

DOUGLAS COUNTY, NV

2016-891791

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\$17.00 Pgs=4

12/08/2016 08:37 AM

TRICOM MANAGEMENT, INC.

KAREN ELLISON, RECORDER

APN: 1318-26-101-006

RECORDING REQUESTED BY:  
Joan A. Long

WHEN RECORDED MAIL TO:  
Joan A. Long  
148 Cottage Ave  
Webster Groves, MO 63119

Reference No.: 470643831  
3307-21

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

## AFFIDAVIT - DEATH OF JOINT TENANT

State of: Baja California Sur, Mexico.

SS:

County of: Cabo San Lucas.

The undersigned, Joan A. Long, of legal age, being first duly sworn, deposes and says:

That Donald E. Long AKA Donald Eugene Long 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 Grant, Bargain and Sale Deed, executed to Donald E. Long and Joan A. Long, husband and wife as joint tenants with right of survivorship, recorded on May 10, 1989, as Instrument No. 201616, Book 589, Pages 1060-1061, Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit "A" attached hereto and made a part hereof.

Dated: NOV 18, 2016.

Joan A. Long  
Joan A. Long

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF Baja California Sur, México

) SS:

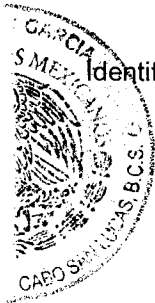
COUNTY OF Cabo San Lucas.

Subscribed and sworn to (or affirmed) before me on this 18 day of <sup>NOV.</sup>~~October~~, 2016, by Joan A. Long, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature



Identification Used: PASAPORTE.



**EXHIBIT "A"**  
Legal Description

The land situated in the State of Nevada, County of Douglas, and described as follows:

AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST as tenant in common in the following described real property:

A portion of the North one-half (1/2) of the Northwest one-quarter (1/4) of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows:

Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records, at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records, at page 591, Douglas County, Nevada, as Document No. 17578.

Except from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of the Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at Page 1688, Douglas County, Nevada as Document No. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the LOW season within the "Owner's Use Year", as defined in the Declaration together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

**2012012777**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Donald Eugene LONG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 10, 2012</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1000 Beck Street #270</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 03, 1931</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>██████-4541</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Chief Petty Officer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>United States Navy</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>1000 Beck Street #270 #270</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James ALOYSHIUS</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Martha KANE</b>		18a. INFORMANT- NAME (Type or Print) <b>Kelly RADU</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2367 Canterbury Crescent Pickering Ontario, Canada L1X2T3</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funeral Home, Reno</b> <b>875 West Second St Reno NV 89503</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>KAREN SUE MCDERMOTT M.D.</b> <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) <b>August 14, 2012</b>		21c. HOUR OF DEATH <b>01:11</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. 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) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434</b>				23b. LICENSE NUMBER <b>6450</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 15, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Congestive heart failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Hypertension</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Emphysema</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Tobacco use disorder</b> Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Diabetes mellitus, dyslipidemia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

**CERTIFIED COPY OF VITAL RECORDS**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

08/15/2012

DEPUTY REGISTRAR

*Joseph P. Iser M.D., D.P.H., M.S.*  
**SIGNATURE AUTHENTICATED**

DATE ISSUED:

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

PRNCO (Rev) 12/09

VRS-Rev-20120523a

