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APN# 42-285-07



00041494201608864490070078
KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: KELSEY FAMILY TRUST
TRUSTEE: JUDITH KELSEY
Address: 6157 N. BULLAH AV.
City/State/Zip: FERNDALE, WA. 98248

Mail Tax Statements to:

Name: RIDGE TAHOE RESORT
400 RIDGE CLUB DR.
Address: PO BOX 5790
City/State/Zip: STATELINE, NV. 89449

AFFIDAVIT OF DEATH

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)

Judith A Kelsey
Signature

JUDITH A. KELSEY
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

JK
TRUSTEE

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF WASHINGTON }

SS

COUNTY OF WHATCOM }

BEFORE ME, the undersigned Notary Public, personally appeared, JUDITH A. KELSEY, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is JUDITH A. KELSEY and I reside at 6157 N. BELLAM AV.
FERNDALE, WA. 98248
2. I owned real property as a joint tenant with JOHN B. KELSEY, such real property located in DOUGLAS County, State of NEVADA, described as follows:

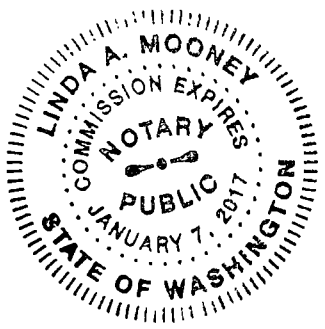
See Attached Legal Description. SEE EXHIBIT "A"
Title deed is recorded in Book _____, Page _____ in the office of the register of deeds in the county and state aforesaid.

3. JOHN B. KELSEY, my joint tenant identified above, departed this life on the 14 day of AUGUST, 2005. A copy of the death certificate of JOHN B. KELSEY is attached.
4. On the date of the death of JOHN B. KELSEY, the above described real estate was owned by JOHN B. KELSEY and JUDITH A. KELSEY, 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 surviving joint tenant of the property described above.

Dated this the 9 day of AUGUST, 2016.

Judith A. Kelsey
Affiant

SWORN TO AND SUBSCRIBED before me this the 9th day of August,
2016.



Linda A. Mooney
NOTARY PUBLIC

My Commission Expires: 1-7-2017

EXHIBIT "A"

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE

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

- (A) An undivided 1/106th interest as tenants-in-common, in and to Lot 37 as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 161 through 204 (inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, State of Nevada.
- (B) Unit No. 149 as shown and defined on said last Condominium Plan.

PARCEL TWO

- (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 N.D.B. & M.; and
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL THREE

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, range 19 East, N.D.B. & M. 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 modifications thereof: (1) recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records; (2) recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records; and (3) recorded July 26, 1989, as Document No. 207446, in Book 789, Page 3011.

PARCEL FOUR

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 30, 35, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - 10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East N.D.B. & M. for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 and as amended from time to time of Official Records of Douglas County, State of Nevada.

- Continued -

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EXHIBIT "A" (Continued)

PARCEL FIVE

The Exclusive right to use any UNIT of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461 of Official Records of Douglas the Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, 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 for all of the purposes provided for in the Fourth Amended and Restated Declaration of covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96738 of Official Records of Douglas County, during ONE use week within the prime season, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive right may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

A Portion of APN 42-285-07

REQUESTED BY
John Kelsey
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

94 APR 11 AM 1:39

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BK 0494 PG 1784

SUZANNE BEAUDREAU
RECORDER
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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number

795

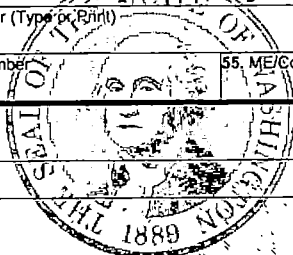
Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix John Benton Kelsey				2. Death Date Aug. 14, 2005	
3. Sex (M/F) Male	4a. Age - Last Birthday 74	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number -8208	6. County of Death Whatcom
7. Birthdate Oct. 31, 1930	8a. Birthplace (City, Town, or County) Glendale	8b. (State or Foreign Country) CA	9. Decedent's Education Master's Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 6157 N. Beulah Ave.				13b. City or Town Ferndale	
13c. Residence: County Whatcom		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code + 4 98248	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 10 yrs		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Judith Anne Nyland	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Teacher			18. Kind of Business/Industry (Do not use Company Name) Education		
19. Father's Name (First, Middle, Last, Suffix) William Benton Kelsey			20. Mother's Name Before First Marriage (First, Middle, Last) Mildred Helen Schlienann		
21. Informant's Name Judith A. Kelsey		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 6157 N. Beulah Ave. Ferndale, WA 98248		
24. Place of Death, if Death Occurred in a Hospital: Nursing Home			Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) St. Francis Extended Care			26a. City, Town, or Location of Death Bellingham	26b. State WA	27. Zip Code 98225
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Greenacres Cemetery		30. Location-City/Town, and State Ferndale, WA	
31. Name and Complete Address of Funeral Facility Jerns Funeral Chapel 800 E.Sunset Dr. Bellingham, WA 98225				32. Date of Disposition Aug. 19, 2005	
33. Funeral Director Signature X <i>Signed O. Close</i>					
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. stroke			Due to (or as a consequence of):		Interval between Onset & Death 3 days
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. prostatic cancer			Due to (or as a consequence of):		Interval between Onset & Death 7 years
c.			Due to (or as a consequence of):		Interval between Onset & Death
d.			Due to (or as a consequence of):		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Parkinsons Disease				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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. X Linda Blackwell MD			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Linda Blackwell M.D. 3015 Squaticum Pkwy, Bellingham, WA 98225				50. Hour of Death (24hrs) 0930	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 8/15/2005	
53. Title of Certifier MD	54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>Ray Star MD</i>				58. Date Received (mm/dd/yyyy) AUG 16 2005	
59. Amendments					

Part 1 completed by Funeral Director

Part 2 completed by Certifier



Affidavit for Correction

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:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
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:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

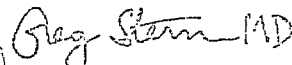
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

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.

CERTIFIED

 GREG STERN, M.D.
 HEALTH OFFICER
 WHITE HOUSE

NR 192005

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DO NOT DESTROY