DOUGLAS COUNTY, NV

2016-890868

Rec:\$16.00

\$16.00 Pgs=3 11/18/2016 09:34 AM

STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

A portion of A.P.N. # 1319-30-643-006 ESCROW NO. #28-006-39-81/ 20161548 RECORDING REQUESTED BY:

STEWART TITLE COMPANY

WHEN RECORDED MAIL TO: Marianne Groth

3904 Trillium Avenue Modesto, CA 95356

## AFFIDAVIT - DEATH OF JOINT TENANT

Marianne Groth of legal age, being first duly sworn, deposes and says: That Jeffrey T. Groth the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jeffrey T. Groth, named as one of the parties in that certain Grant Deed dated August 30, 1992 executed by

Harich Tahoe Developments, a Nevada general partnership to Jeffrey T. Groth and Marianne Groth as joint tenants, recorded as

Instrument No. 287800, on September 9, 1992 in Book 992, Page 1182, of Official Records of <u>Douglas</u> County, Nevada, covering the following described property situated in <u>Douglas</u> County, State of Nevada:

See Exhibit 'A' attached hereto and by this reference made a part hereof.

DATE: October 24,2016

STATE OF

COUNTY OF

This instrument was acknowledged before me on

WHALANNEGROTT

Signature Notary Public Marianne Groth

SALVACION A. MEDINA NOTARY PUBLIC STATE OF NEVADA DOUGLAS COUNTY My Commission Expires: October 13, 2018

