

19-

APN# 1319-30-645-003 PTN



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Michele L. Spane

Address: 3510 Arbor CT.

City/State/Zip: Bellingham, WA 98229

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Affadavit 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)

Michele L Spane

Signature

Michele L. Spane

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, Michele L. Spane, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Michele L. Spane and I reside at 3510 Arbor CT., Bellingham, WA 98229
2. I owned real property as a joint tenant with Verna L. Horngren, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.

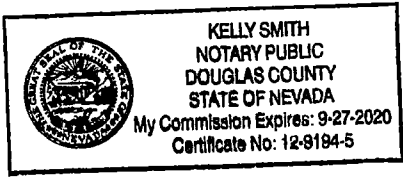
Title deed is recorded in Book 0299, Page 0862 in the office of the register of deeds in the county and state aforesaid.

3. Verna L. Horngren, my joint tenant identified above, departed this life on the 30 day of May, 20 17. A copy of the death certificate of Verna Lee Horngren is attached.
4. On the date of the death of Verna L. Horngren, the above described real estate was owned by Louie + Michele Spane, and Verna L. Horngren, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
Louie and Michele Spane
5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 17TH day of July, 20 17.

Michele L. Spane
Affiant
Michele L. Spane

SWORN TO AND SUBSCRIBED before me this the 17 day of JULY,
20 17.





NOTARY PUBLIC

My Commission Expires: 9/27/20

EXHIBIT 'A' (42)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths 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. 259 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 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 each year 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: 42-010-40

REQUESTED BY
Michele McCawley
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'99 FEB -4 AM 1:29

0460297

BK0299PG0862

LINDA SLATER
RECORDER
\$8.00 PAID *to* DEPUTY

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/05/2017
FEE NUMBER: 310617

CERTIFICATE NUMBER: 2017-024546

LOCAL FILE NUMBER: 2207

FIRST AND MIDDLE NAME(S): VERNA LEE
LAST NAME(S): HORNGREN

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: MAY 30, 2017
HOUR OF DEATH: 05:15 PM
SEX: FEMALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER: ████████-2594

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BROOKDALE ASSISTED LIVING
CITY, STATE, ZIP: EVERETT, WASHINGTON 98208

RESIDENCE STREET: 6151 128TH NE
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98033
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 50 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

FATHER/PARENT: WILLIAM OBERG
MOTHER/PARENT: MINERVA STEVER

BIRTH DATE: SEPTEMBER 08, 1925
BIRTHPLACE: TONASKET, OKANOGAN COUNTY, WASHINGTON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: EVERGREEN MEMORIAL PARK

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JUNE 12, 2017

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

FUNERAL FACILITY: EVERGREEN-WASHELLI FUNERAL HOME

INFORMANT: MICHELE SPANE
RELATIONSHIP: DAUGHTER
ADDRESS: 3510 ARBOR ST. BELLINGHAM, WA 98229

ADDRESS: 11111 AURORA AVE N
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98133
FUNERAL DIRECTOR: KATHERINE KUFFEL

CAUSE OF DEATH:

- A: CACHEXIA
INTERVAL: DAYS
- B: SENILE DEMENTIA
INTERVAL: YEARS
- C:
INTERVAL:
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: LAURA A. CURTIS, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: PO BOX 1526
CITY, STATE, ZIP: MERCER ISLAND, WA 98040
DATE SIGNED: MAY 31, 2017

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JUDY WERST
DATE RECEIVED: JUNE 02, 2017



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 information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event: <small>(City or County)</small>
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	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: _____ 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 foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ 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

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*To change any part of the name of a child, 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)

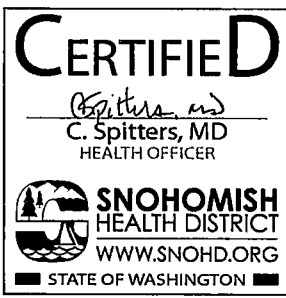
Death Certificates

- 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). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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 October 2015



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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.