DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00

REGINA WATSON

2019-930626

06/19/2019 01:21 PM

Pgs=5

| APN# 42-010-40 | |
|---|------|
| APN# 707070 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | . [] |
| Recording Requested by/Mail to: Name: Regma Pizzoma Walson KARENELLISON, RECORDER | |
| Address: 30726 Snowbyd Lane | |
| City/State/Zip: Evergreen, Co 80439 | |
| Mail Tax Statements to: | |
| Name: Ridge Tahoe P. D.A. | 44 |
| Address: P. O. Bo x 5 790 | ١ |
| City/State/Zip: State Line, NV 89449 | 74 |
| Affidavit of Death | |
| Title of Document (required) | |
| (Only use if applicable) | |
| The undersigned hereby affirms that the document submitted for recording DOES contain 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) | |
| Regne Watson | |
| Signature | |
| Signature Regum Watson | |
| Printed Name | |
| This document is being (re-)recorded to correct document #, and is correcting | |
| | |

A.P.N. # 42-010-40
Escrow No. 09002958/AH

Recording Requested By:
Regina Pizzonia

Mail Tax Statements To:
Ridge Tahoe P.O.A.
P.O. Box 5790
Stateline, NV 89449
When Recorded Mail To:
Regina Pizzonia Watson
30726 Snowbird Lane
Evergreen, Co 80439

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada County of <u>Douglas</u> } ss.

JEANNIE PIZZONIA, of legal age, being first duly sworn, deposes and says That **JOSEPH PIZZONIA**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **JOSEPH PIZZONIA** named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated February 25, 1999 executed by Kenneth D. Purk, Jr. and Donna L. Purk – husband and wife, to Joseph Pizzonia and Jeannie Pizzonia, husband and wife and Regina Pizzonia, an unmarried woman, recorded as Document No. 463082, on March 11, 1999 in Book 0399 Page No. PG 2776 of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

The Ridge Tahoe, Cascade Building, Every Year Use, Week # 42-287-33-01, Stateline, Nevada 89449. See Exhibit 'A' attached hereto and by this reference made a part hereof.

Signature vocano Signature Vocano Pizzonia S

Dated 5/6/2019

Notary Public

State of Maryland

County of Montement ss.

This instrument is acknowledged before me on _5/6/2019.

Signature – Notary Public

RASHIDAT A THOMAS Notary Public – State of Maryland Montgomery County My Commission Expires Mar 15, 2021

GRANT, BARGAIN and SALE DEED

THIS INDENTURE WITNESSETH: That KENNETH D. PURK, JR. and DONNA L. PURK, husband and wife

in consideration of \$10.00, the receipt of which is hereby acknowledged, does hereby Grant, Bargain Sell and Convey to

JOSEPH PIZZONIA and JEANNIE PIZZONIA, husband and wife and REGINA PIZZONIA, an unmarried woman, altogether as joint tenants with right of survivorship, and not as Tenants in Common

and to the heirs and assigns of such Grantee forever, all that real property situated in the Unincorporated area County of Douglas State of Nevada, bounded and described as follows:

The Ridge Tahoe, Cascade Building, Every Year Use, Week #42-287-33-01, Stateline, NV 89449

See Exhibit 'A' attached hereto and by this reference made a part hereof.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATE: February 25, 1999

STATE OF WAShington } ss.

This instrument was acknowledged before me on March 151/99 by, Kenneth D. Purk, Jr. and Donna L.

Purk

Signature

Notary Public

Jadea

RECORDING REQUESTED BY:

STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

J., J. & R. Pizzonia 34 Edgar Dr.

Smithtown, NY 11787

MAIL TAX STATEMENTS TO:

Ridge Tahoe P.O.A.

P.O. Box 5790

Stateline, NV 89449

COLE COMMISSION ATE OF LAND COMMISSION AT LAND COMMISSION

(This area above for official notarial seal)

0463082 BK0399PG2776

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 shown on Tahoa undivided 1/48ths interest in and to Lot 42 as Village Unit No. 3-14th amended Map, recorded April 1, 1994, as Document No. 333985, Officials Records of Douglas County, State 255 through excepting therefrom Unite Nevada, 287 as shown on said map; and (B) Unit No. (inclusive) shown and defined on said map; together described in the Amended and Restated Declaration of Time Share Covenants, The Ridge Tahoe recorded and Restrictions for Conditions February 14, 1984, as Document No. 096758, as amended, and the Declaration of Annexation of The Ridge Tahoe Phase Seven recorded April 26, 1995, as Document No. 360927, as amended by and Restated Declaration of Annexation of The Ridge recorded May 4, 1995, as Document No. Tahoe Phase Seven, further amended by the Second Amendment of and as Tahoe Phase Annexation of The Ridge Declaration of recorded on October 17, 1995 as Document No. 372905, and as the First Amended Recitation of Easements in described Affecting The Ridge Tahoe recorded June 9, 1995 as Document 363815, and subject to said Declarations; with the exclusive . right to use said interest, in Lot 42 only, for one week 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 esasement 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

STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'99 MAR 11 AIU:28

0463082 BK0399PG2777 LINDA SLATER
RECORDER
PAID A DEPUTY

ESENCE OF WATERMARK

Department of Health and Mental Hygiene **Division of Vital Records**

| | Please Type or Print in Black II State of Maryland / Dep | artment of Health and M | • |). : | |
|--|--|---|--|--|--|
| | Registrar 1. Decedent's Name (First, Middle, Last) | rtificate of Death | Reg. No. | | |
| hysician/ Medical | Joseph Francis Pizzonia | | 2. Date of Death Month September 6 2014 | 3. Time of Death 6:16 P M | |
| Examiner | 4a. Facility Name (if not institution, give street and number) Casey House-Montgomery County | 4b. City, Town, or Location of Death Derwood | and the second s | 4c. County of Death Montgomery | |
| uneral | 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) | If Under 1 Year If Under 24 Hrs. Months Days Hours Min. | | irthplace (State or Foreign country) | |
| rector 출 చ | 10a. State 10b. County 10c. City, Town or Lo | · · · · · · · · · · · · · · · · · · · | 12/09/1929 Ne | w York | |
| 1 23a or 28a-f sho ust be notified at eral Director | | gomery Village | \ \ | 1 🖔 Yes 2 🗆 N | |
| thens | 10a. Street and Number | 10f. Zip Code 20886 | 10g. Citizen of What C | - | |
| tems 23s er must b Funeral | 9816 Islandside Drive 11. Marital Status 12. Was Decedent Ever in U.S. 13. | Was Decedent of Hispanic Origin? (Specify Yes, specify Cuban, Mexican, Puerto F | United St | | |
| ā B | 1 Li Never Married 2 KJ Married 1 Ves 2 KJ No | if Yes, specify Cuban, Mexican, Puerto F 1 ☐ Yes 2 🔀 No Specify: | Constant | lte, etc. hite | |
| r than "natural" the Medical Ext | 15. Decedent's Education (Specify only highest grade completed) (Give | dent's Usual Occupation kind of work done during most of workin | 16b. Kind of Busines | s/industry | |
| | Elementary/Secondary (0-12) College (1-4 or 5+) 4 E1e | oo NOTuse relired) ctrical Engineer | company ar | ing equipmer nd design | |
| c event, b | 17. Father's Name (First, Middle, Last) | | (First, Middle, Maiden Surname) | ingineer | |
| martic 1 | Enrico Pizzonia 19a. Informant's Name/Relationship (Type, Print) 19b. Mail | Vitto No Address (Street and Number or Rural | ria Paladino Boute Number City or Town State 2 | Zip Code) 20886 | |
| m 27 is ner trak | Jeannie Pizzonia (Spouse) 9816 | Islandside Drive, | | 40000 | |
| 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) | metory or other place) Septe | | | |
| importan eny injur once. | 21. Signature of Funeral Service Licensee 2 | rk 11, 2 2. Name and Address of Facility De V | 014 Farmingdal Vol Funeral Home. | le. NY 10 East | |
| 5 5 8 | 1. CACYA Three MO1117 | Deer Park Drive, (| Saithersburg, MD | 20877 | |
| ician/ | 23a. Part 1. Enter the disease, or complications that caused the death. Do not ent shock, or heart failure. List only one cause on each line. Immediate Cause (Final | / / | respiratory arrest, | Approximate Interval Between Onset and Death 3 Years | |
| edical miner | disease or condition resulting in death) a. Congestive Hear Due to (or as a consequence of): | ted cardiomyopathy | | 3 years | |
| Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): C. Due to (or as a consequence of): | led caratomy options | | 3 years | |
| the buri | d | | | | |
| should be detached for use as should be detached for use as leated by Physician/Me | IF FEMALE: 23b. Was decedent pregnant 23c. If yes, outcome of pregnancy 23d. Date of delivery 1 Live Birth 2 Fetal death 3 Ectopic pregnancy 23d. Date of delivery 1 Live Birth 2 Fetal death 5 Other (specify) 1 Month Day Y | | | | |
| be deta | | | | | |
| cate has been signed on the categories of the ca | 1 ☐ Yes 2 💆 No 3 ☐ F | | | | |
| 3 ~ 1 | 24a. Was an autopsy prior to death? 1 | | | | |
| B actor | 25. Was case referred to medical examiner? Hospital 1. Other | | | | |
| | 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 X Other (Specify) HOSPICE | | | | |
| In by the funeral Certificate: | 1 Natural 5 Pending (Month, Day, Year) Injury work? 2 Accident Investigation 3 Suicide 6 Could not be | | | | |
| | | | | | |
| Pletely fille | 29a. Certifier (Check 2 Medical Examiner: On the basts of my knowledge, death 2 Medical Examiner: On the basts of examination and/or investigation. | stigation, in my opinion, death occurred at | the time, date and place, and due to the | cause(s) and manner stat | |
| completely filled in | 29b. Signature and title of certifier 29c. License number 29d. Date signed (Me | | | th, Day, Year) | |
| Ψ. | Kirtual & Kar My | MD 11615 | September | 8, 2014 | |
| | 30. Name and address of person who completed cause of death (Item 23a) (Type, Richard Katz, M.D., 2150 Pennsylvani | | hington DC 20037 | | |
| State egistrar | 31. Date filed (Month, Day, Year) SEP 0 9 2014 SEP 0 9 2014 | : | | | |
| Rev 06-201 | | | | | |
| | HEREBY CERTIFY TERTIFIED | OCCUMENT IS A TRUE COPY OF | | | |
| 676 | A REFORM ON FILE IN THE DIV | | | | |

05710/2019 DATE ISSUED:

GENEVA G. SPARKS, STATE RESISTRAR

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL OF VITAL RECORDS CLEARLY EMBOSSED.