

DOUGLAS COUNTY, NV **2021-961815**
Rec:\$40.00
\$40.00 Pgs=3 **02/11/2021 02:32 PM**
LEGACY ADVENTURES INCORPORATED
KAREN ELLISON, RECORDER

Mail Tax Statements to:
Kathryn Mary Chambers
14714 Sandy Creek Dr Houston TX 77070
Please return to:
Options Travel
1300 Rayford Park Rd Ste C
Spring, TX 77386
Prepared by:
Kathryn Mary Chambers
14714 Sandy Creek Dr Houston TX 77070
APN # 1319-30-694-014
RPTT: 13-65

Affidavit of Continuous Marriage – Deceased Spouse

BEFORE ME, the undersigned authority, on this 27 day of January, 2021 personally appeared **Kathryn Mary Chambers**, whose address is: 14714 Sandy Creek Dr Houston TX 77070, who being first duly sworn upon oath, deposes and says:

That Affiant and **Geoffrey David Chambers**, (deceased husband) the death certificate is attached, were husband and wife upon obtaining title to the following described real estate located in the Douglas County, Nevada as follows:

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, rerecorded 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 051 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 No 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 271619, 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 Decorations.

That Affiant and **Geoffrey David Chambers** remained married to each other continuously, without interruption from the date of taking title to subject property until the date of death of **Geoffrey David Chambers December 6, 2019**.

The plural number as used herein shall equally include the singular. The masculine or feminine gender as used herein, shall equally include the neuter.

IN WITNESS WHEREOF the Grantor has caused these presents to be signed the day and year above written.

Signed, sealed and delivered in our presence:

[Signature]

Witness #1 Signature

Sadie Franklin

Witness #1 Printed Name

[Signature]

Witness #2 Signature

Jasmine Ruff

Witness #2 Printed Name

GRANTOR(S):

K.M. Chambers.

Grantor Signature

Kathryn Mary Chambers

Grantor Printed Name

Grantor Signature

Grantor Printed Name

STATE OF Texas

COUNTY OF Montgomery

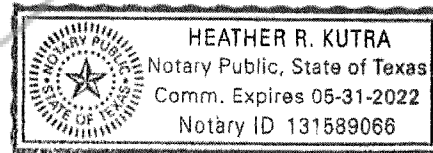
On the 27 day of January in the year 2020 before me, the undersigned, personally appeared Kathryn Mary Chambers, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

[Signature]

NOTARY PUBLIC SIGNATURE

Heather R. Kutra

NOTARY PUBLIC PRINTED NAME



MY COMMISSION EXPIRES 5-31-2022

ATTENTION: NOTARY PUBLIC, PLACE YOUR STAMP IN A CLEAR AREA AND STAY INSIDE MARGIN AND IF USING STAMP AND EMBOSSE DO NOT STAMP OVER EMBOSSED SEAL. MAKE SURE EMBOSSE IS WELL RAISED UP TO BE ABLE TO SHADE IT WITH PENCIL TO MAKE THE RAISED PRINT READABLE AND REPRODUCIBLE.

"No title search was performed on the subject property by the preparer. The preparer of this deed makes neither representation as to the status of the title nor property use. Information herein was provided to the preparer by Grantor/Grantee and/or their agents."

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Dec 13 2019

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-19-188740

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) GEOFFREY DAVID CHAMBERS				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) DECEMBER 6, 2019	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) APRIL 10, 1945	5. AGE-Last Birthday (Years) 74	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Mins	6. BIRTHPLACE (City & State or Foreign Country) UNITED KINGDOM
7. SOCIAL SECURITY NUMBER 1916			8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (if spouse, give name prior to first marriage) KATHRYN THOMAS
10a. RESIDENCE STREET ADDRESS 14714 SANDY CREEK DR			10b. APT NO	10c. CITY OR TOWN HOUSTON	
10d. COUNTY HARRIS	10e. STATE TEXAS	10f. ZIP CODE 77070	10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE ERIC LAWRENCE CHAMBERS			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE IRIS TANDY		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH HARRIS		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) HOUSTON, 77070		16. FACILITY NAME (if not Institution, give street address) 14714 SANDY CREEK DR	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED KATHRYN CHAMBERS - WIFE			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 14714 SANDY CREEK DR., HOUSTON, TX 77070		
19. 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 state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NATALIE SANCHEZ-CASTILLO, BY ELECTRONIC SIGNATURE - 10076		21. Section Block Lot Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) CREMATE TEXAS CREMATORY			23. LOCATION (City/Town, and State) SOUTH HOUSTON, TX		
24. NAME OF FUNERAL FACILITY CYPRESS - FAIRBANKS FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 9926 JONES ROAD, HOUSTON, TX 77065		
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, autopsy investigation, or my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER MUBARAK KHAWAJA, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) DECEMBER 13, 2019	29. LICENSE NUMBER K3277	30. TIME OF DEATH (Actual or presumed) 07:04 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) MUBARAK KHAWAJA 2222 GREENHOUSE RD STE 400, HOUSTON, TX 77084			32. TITLE OF CERTIFIER MD		
33. PART 1. 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 EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		Approximate interval Onset to death UNKNOWN	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST		b. UNSPECIFIED PANCREATIC CANCER		UNKNOWN	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1		SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	40d. PLACE OF INJURY (a. p., Decedent's home, construction site, restaurant, wooded area)		
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR <i>Tara Das</i>			

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 198B)

QA 15678450

VS-112 REV 12/006

JON

EDR NUMBER 00044444617807

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Dec 16 2019

Tara Das
TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

