

DOUGLAS COUNTY, NV

2021-966579

Rec:\$40.00

\$40.00 Pgs=3

04/30/2021 08:24 AM

DIAMOND RESORTS

KAREN ELLISON, RECORDER

Mail tax Statement to:
When recorded return to:
Diamond Resorts International ®
10600 W. Charleston Blvd.
Las Vegas, NV 89135
Contract # 1114769 - Transitions

Space above this line for Recorder's Use

AFFIDAVIT – DEATH OF JOINT TENANT

APN: 1319-30-712-001

State of TEXAS

County of WILLIAMSON

Corinne R.N. LaLiberte, of legal age, being first duly sworn, deposes, and says:

That **Lawrence Joseph Laliberte**, who acquired title as **Lawrence J. Laliberte**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as one of the parties in that certain Special Warranty Deed dated 11/14/2002 executed by **Ridge Pointe Limited Partnership** to **CORINNE R.N. LALIBERTE AND LAWRENCE J. LALIBERTE, WIFE AND HUSBAND**, as Joint Tenants with Right of Survivorship recorded as Instrument No. 2003-0567573 on 02/20/2003 of Official Records of **DOUGLAS** County covering the following described property situated in the State of Nevada.

SEE "LEGAL DESCRIPTION"
SEE "DEATH CERTIFICATE"

Corinne R.N. LaLiberte
Corinne R.N. LaLiberte

Dated 8/15/2020

The foregoing instrument was acknowledge before me by means of physical presence or by online notarization, this 5th day of August, 2020, by **Corinne R.N. LaLiberte** (name of person acknowledging), who is personally known to me or has produced Drivers Licence (type of identification) as identification.

Notary Signature

Nilesh Patel
Notary Printed or Typed Name

SEAL

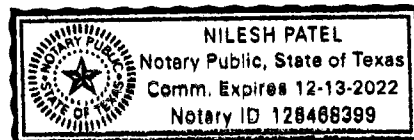


EXHIBIT "A" (160)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: If annual an undivided 1/1326TH and if biennial an undivided 1/2652nd interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 – 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: beginning at the Northeast corner of Lot 160; thence South 31° 11'12" East 81.16 feet; thence South 58° 48'39" West 57.52 feet; thence North 31° 11'12" West 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angel of 18° 23'51", an arc length of 57.80 feet the chord of said curve bears North 60° 39'00" East 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each **Biennial Odd** year in accordance with said Declaration.

A portion of APN: 1319-30-712-001

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Feb 11 2020

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-20-018944

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
LAWRENCE JOSEPH LALIBERTE				FEBRUARY 4, 2020	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country)
MALE	SEPTEMBER 23, 1936	83			MINNEAPOLIS, MN
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
6810	<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			CORINNE RUTH HOCHMAN	
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
419 DOVE HOLLOW TRAIL				GEORGETOWN	
10d. COUNTY		10e. STATE		10f. ZIP CODE	10g. INSIDE CITY LIMITS?
WILLIAMSON		TEXAS		78633	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE		
ARSENE LALIBERTE			MARYANN BOLDUC		
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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)		16. FACILITY NAME (If not institution, give street address)	
WILLIAMSON		GEORGETOWN, 78626		PARK PLACE ASSISTED LIVING	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
CORINNE RUTH LALIBERTE - WIFE			419 DOVE HOLLOW TRAIL, GEORGETOWN, TX 78633		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21.	
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		KEVIN BYRON, BY ELECTRONIC SIGNATURE - 10835		<input checked="" type="checkbox"/> Unknown	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
UNIVERSITY OF TEXAS HEALTH SCIENCES			HOUSTON, TX		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
CARNES FUNERAL HOME - TRADE			3100 GULF FREEWAY, TEXAS CITY, TX 77591		
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, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
JENNIFER D CAMERON, BY ELECTRONIC SIGNATURE		FEBRUARY 7, 2020	M6064	02:00 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER		
JENNIFER D CAMERON 2400 ROUND ROCK AVE, ROUND ROCK, TX 78681			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.					Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)					MONTHS YEARS
a. ADULT FAILURE TO THRIVE Due to (or as a consequence of):					
b. DEMENTIA, NOS Due to (or as a consequence of):					
c. _____ Due to (or as a consequence of):					
d. _____ Due to (or as a consequence of):					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
DIABETES, ESSENTIAL HYPERTENSION					
34. WAS AN AUTOPSY PERFORMED?		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<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	
39. IF TRANSPORTATION INJURY, SPECIFY:					
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
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>			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 WARNING: The penalty for knowingly making a false statement in this form can be 2-40 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 195B)

EDR NUMBER 00004444655286

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 Feb 13 2020

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

TARA DAS
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

