

APN# 42-254-09



00140001202109720620040043

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Dianne L. Hall

Address: 7316 Rafter Rd

City/State/Zip: Franktown, CO 80116

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

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)

Dianne L. Hall
Signature

Dianne L. Hall
Printed Name

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

AFFIDAVIT OF DEATH
FOR DISTRIBUTION OF DECEDENT'S PROPERTY
State of Nevada

I, Dianne Hall, being of the legal age of consent, being duly sworn, do depose and state that I wish to claim property of the deceased, James C Hall, whose social security number is [REDACTED]-7517 and who was a resident of the state of Colorado at the time of their death on June 21, 2016. The date of death is evidenced by a certified copy of the Certificate of Death, attached hereto.

I am the successor to the decedent's interest in the below described funds held by various banking institutions and no other person has a superior right to the interest of the decedent in the described funds held by various banking institutions.

The value of the decedent's entire estate subject to probate, wherever located, minus liens and encumbrances, is estimated to be \$ 5,000.00. The appropriate number of days have elapsed since the decedent's death before making this claim for funds. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

All debts of the decedent, including funeral and burial expenses and all unsecured debts, have been fully paid or provided for.

THEREFORE, I am claiming the following portion of the decedent's following funds:

100%

All of the above funds shall be subject to probate.

I have personally served or mailed written notice to all other successors of the decedent identifying and describing my claim. At least 10 (ten) days have passed since the service and/or mailing of such notice. Thus, I am entitled to full payment and/or delivery of the funds claimed on my behalf.

Oath or Affirmation of Affiant:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct to the best of my knowledge.

Dianne Hall

Dianne Hall, Affiant

8/2/21

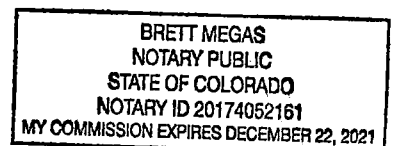
Date

STATE OF Colorado, COUNTY OF Douglas: On this 2nd day of

August 2021, before me, Brett Megas, personally appeared Dianne Hall, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same as for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal. Brett Megas Notary Public

20174052161 Title My commission expires: 12/22/2021



An undivided 1/51 interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 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 there from Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 9 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, in the Declaration of Annexation of The Ridge Tahoe phase Six recorded December 18, 1990, as Document No. 241238, as Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, 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 28 only, for one week each year in accordance with said declarations.

A portion of APN: 42-254-09

STATE OF COLORADO
CERTIFICATION OF VITAL RECORD

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) James Charles HALL			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) June 21, 2016	
4. SOCIAL SECURITY NUMBER ██████-7517		5a. AGE - (Years) 81	5b. UNDER 1 YEAR Mos Days	5c. UNDER 1 DAY Hrs Mins	6. DATE OF BIRTH Month Day Year October 19 1934	
7. BIRTHPLACE (City and State or Foreign Country) Moline, IL						
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify) OTHER: <input type="checkbox"/> Assisted Living/Nursing Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Decedent's Residence				
9b. FACILITY NAME (If not institution, give street and number) 7316 Rafter Rd.			9c. CITY, TOWN, OR LOCATION OF DEATH Franktown		9d. COUNTY OF DEATH Douglas	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) College Administrator			10b. KIND OF BUSINESS/INDUSTRY Education		11. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	
12. SPOUSE (If wife, give maiden name) Dianne Lynn Baker						
13a. RESIDENCE - STATE CO		13b. COUNTY Douglas	13c. CITY, TOWN, OR LOCATION Franktown		13d. STREET AND NUMBER 7316 Rafter Rd.	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 80116	14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify) White		16. EDUCATION: (Specify only highest grade completed) Elementary or secondary (0-12) College (13-16 or 17+) 17+
17. FATHER - NAME (First, Middle, Last) John C. Hall			18. MOTHER - NAME (First, Middle, Maiden) Katherine Jasper		19. INFORMANT - NAME and relationship to decedent Dianne Lynn Hall- wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial/Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mountain View Crematory		20c. LOCATION - City or Town, State Denver, CO		
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Signature: <i>Don A. Roman</i>				21b. NAME AND ADDRESS OF FACILITY AGAPE Funeral Services P.O.Box 3241 Littleton, CO 80161		
22a. REGISTRAR'S SIGNATURE Signature: <i>Sale Rock - Deputy</i>				22b. DATE FILED (Month, Day, Year) JUN 28 2016		
23. TIME OF DEATH 7:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Milt		24. DATE AND TIME PRONOUNCED DEAD Month Day Year Time June 21 2016 1900		25. WAS CORONER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY SIGNING PHYSICIAN 25a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>Alan Abcaf MD</i> <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO				TO BE COMPLETED BY CORONER 27a. 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 as stated. Signature: <input type="checkbox"/> Coroner <input type="checkbox"/> Assoc/Deputy Coroner		
26a. DATE SIGNED (Month, Day, Year) 8/23/2016				27b. DATE SIGNED (Month, Day, Year)		
26c. NAME, AND MAILING ADDRESS OF SIGNING PHYSICIAN 13111 E Briarwood Ave #250 Centennial, Co 80112 Dr. Alan Abcaf MD				27c. NAME AND COUNTY		
26d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN				28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN		
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined		30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> Not pregnant within last 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		
32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Milt	32c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	32d. DESCRIBE HOW INJURY OCCURRED		
32e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)						32f. LOCATION INJURED (Street and Number or Rural Route Number, City, County, State)
33. IMMEDIATE CAUSE - enter only one cause per line for (a), (b), and (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.						Interval between onset and death
Part 1. Conditions if any which gave rise to immediate cause stating the underlying cause last (c). (a) Lung Cancer DUE TO OR AS A CONSEQUENCE OF: (b) _____ DUE TO OR AS A CONSEQUENCE OF: (c) _____						Interval between onset and death UNK. Interval between onset and death
Part 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part 1 CAD, Hypertension, Hyperlipidemia, BPH, Diabetes, Cort						Interval between onset and death
34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					35. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FUNERAL DIRECTOR

PHYSICIAN/CORONER

DATE ISSUED **JUN 28 2016**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW. Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

Alex Quintana
A ALEX QUINTANA
STATE REGISTRAR



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