

DOUGLAS COUNTY, NV **2017-900623**
 Rec:\$17.00
 \$17.00 Pgs=4 **06/28/2017 11:05 AM**
 STEWART TITLE VACATION OWNERSHIP
 KAREN ELLISON, RECORDER

A.P.N. #	A ptn of 1319-30-643-032
Escrow No.	20170644- TS/AH
Recording Requested By:	
Stewart Vacation Ownership	
Mail Tax Statements To:	
Ridge Tahoe P.O.A. P.O. Box 5790 Stateline, NV 89449	
When Recorded Mail To:	
James D. Smith 110 N. 14th St. Selah, WA 98942	

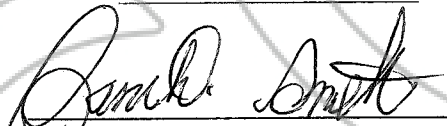
AFFIDAVIT – DEATH OF JOINT TENANT

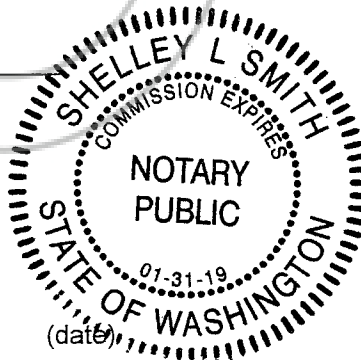
State of WASHINGTON }
 } ss.
 County of Yakima }

JAMES D. SMITH, of legal age, being first duly sworn, deposes and says: That **MARY ANN SMITH**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MARY ANN SMITH** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated May 4, 1995 executed by **HARICH TAHOE DEVELOPMENTS**, a Nevada general partnership to **JAMES D. SMITH** and **MARY ANN SMITH**, husband and wife as joint tenants, recorded as Document No. 362130, on May 16, 1995 in Book 595, Page No. 2347 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe Terrace Building, Odd Year Use, Account #28-027-20-72, Stateline, NV 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Dated: 5-30-2017


 James D. Smith

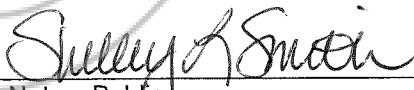


State of Washington }
 } ss.
 County of Yakima }

This instrument was acknowledged before me on 5-30-17

by: James D. Smith

Signature:


 Notary Public

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-030980

LOCAL FILE NUMBER: 1544

DATE ISSUED: 11/06/2015

FEE NUMBER: 3907022058

GIVEN NAMES: MARY ANN
LAST NAME: SMITH

COUNTY OF DEATH: YAKIMA
DATE OF DEATH: NOVEMBER 03, 2015
HOUR OF DEATH: 11:05 A.M.
SEX: FEMALE
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: ██████████-2589

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: APRIL 17, 1936
BIRTHPLACE: CASHMERE, CHELAN CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: JAMES D SMITH

OCCUPATION: TELEPHONE OPERATOR
INDUSTRY: TELEPHONE COMPANY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: JAMES D SMITH
RELATIONSHIP: HUSBAND
ADDRESS: 110 NORTH 14TH STREET SELAH, WASHINGTON 98942

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 110 NORTH 14TH STREET/HOSPICE CARE
CITY, STATE, ZIP: SELAH, WASHINGTON 98942

RESIDENCE STREET: 110 NORTH 14TH STREET
CITY, STATE, ZIP: SELAH, WASHINGTON 98942
INSIDE CITY LIMITS? YES
COUNTY: YAKIMA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER: JAMES ARTHUR TOBIN
MOTHER: MILDRED FAYE BOVD

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TERRACE HEIGHTS MEMORIAL PARK
CITY, STATE: YAKIMA, WA
DISPOSITION DATE: NOVEMBER 09, 2015

FUNERAL FACILITY: KEITH & KEITH FUNERAL HOME
ADDRESS: 902 WEST YAKIMA AVENUE
CITY, STATE, ZIP: YAKIMA WA 98902
FUNERAL DIRECTOR: CHRISTOPHER D. STEWARD

CAUSE OF DEATH:

A. METASTATIC ENDOMETRIAL CARCINOMA
INTERVAL: 10 MONTHS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: VICKY JONES, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 808 N 39TH AVENUE
CITY, STATE, ZIP: YAKIMA WA 98908
DATE SIGNED: NOVEMBER 06, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
SANDY HELTON
DATE RECEIVED: NOVEMBER 06, 2015

NUMBER(S): NONE
DATE(S): NONE



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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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Required	Required information must match current information on record					
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
	1. Name on Record: First Middle Last			2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					
	7. Return Mailing Address: P.O. Box or Street Address City State Zip					
Telephone Number:			Email Address:			

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
3. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

CERTIFIED

NOV 06 2015

C. Spitters, M.D.
C. Spitters, M.D., Health Officer
Yakima County Health District

CC00154751

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. 027 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 Odd-numbered years in accordance with said Declarations.

A Portion of APN: 1319-30-643-032

This document is recorded as an ACCOMMODATION ONLY and without liability for the consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.