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KAREN ELLISON, RECORDER

APN:A ptn of 1319-30-644-096

Return document to:  
William V. Martin  
3720 Jefferson St.  
Napa, Ca. 94558

Mail tax statements to:  
Ridge Tahoe P.O.A.  
P.O. Box 5790  
Stateline, Nv 89449

STATE OF Nevada )  
COUNTY OF Douglas )

**AFFIDAVIT OF DEATH OF JOINT TENANT**  
Under NRS 111.365

THE AFFIANT, William V. Martin of 3720 Jefferson St., I, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Sharon L. Martin, the decedent mentioned in the attached certified Certificate of Death, who died May 22, 2013 in Napa, California, is the same person as Sharon Louise Martin
3. That the affiant and the decedent were both grantees in that certain warranty deed dated November 5, 2003, recorded December 23, 2003, as document or file number 600415, book 1203, at page 10798, records of Douglas County, Nevada, and executed by the grantor, Bobbie J. Kirkley and Beverly Kirkley to the grantee(s), William V. Martin and Sharon L. Martin as joint tenants with right of survivorship, covering the real property commonly known as Ridge Tahoe, Plaza Building, Swing, City of Stateline, Nv. 89449, County of Douglas, State of Nevada, more particularly described as: The Ridge Tahoe, Plaza Building, Swing Season, Week #37-186-39-01/ Stateline, Nevada, 89449. See Exhibit "A" attached here to and by this reference made part hereof.

Exhibit A

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 186 as shown and defined on said Condominium Plan; 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 096758, as amended and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 272629, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week each year in the Swing " Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-096

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

OFFICE OF VITAL STATISTICS  
**COUNTY OF NAPA**  
NAPA, CALIFORNIA 94559-3721

3052013101839

**CERTIFICATE OF DEATH**

3201328000491

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>SHARON</b>		2. MIDDLE <b>LOUISE</b>		3. LAST (Family) <b>MARTIN</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>12/20/1952</b>		5. AGE Yrs. <b>60</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>OH</b>		10. SOCIAL SECURITY NUMBER <b>██████-1714</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP (at Time of Death) <b>MARRIED</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>SEAMSTRESS</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>STATE VETERANS HOME</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/22/2013</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>3720 JEFFERSON STREET</b>		23. ZIP CODE <b>94558</b>		24. YEARS IN COUNTY <b>57</b>	
21. CITY <b>NAPA</b>		22. COUNTY/PROVINCE <b>NAPA</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>WILLIAM V. MARTIN, HUSBAND</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>3720 JEFFERSON STREET, NAPA, CA 94558</b>			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>WILLIAM</b>		29. MIDDLE <b>VERNON</b>		30. LAST (BIRTH NAME) <b>MARTIN</b>	
31. NAME OF FATHER/PARENT - FIRST <b>ROBERT</b>		32. MIDDLE <b>EUGENE</b>		33. LAST <b>TYSON</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>DORA</b>		36. MIDDLE <b>JANE</b>		37. LAST (BIRTH NAME) <b>DAVIS</b>	
30. DISPOSITION DATE mm/dd/yyyy <b>05/31/2013</b>		40. PLACE OF FINAL DISPOSITION <b>RES: WILLIAM V. MARTIN, HUSBAND 3720 JEFFERSON STREET, NAPA, CA 94558</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RIS</b>		42. SIGNATURE OF EMBALMER <b>ROLAND WALLACE</b>		43. LICENSE NUMBER <b>EMB8513</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>TREADWAY AND WIGGER FUNERAL CHAPEL</b>		45. LICENSE NUMBER <b>FD463</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>KAREN SMITH, MD</b>	
47. DATE mm/dd/yyyy <b>05/28/2013</b>					
101. PLACE OF DEATH <b>QUEEN OF THE VALLEY MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>NAPA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1000 TRANCAS STREET</b>		106. CITY <b>NAPA</b>	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) ACUTE CARDIOPULMONARY ARREST</b> <b>(B) HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>		Time Interval Between Onset and Death (AT) <b>MINS.</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>C13-311</b>	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(C)</b> <b>(D)</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) <b>METASTATIC NEUROENDOCRINE CARCINOMA; DIABETES MELLITUS; HYPOTHYROIDISM</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy Decedent Last Seen Alive: (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>MARK A HORVATH</b>		116. LICENSE NUMBER <b>██████████</b>	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		121. INJURY DATE mm/dd/yyyy	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER <b>MARK A HORVATH</b>		127. DATE mm/dd/yyyy <b>05/24/2013</b>	
128. SIGNATURE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>MARK A HORVATH, DEPUTY CORONER</b>		123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
STATE REGISTRAR		A B C D E		CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF NAPA

This is a true and exact reproduction of the document of a legally registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA, HEALTH AND HUMAN SERVICES AGENCY.

DATE ISSUED **MAY 29 2013**

This copy is valid unless prepared on an unapproved form or signed by a person not authorized by the State of California Registrar.



*Karen Smith, MD MPH*  
KAREN SMITH, MD MPH  
NAPA COUNTY REGISTRAR



4. That the relationship between the affiant and the decedent was that of:  
husband and wife

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT  
SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY  
NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525  
AND NRS 440.380(1)(a).

I declare under penalty of perjury under the law of the State of Nevada that the  
foregoing is true and correct.

IN WITNESS WHEREOF, I set my hand this 7<sup>th</sup> day of JANUARY, 2021.

William V. Martin

Affiant

William V. Martin of 3720 Jefferson St., NAPA, CA. 94558

Print name

*Construe all terms with the appropriate gender and quantity  
required by the sense of this instrument.*

Subscribed and sworn to on this 7<sup>th</sup> day of January, in the year

2021, before me, \_\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print name

\_\_\_\_\_  
My commission expires:

*See CA Complaint  
Jurat attached*

A notary public or other officer completing this certificate verifies only the identity of the individual 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 Napa

Subscribed and sworn to (or affirmed) before me on this 7th  
day of January, 2021, by William V. Martin

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature C. Sims-Cardwell, Notary Public