

07/17/2017 02:13 PM Total:\$18.00 SHIRLEY HIGHTOWER APN# 1318-26-101-006 Recording Requested by/ Mail to: Name: SHIRLEY HIGHTOWER KAREN ELLISON, RECORDER Mail Tax Statements to: Name: Address: Oty/State/Zip:\_ AFFIDAUIT OF 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 -- NRS440.380(1)(A) & NRS 40.525(5) Judgment - NRS17.150(4) Military Discharge - NRS419.020(2)

DOUGLAS COUNTY, NV

Rec:\$18.00

2017-901468

Pgs=5

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

\$1.00 Additional Recording Fee for Use of This Page

### **Affidavit of Death**

STATE	OF	Cal	lifornia	
COUNT	Γ <b>Υ</b> (	OF	Sonom	2

I, Shirley Hightower, residing at 270 Colonial Park Drive, Santa Rosa, California 95403, being of legal age, depose and say that:

That Otis Lee Hightower, 244 FELICIDAD CT, SANTARO, SA, CA 95401 died on March 06, 2010 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein; EXHIBITA

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in California for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

#### Oath or Affirmation:

I certify under penalty of perjury under California law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

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

## STATE OF CALIFORNIA **COUNTY OF Sonoma**

before me, Laura R Nelson On JUN 12, 2017 , personally appeared Shirley High tower who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within Affidavit and acknowledged to me that he she executed the same in his her authorized capacity, and who, being first duly sworn on oath according to law, deposes and says that he she has read the foregoing Affidavit subscribed by him her) and that the matters stated herein are true to the best of his/her) information, knowledge and belief.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Notary Seal)



EXHIBIT A

icateataneateateateateateateatea

An undivided one-three thousand two hundered and thirteenth (1'3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter 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.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling 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 said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

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

# VIDEONIA CERTIFICATION OF VITAL RECORD

# COUNTY OF SONOMA SANTA ROSA, CALIFORNIA

		CERTIFICATE OF DEATH				3201049000716				
	STATE FILE NUMBER					LOCAL REGISTRATION NUMBER				
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT-FIRST (Given) OTIS	LEE		3. LAST (F HIGH	ITOWER	/				
	AKA. ALSO KNOWN AS - Include Juli AKA (FIRST, MIDDLE, LAS	m	4. DATE OF 03/09/	BIRTH mm/dd/ccyy	5. AGE Yrs. FUN		NDER 24 HOURS 6. SEX Monutes M			
	9. BIRTH STATE/FOREIGN COUNTRY LA  10. SOCIAL SECU	RITY NUMBER 11. EVER I	S X NO UNK	MARRIED	ı	3/06/2010	1351			
	13. EDUCATION - Highest Leval/Degree   14/15, WAS DECEDENT HIST		X NO A	FRICAN-AN			\\			
	17. USUAL OCCUPATION - Type of work for most of life. DO NO CARPENTER		8. KIND OF BUSINESS OR IND RESIDENTIAL C			amployment agency, etc.)	19. YEARS IN OCCUPATIO			
RESI US	20. DECEDENT'S RESIDENCE (Street and number, or location) 244 FELICIDAD COURT	1								
	SANTA ROSA	22. COUNTY/PROVINCE SONOMA	23. ZIP C 9540	1	50	25. STATE/FOREIGN CO	\ .			
INFOF-	28. INFO TMANTS HAME, RELATIONSHIP SHIRLEY HIGHTOWER, WIFE 27. INFORMANTS MAILING ADDRESS (Street and number, or ward route number, city or (own, state and 2p) 244 FELICIDAD COURT, SANTA RUSA, CA 95401  28. NAME OF SURVIVING SPOUSE/SRDP-FIRST 29. MIDDLE 30. LAST (BIRTH NAME)									
SPOUSE/SRDP AND PARENT INFORMATION	SHIRLEY 31. NAME OF FATHER/PARENT-FIRST	ANNETTE 32. MIDDLE	/_	FINLEY	and a		34. BIRTH STATE			
	JAMES  35. NAME OF MOTHER/PARENT-FIRST	BENJAMIN 36. MIDDLE	/_/	HIGHTOV	1		LA 38. BIRTH STATE			
	HELEN  39. DISPOSITION DATE mm/dd/coyy 40. PLACE OF FINAL L	THELMA RESIDEN	ICE OF SHIRLE	WILLIAMS			LA			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	03/09/2010 244 FEL1C1Ε 41. ΤΥΡΕ ΟΓ DISPOSITION(S)	DAD COURT, SA	NTA ROSA, CA	95401	VER		43. LICENSE NUMBER			
	CR/RES 44. NAME OF FUNERAL ESTABLISHMENT		OT EMBALMED NSE NUMBER   46, SIGNATUR	RE OF LOCAL REGIST	BAR	563	- 47. DATE mm/dd/ccyy			
	WINDSOR HEALDSBURG MORT	UARY FD19	25 ► MAR	Y MADDUX- HOSPITAL, SPECIFY O	-GONZALEZ	, MD	03/09/2010			
PLACE OF DEATH	KAISER FOUNDATION HOSPITA 104. COUNTY   105. FACILITY ADD:	L - SANTA ROSA	1 2	IP ER/OP Cocation)	DOA Hospic	Nursing Home/LTC	Decodent's Other			
	SONOMA 401 BICENTENNIAL WY  107. CAUSE OF DEATH  Enter the chain of events deseases, Injuries, or completations that directly caused death, DO NOT enter terminal events such					SANTA ROSA Time Interval Between   108, CEATH FEPORTED TO COPONERO				
н	as cardiac arrest, respiral with RESPIRATORY ARI	tory arrest, or ventricular fibrillation	without showing the elictogy. DO	O NOT ABBREVIATE.		Onset and Death (AT) 30 SECS	YES X NO			
	in death)  Sequentially, list conditions, if any,	VE PNEUMONIA				(BT) 1 1 MO	D9. BIOPSY PERFORMED?  X YES NO			
CAUSE OF DEATH	leading to cause on Line A. Enter UNDERLYING CAUSE (disease or Injury that						10. AUTOPSY PERFORMED? YES X NO			
CAUSE	initiated the events <sup>(U)</sup> _ resulting in death) LAST					(DT) 11	1. USED IN DETERMINING CAUSE? YES NO			
and the same of th	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE			N IN 107						
-	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN IT						ES NO UNK			
ICIAN'S	114. I CERTIFY THAT TO THE BEST OF MY INNONLEDGE LEATH COCUPRE AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive	ATHOMAS LA	WRENCE TOTH	M.D.	(343)	000775	03/08/2010			
PHYSICIAN'S CERTIFICATIO										
CORONER'S USE ONLY	MANNER OF DEATH Natural Accident Homic	ide Suicide Pand	ing Could not be determined	120. INJURED AT	NO NWK	121. INJURY DATE mm/	dd/ccyy 122. HOUR (24 Hours)			
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)  124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)									
	125. LOCATION OF INJURY (Street and number, or location, and city, and 25p)									
, S	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
	<u> </u>	/								
STAT REGIST		D E	10.000 *01000	1001446609*		FAX AUTH.#	CENSUS TRACT			
794				·						

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SONOMA

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

(Rev. 4'09) ABN

D 3 / 1 0 / 2010 \* 0 0 6 2 6 8 4 isially registered and placed ment of Health Services.

Local registrar.

Local registrar.

Local registrar.

Sonoma Country California

