

19-

1319-30-645-003
APN# 1319-30-643-053



00044666201608992550060065

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: LOLA CHASE

Address: 2445 OTIS DRIVE

City/State/Zip: ALAMEDA, CA 94501

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)

Lola Chase

Signature

LOLA CHASE

Printed Name

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

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF Nevada }

SS

COUNTY OF Douglas }

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

1. My name is LOLA CHASE and I reside at 2445 OTIS DRIVE . ACAMEDA, CA 94501
2. I owned real property as a joint tenant with EDWARD A. CHASE, such real property located in DOUGLAS County, State of NEVADA, described as follows:

See Attached Legal Description.

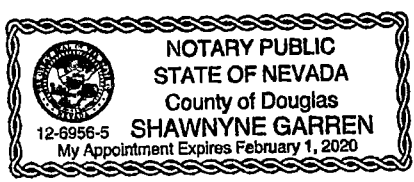
Title deed is recorded in Book 0695 0803, Page 7414 11006 in the office of the register of deeds in the county and state aforesaid.

3. EDWARD A. CHASE, my joint tenant identified above, departed this life on the 19 day of MARCH, 20 14. A copy of the death certificate of EDWARD A CHASE is attached.
4. On the date of the death of EDWARD A. CHASE, the above described real estate was owned by EDWARD A. CHASE and LOLA CHASE, 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 17 day of OCTOBER, 20 16.

Lola Chase
Affiant
LOLA CHASE

SWORN TO AND SUBSCRIBED before me this the 17 day of October,
20 16 by Lola W. Chase



Shawnyne Garren
NOTARY PUBLIC

My Commission Expires: 2/1/20

COPY

EXHIBIT "A"

(42)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48th interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 255 as shown and defined on said map; 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 Phase Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week every other year in EVEN - numbered years in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;

thence S. 14°00'00" W. along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A Portion of APN: 1319-30-645-003

0587256

BK0803PG11007

EXHIBIT "A" (28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 45 as shown and defined on said map; 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 Phase Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 Lot 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-45

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 JUN 22 A10:11

364560

BK0695PG3415

LINDA SLATER
RECORDER
\$ 8.00 PAID ke DEPUTY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201401002031

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11REV 3/06		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) EDWARD		2. MIDDLE ALBERT		3. LAST (Family) CHASE	
AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 08/19/1930	5. AGE Yrs. 83
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 0693	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 03/19/2014
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SELF EMPLOYED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) JEWELER		19. YEARS IN OCCUPATION 52
20. DECEDENT'S RESIDENCE (Street and number, or location) 2445 OTIS DR.					
21. CITY ALAMEDA		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94501	24. YEARS IN COUNTY 83
25. STATE/FOREIGN COUNTRY CA					
26. INFORMANT'S NAME, RELATIONSHIP LOLA CHASE, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2445 OTIS DR., ALAMEDA, CA 94501		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST LOLA		29. MIDDLE W		30. LAST (BIRTH NAME) WOOD	
31. NAME OF FATHER/PARENT - FIRST ERNEST		32. MIDDLE CLIFTON		33. LAST CHASE	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST CECEILLE		36. MIDDLE BEATRICE	
37. LAST (BIRTH NAME) SMITHURST		38. BIRTH STATE MI			
39. DISPOSITION DATE mm/dd/yyyy 03/26/2014		40. PLACE OF FINAL DISPOSITION MT. VIEW CEMETERY 5000 PIEDMONT AVE., OAKLAND, CA 94611			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT SANTOS-ROBINSON MORTUARY		45. LICENSE NUMBER FD81	46. SIGNATURE OF LOCAL REGISTRAR ▶ MUNTU DAVIS, M.D.		47. DATE mm/dd/yyyy 03/26/2014
101. PLACE OF DEATH ALAMEDA HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ETOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2070 CLINTON AVE.		106. CITY ALAMEDA	
107. CAUSE OF DEATH (Final disease or condition resulting in death) A. CARDIAC ARREST B. DECOMPENSATED HEART FAILURE C. HYPERTENSION		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death 108. DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER 109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YRS 110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YRS 111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RENAL FAILURE, DIABETES					
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 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 CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: (A) mm/dd/yyyy: (B) mm/dd/yyyy 03/18/2014: 03/19/2014		115. SIGNATURE AND TITLE OF CERTIFIER ▶ LILAVATI ANIL INDULKAR M.D.		116. LICENSE NUMBER A118451	117. DATE mm/dd/yyyy 03/26/2014
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accurate <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy					
121. HOUR (24 Hours)					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER			126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR A B C D E *010001002600295* FAX AUTH: # *000979146*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **MAR 27 2014**

Muntu Davis MD
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

