

DOUGLAS COUNTY, NV **2022-984039**
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\$40.00 Pgs=3 04/22/2022 11:49 AM
SMITH SLUSKY POHREN AND ROGERS, LLP
KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:
Smith Slusky Pohren & Rogers LLP

AND WHEN RECORDED MAIL DOCUMENT TO:
Smith Slusky Pohren & Rogers LLP
3555 Farnam Street, Suite 1000
Omaha NE 68131

Space Above This Line for Recorder's Use Only

AFFIDAVIT - DEATH OF JOINT TENANT/SPOUSE

STATE OF NEBRASKA,
COUNTY OF Douglas

}
} SS.
}

Rhonda J. Fauss, of legal age, being first duly sworn, deposes and says:

That **Lanny N. Fauss**, the decedent, mentioned in the attached certified copy of Certificate of Death, is the same person as **Lanny N. Fauss** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **July 1, 1990** executed by **Harich Tahoe Developments, a Nevada general partnership** to **Lanny N. Fauss and Rhonda J. Fauss, husband and wife, as joint tenants with right of survivorship**, recorded as Instrument No. **1990-230077**, on **July 12, 1990**, in Book **790**, Page(s) **1563**, of Official Records of **Douglas** County, **Nevada**, covering the following described property situated in the City of **Minden**, County of **Douglas**, State of **Nevada**:

A Timeshare Estate Comprised of:

PARCEL ONE:

An undivided 1/51st interest in and to that certain condominium as follows:

(A) An undivided 1/106ths interest as tenants-in-common, in and to Lot 37 of Tahoe Village Unit No. 3, as shown on the Ninth Amended Map recorded July 14, 1988 as Document No. 182057, Official Records of Douglas County State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County.

(B) Unit No. 060 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book

173, Page 229 of Official Records and in the modifications thereof recorded September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40 and 41 as shown on said Tahoe Village Unit No. 3, Seventh Amended Map, recorded April 9, 1986, as Document No. 133178 of Official Records of Douglas County, State of Nevada and such recreational areas as may become a part of said timeshare project, for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

(A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112 recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, and

(B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records of Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758, of Official Records of Douglas County, during ONE use week within the "Prime Season", as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

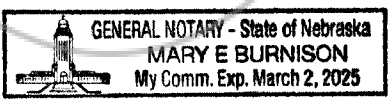
The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

Document Date: 04-11-22

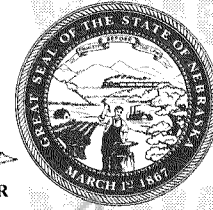
Rhonda J. Fauss
Rhonda J. Fauss

This instrument was acknowledged before me on April 11, 2022 by Rhonda J. Fauss.

Mary E Burnison
Notary Public
My Commission Expires: 3-2-2025



WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS



DATE OF ISSUANCE
5/1/2020
LINCOLN, NEBRASKA

Sarah Bohrenkamp
SARAH BOHNENKAMP
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH
AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

20 05495

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Lanny Norris Fauss			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) April 19, 2020	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Norfolk, Nebraska			5a. AGE - Last Birthday (Yrs.) 76		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
7. SOCIAL SECURITY NUMBER 9557			8a. PLACE OF DEATH <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)		6. DATE OF BIRTH (Mo., Day, Yr.) December 29, 1943	
8b. FACILITY-NAME (if not institution, give street and number) CHI Health Midlands			8c. CITY OR TOWN OF DEATH (Include Zip Code) Papillion 68046			8d. COUNTY OF DEATH Sarpy
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Sarpy		9c. CITY OR TOWN Gretna		
9d. STREET AND NUMBER 13010 S 192nd St			9e. APT. NO.		9f. ZIP CODE 68028	
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name: Rhonda Jean Wilson			
11. FATHER'S NAME (First, Middle, Last, Suffix) Norris Malcom Fauss			12. MOTHER'S NAME (First, Middle, Maiden Surname) Pauline Rose Hall			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT-NAME Rhonda J Fauss		14b. RELATIONSHIP TO DECEDENT Spouse	
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER-SIGNATURE Not Embalmed		16b. LICENSE NO.		16c. DATE (Mo., Day, Yr.) April 23, 2020
16d. CEMETERY, CREMATORY OR OTHER LOCATION Elmore Crematory			CITY / TOWN Omaha		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Roeder Mortuary, Inc., 11710 Standing Stone Drive, Gretna, Nebraska					17b. Zip Code 68028	
CAUSE OF DEATH (See instructions and examples)						
18. PART I. 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 a line. Add additional lines if necessary.					APPROXIMATE INTERVAL	
IMMEDIATE CAUSE (Final disease or condition resulting in death) 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					onset to death Immediate	
IMMEDIATE CAUSE: a) Cardiopulmonary Arrest						
DUE TO, OR AS A CONSEQUENCE OF: b) Unknown					onset to death	
DUE TO, OR AS A CONSEQUENCE OF: c)					onset to death	
DUE TO, OR AS A CONSEQUENCE OF: d)					onset to death	
18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.					19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20. 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 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO						
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY		22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify)		
22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED				
22f. LOCATION OF INJURY - STREET & NUMBER, APT.NO.		CITY/TOWN		STATE		ZIP CODE
23a. DATE OF DEATH (Mo., Day, Yr.) April 19, 2020			23b. DATE SIGNED (Mo., Day, Yr.) April 29, 2020		23c. TIME OF DEATH 07:29 PM	
23d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Andrew T. Herd, MD			24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH	
23e. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. TIME PRONOUNCED DEAD	
24e. 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) stated. (Signature and Title)						
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN		26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Andrew T. Herd, MD, 11111 S 84th St, Papillion, Nebraska, 68046						
28a. REGISTRAR'S SIGNATURE <i>Sarah Bohrenkamp</i>					28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 30, 2020	

Pursuant to section 30-2413, demands for notice which may affect the estate of the deceased are filed with the county court in the county where the decedent resided at the time of death.

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