

APN: 1319-30-645-003
Escrow No. 20171168-TS/AH
Title Order No. 17000082

DOUGLAS COUNTY, NV **2017-906548**
Rec:\$35.00
\$35.00 Pgs=5 11/06/2017 10:41 AM
STEWART TITLE VACATION OWNERSHIP
KAREN ELLISON, RECORDER

Recording Requested By:
Stewart Vacation Ownership

Mail Tax Statement to:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449

When Recorded Mail to:
Alice M. Hamlin
804 E. Florida Ave.
Nampa, ID 83686

AFFIDAVIT – DEATH OF JOINT TENANT
(Title of Document)

------(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 of Trustee – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Aleta Hannum Signature

Aleta Hannum Printed Name

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

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241(4) AND §39-274, IDAHO CODE

Local Reg. No.

DECEDENT	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) RICKEY JON HAMLIN SR		2. SEX MALE	3. SOCIAL SECURITY NUMBER 1324	
	4a. AGE-Last Birthday 64 (Years)	4b. UNDER 1 YEAR Months: Days: Hours: Minutes	4c. UNDER 1 DAY Hours: Minutes	5. DATE OF BIRTH (Mo/Day/Yr) 05/11/1948	6. BIRTHPLACE (City and State, Territory, or Foreign Country) BOISE, IDAHO
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY CANYON		7c. CITY OR TOWN NAMPA
	7d. STREET AND NUMBER 804 E FLORIDA		7e. APT. NO.	7f. ZIP CODE 83686	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) ALICE MAY BATEMAN	
PARENTS	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) DENVER A HAMLIN	11b. BIRTHPLACE (State, Territory, or Foreign Country) MISSOURI	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) BESSIE ROSE YOUNG		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
INFORMANT	13a. INFORMANT'S NAME (Type or print) ALICE M HAMLIN		13b. RELATIONSHIP TO DECEDENT WIFE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 804 E FLORIDA NAMPA, ID 83686	
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 8209 FAIRVIEW AVENUE BOISE, IDAHO 83704		
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BOISE FUNERAL HOME - ACLESA CHAPEL 8209 FAIRVIEW AVENUE BOISE, IDAHO 83704		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DAVID A. DEMBOWSKI		
PLACE OF DEATH	17b. LICENSE NUMBER (Of licensee) M0850		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient: 2 <input type="checkbox"/> ER/Outpatient: 3 <input type="checkbox"/> OOA 4 <input type="checkbox"/> Hospice facility 5 <input type="checkbox"/> Nursing home/Long term care facility 6 <input type="checkbox"/> Decedent's home 7 <input checked="" type="checkbox"/> Other (Specify) FACTORY				
DATE OF DEATH	* 20. FACILITY NAME (If not facility, give street and number) 4912 E FRANKLIN RD		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE NAMPA, ID 83687		
	* 22. COUNTY OF DEATH CANYON		* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 19, 2012		
CAUSE OF DEATH	24. TIME OF DEATH (24hr) Estimated 04:05 - 04:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 19, 2012		
	26. TIME PRONOUNCED DEAD (24hr) 05:30		27. CAUSE OF DEATH PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: a. PENDING DUE TO (or as a consequence of): b. _____ DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____		
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		
CERTIFIER	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable		
REGISTRAR	TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input checked="" type="checkbox"/> CORONER 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) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: VICKI DEGEUS-MORRIS		39b. LICENSE NUMBER 5 / 21 / 2012 MM DD YYYY		
39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): VICKI DEGEUS-MORRIS, 1115 ALBANY STREET CALDWELL, ID 83605		40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>			
		40b. DATE SIGNED 5 / 22 / 2012 MM DD YYYY			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **MAY 22 2012**

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR

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

PBNC0 (Rev) 07/10

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

STATE OF IDAHO County of Ada

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Health Statistics.

Jenene Hester

Local Vital Statistics Registration Official



* 0 0 0 9 6 4 7 9 *

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 1/48^{ths} 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. 255 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 further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, 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: 1319-30-645-003