Certificate No: 14-15095-5



## HEALTH SERVICES AGENCY STANISLAUS COUNT

**PUBLIC HEALTH DIVISION** 

1.2.2.2		CERTIFICATE OF DEATH STATUS CAUFORMS USE BLACK DR ONLY, AND ERSURES, WHITEVEURS OR ACTERATIONS WHITE THE PROPERTY OF THE PROPE		999 AL	3201050003586		
DECEDENT'S PERSONAL DATA	STATE FILE NUMBER  1, NAME OF DECEDENT—FIRST (Given)  JEFFREY	2, MIDDLE THOMAS	93/06) 3. LAST ( GRC	Family)			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyr	s. AGE Yrs.   IF UNDE	R ONE YEAR   IF UNDE	R 24 HOURS 6. SEX Minutes Minutes	
	9. BIRTH STATE/FORSIGN COUNTRY 10. SOCIAL SECURITY N	JMBER 11. EVER IN U.S. ARMED	FORCES7 12. MARITAL STATUS/S		E OF DEATH mm/dd/ccy 29/2010	y 8. HOUR (24 Hours) 2300	
	13. EDUCATION - Highest Level/Degree 14/15, WAS DECEDENT HISPANIC/L	ATINO(AVSPANISH7 (If yes, see worksheet	an back 16, DECEDENT'S RAC	DE - Up to 3 races may be li	sted (see worksheet on ba	ck)	
	ASSOCIATE 17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE		SINESS OR INDUSTRY (e.g., grober)	store, road construction, on	ployment agency, etc.)	19; YEARS IN OCCUPATION	
1 / A A A A A A A A A A A A A A A A A A	MACHINIST 20. DECEDENT'S RESIDENCE (Street and number, or location)	OWNED	OTA) EGGE ENG		155		
	The state of the s	UNTYPROVINCE			S, STATE/FOREIGN COU	NTRY	
H F F	MODESTO 31AMISLAGO 27, INFORMANTS NAME, RELATIONSHIP 23, INFORMANTS NAME, RELATIONSHIP 320A TEIL 11 III M. AVENUE MODESTO. CA 95356						
SPOUSE/SRDP AND INFO PARENT INFORMATION MAI	MARIANNE GROTH, WIFE  28. NAME OF SURVIVING SPOUSE/SRDP"-FIRST	29, MIDDLE	30. LAST (BIRTH	NAME)		10000 .0000	
	MARIANNE 31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE	HOLCOI 33. LAST	МВ		34. BIRTH STATE	
	LYLE	A. 36. MIDDLE	GROTH 37; LAST (BIRTH		. 3443	ND 38. BIRTH STATE	
	SUSAN		SCHULT		TY	HUNGARY	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	38. DISPOSITION DATE: (IMMOSSITION). 4G. PLACE OF FINAL DISPOSITION) AT SEA OFF. THE COAST OF MONTEREY COUNTY.  12/03/2010  143. LICENSE NUMBER						
	41. TYPE OF DISPOSMONIS) CR/SEA	42, SIGNATURE OF EA  ▶ C. RAND	ALBRO			EMB6454	
	44, NAME OF FUNERAL ESTABLISHMENT FRANKLIN & DOWNS FUNERAL HC	ACCOUNT	45. SIGNATURE OF LOCAL REG ▶ JOHN WALKER	R, MD		12/02/2010	
PLACE OF DEATH	TOT. FLAGE OF DEATH  102. IE HOSPITOL, SPECIFY ONE  102. IE HOSPITOL, SPECIFY ONE  103. IE COTHER THAN HOSPITAL, SPECIFY ONE  104. IE HOSPITOL, SPECIFY ONE  105. IE COTHER THAN HOSPITAL, SPECIFY ONE  106. IE HOSPITOL, SPECIFY ONE  107. IE HOSPITOL, SPECIFY ONE  108. IE COTHER THAN HOSPITAL, SPECIFY ONE  109. IE HOSPITOL, SPECIFY ONE  109.						
	105, FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, of location)  STANISLAUS  1441 FLORIDA AVENUE				MODESTC	1000000   100000000000000000000000000	
	107, CAUSE OF DEATH Enter the chain of events d	iseases, injuries, or complications — that or rrest, or ventricular fibrillation without show	firectly caused death, DO NOT enter to ing the eliology, DO NOT ABBREVIATI	minal events such	Time Interval Between 10 Oriset and Death	B. DEATH REPORTED TO CORONER?  YES X NO	
CAUSE OF DEATH	IMMEDIATE CAUSE (A) CORONARY ARTERY (Final disease or condition resulting in death)	1 11 11 11 11 11 11 11 11 11 11 11 11 1		No. 1000	YRS	09. BIOPSY PERFORMED?	
	(8) END STAGE RENAL L	DISEASE			YRS	YES X NO	
	loading to cause On Line A. Enter UNDERLYING CAUSE (disease or	Charles Committee Committe			1.70	YES X NO	
	Injury that initiated the events (D) resulting in death) LAST			And the second s	(U)	YES NO	
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERLIPIDEMIA						
7.3	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM NO	107. OR 1127 (If yes, list type of operatio	n'and date.)			FEMALE PREGNANT IN LAST YEAR YES NO UNK	
PHYSIQIAN'S CORONER'S USE ONLY CENTIFICATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERT	TAHANI M D	50	A89302	12/01/2010	
	(A) mm/dd/ccyy (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S	NAME, MAILING ADDRESS, ZIP CO	DE MOHIT MOH	AN SHAHAN	I M.D.	
	11/29/2010 11/29/2010 4601 DALE ROAD, MODESTO, CA 95356  115 ISERTIFY THAT DI MY OPHINO DEATH OCCUPRED AT THE MURD, DUE AND PLACE STATE DEATH OF THE DEATH OF THE MODEST OF THE MURD HOUSE STATE. COAD NO A PORT OF THE MODEST OF						
	MANNER OF DEATH Natural Accident Homicide Suddie reestigation determined YES NO UNA:  123. PLACE OF INJURY (e.g., home, construction site, wooded stee, etc.)						
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted	n injury)	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
	125, EDCATION OF INJURY (Street and number, or location, and of	y, and zip)			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000 A	
	126. SIGNATURE OF CORONER / DEPLTY CORONER 127. DATE: mm/dd(copy 128. TYPE NAME, TITLE OF CORONER / DEPLTY CORONER						
	TATE A B C D	E IIIII	11.(UELTEN) (1111 1112   1111 11		FAX AUTH.#	CENSUS TRAC	
	STRAR		*010001001647983	* ************************************		2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency. DATE ISSUED

EGISTRAR OF VITAL STATISTICS

12/14/2010





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



## **EXHIBIT "A"**

(28)

An undivided 1/102nd 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, re-recorded 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. 006 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 the same unit type conveyed, in Lot 28 only, for one week every other year in Even-numbered years in accordance with said Declarations.

A Portion of APN: 1319-30-643-006