD ON ARRIVAL ☐ NURSING HOME OR LONG TERM ☐ RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: 16. COUNTY OF DEATH:			
5727 E COLDV		MESA 85205	MARICOPA
5737 E COLBY 17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNT	RY) [18. MARITAL STATE		VIVING SPOUSE (MAIDEN NAME IF WIFE)
APPLETON, WISCONSIN	DEATH: MARRIED	HUBERT L. B.	ARTO
20. DECEDENT'S USUAL RESIDENCE STREET ADDRES		22. STATE	123 ZIP CODE 24. EVER IN THE ARMED
5737 E COLBY	MESA, MARICOPA	ARIZONA	85205 NO
	DECEDENT'S RACE(S):		27 JE AMERICAN INDIAN OR ALASKA NATIVE
M NO, NOT SPANISH, HISPANIC OR LATINO	☑ WHITE ☐ BLACK, AFRICAN AMERICAN	THER ASIAN (SPECIFY)	SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE:
ET YES, MEXICAN, MEXICAN AMERICAN, CHICANO NATTIVE HAWAIIAN			
D YES, PUERTO RICAN	ASIAN INDIAN D.C.	THER PACIFIC ISLANDER (SPECIFY)	ADDITIONAL TRIBE:
U YES, OTHER (SPECIFY)	☐ FILIPINO ☐ JAPANESE		
	GUAMANIAN OR CHAMORRO	OTHER (SPECIFY)	ADDITIONAL TRIBE:
☐ UNKNOWN	☐ KOREAN ☐ VIETNAMESE		
28. OCCUPATION:	□ SAMOAN	NKNOWN	ADDITIONAL TRIBE:
HOMEMAKER DAMERICAN INDIAN OR ALASKA NATIVE 29. FATHER'S NAME (FIRST, MIDDLE, & LAST, NAME PRIOR TO FIRST, MARRIAGE)			
RAY FALLON MARGARET LYONS			
31. INFORMANT'S NAME 32: REVATIONSHIP 333: INFORMANT'S MAILING ADDRESS:			
HUBERT L. BARTOL SPOUSE 5252 E DES MOINES, MESA, ARIZONA 85205			
34. NAME AND ADDRESS OF FUNERAL FACILITY: QUEEN OF HEAVEN CATHOLIC MORTUARY 1562 E. BASELINE RD. MESA, 35. FUNERAL DIRECTOR: NUMBER:			
AZ NATHAN CAVINESS, FUNERAL DIRECTOR F1439			
37. METHOD(S) OF DISPOSITION: 138. NAME AND LOCATION OF 1st DISPOSITION FACILITY: 139. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:			
CREMATION DECA CREMATION SERVICES, INC. PHOENIX ARIZONA NONE			
CREMATION DECA CREMATION SERVICES, INC., PHOENIX, ARIZONA NONE MEDICAL CERTIFICATION SECTION TAUSE OF JUST OF THE PART OF THE			
IMMEDIATE CAUSE 40. A			41. APPROXIMATE INTERVAL:
OF DEATH	CER - UNKNOWN CELL TYPE		UNKNOWN
DUE TO OR AS A 42. B	32. 33. 34. 35. 35. 35. 35. 35. 35. 35. 35. 35. 35		43. APPROXIMATE INTERVAL:
CONSEQUENCE OF:			
DUE TO OR AS A 44. C CONSEQUENCE OF:		× × ×	45. APPROXIMATE INTERVAL:
CONSEQUENCE OF:	Marin Million Co.		
DUE TO OR AS A 46. D			47. APPROXIMATE INTERVAL:
CONSEQUENCE OF:		TRANSPORT OF THE PROPERTY OF THE	
	CAUSE OF DEATH P		
48: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T IN THE UNDERLYING CAUSES GIVEN ABOVE:	O DEATH BUT NOT RESULTING	49. INJURY? 50. INJURY AT WORK?	51, MANNER OF DEATH 52, TIME OF DEATH
AT THE GRADERETING GRADED GIVEN ACCIVE		NO NO	NATURAL DEATH 2330
And the second of the second o	Section Sections	53. WAS AN AUTOPSY PERFORMED?	54, WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
		NO	Som appears of bentar
CAUSE AND MARNER OF DEATH DERNIFICATION			
Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my 55. NAME OF PERSON COMPLETING CAUSE OF DEATH: 56. DATE CERTIFIED: knowledge, death occurred due to the cause(s) and manner stated.			
m Medical Examiner/Tribal Law Enforcement Authority - 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. WIŁLIAM P ZIPPERER, D.O. 11/09/2015			
57. CERTIFIER'S ADDRESS:	58. NAME OF REG	STRAR:	59.DATE REGISTERED
1510 E. FLOWER ST. PHOENIX, AZ 85014	MICHELE CA	STANEDA-MARTINEZ	11/12/2015
(· · · · · · · · · · · · · · · · · · ·		

DATE ISSUED: 02/26/2016





This is a true certification of the tack on file with the OFFICE OF VITAL RECORDS.
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
Revised 07/2015

KRYSTAL COLBURN ASSISTANT STATE REGISTRAR This copy not valid unless prepared on a form displaying the State Seal.

