DOUGLAS COUNTY, NV

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2023-997089

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VACATION OWNERSHIP TITLE AGENCY SHAWNYNE GARREN, RECORDER

APN: 1319-30-618-002

Escrow No. 20234021

Recording Requested By:

Vacation Ownership Title Agency

Mail Tax Statement to: Tahoe Summit Village P.O. Box 4719 Stateline, NV 89449

When Recorded Mail to: Vendia L. Coder 7609 So. 4th St. Broken Arrow, OK 74011

This cover page must be typed.

AFFIDAVIT – DEATH OF JOINT TENANT (Title of Document)

(Only use if applicable)
The undersigned hereby affirms that the document submitted for recording contains personal
information as required by law: (check applicable)
X Affidavit of Death of Joint Tenant – NRS 440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17.150(4)
Military Discharge – NRS 419.020(2)
Plute Signature
Aleta Hannum Printed Name
This document is being (re-)recorded to correct document #, and is correcting
This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

A.P.N. No.:	A ptn of 1319-30-618-002
R.P.T.T.	\$1.95
Escrow No.:	20234021
Title No.	20234021
Re	cording Requested By:
	Ownership Title Agency, Inc.
	lail Tax Statement To:
Same as Belov	V
	
W	hen Recorded Mail To:
VENDIA L. CO	DER
7609 So. 4th S	
Broken Arrow,	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Oklahoma)
) ss.
County of Tulsa)

Vendia L. Coder, of legal age, being first duly sworn, deposes and says:

That ARTHUR G. CODER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ARTHUR G. CODER named as one of the parties in that certain Grant, Bargain and Sale Deed dated February 9, 1994 executed by GEORGE A. CARR and ROSANNE CARR, husband and wife as Joint Tenants to ARTHUR G. CODER and VENDIA L. CODER, husband and wife as Joint Tenants, recorded as Document No.332524, on March 17, 1994 in Book 0394 at Page 3177, of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit 'A' attached

Vendia L. Coder

STATE OF Oklahoma) SS COUNTY OF Tulsa)	
	\ \
Signed and sworn to (or affirmed) before me	\
on May 11, 2023 (date)	
by <u>VENDIA L. CODER</u> (name(s) of person(s) making statement).	
Notary Public	
KIM CODER Notary Public - State of Oklahoma Commission Number 19009635 My Commission Expires Sep 23, 2023	



STATE OF OKLAHOMA

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I. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	ARTHUR GORTON CODER	<u> </u>		FIRST MARRIAGE 2. SEX MALE
SOCIAL SECURITY NUMBER 4. EVER IN US ARME 1601 YES		5c. UNDER 1 DAY ays Hours Minute	6. DATE OF BIRTH (M	nDay(Yr) TEMBÊR 23, 1945 ``
. BIRTHPLACE (City and State or Foreign Country) QUINCY, ILLINOIS	OKLAHOMA	NCE-County TULSA	8c. RESIDENCE	BROKEN ARROW
74011	NCE-Inside City Limits? 8f. RESIDENCE-Street and Number YES	7609 S. 4TH STREET		8g. RESIDENCE-Apt. Numb
. MARITAL STATUS AT TIME OF DEATH ☑ Married ☐ Never Married ☐ Widowed	☐ Divorced ☐ Married, but separated ☐ Unknown	VENDIA MILLER	NAME (If wife, give name prior	
	/ CODER	HER'S NAME PRIOR TO FIRST N	ANNE GORTON 15. DECEDENT'S EDUCATION	1
3. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO	14. DECEDENT'S RACE WHITE	1		HD, EDD) OR PROFESSION/
				EE (E.G. MD, JD)
6. DECEDENT'S USUAL OCCUPATION (Indicate type of a FAMILY ME	work done during most of working life, DO NOT USE RETIRED. 17. M DICAL DOCTOR	IND OF BUSINESS / INDUSTRY	MEDICINE	
18a, INFORMANTS NAME VENDIA CODER	WIFE		T, BROKEN ARROW	
	20. PLACE OF DISPOSITION (Name of a HAYHURST FUNERAL HI	OME & CREMATORY -		in and State ARROW, OKLAHOMA
☐ Removal from state ☐ Other (specify) 22. NAME AND COMPLETE ADDRESS OF FUNERAL FAC		23. FUNERAL HOME DI	RECTOR OR FAMILY MEMB	
	E, BROKEN ARROW, OKLAHOMA 74012	24. FH ESTABLISHMEN	ACKIE WAYNE	HATHUKSI
	25. PLACE OF DEATH (Check only one:	saa instructions)		
IF DEATH OCCURRED IN A HOSPITAL:	III. DEATH OCCURRED OTHER THAN IN A HOSPITAL:	acc manacounty	<i>A</i>	
		are facility	n □ Other (specify):	
☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead 26. FACILITY NAME (If not institution, give street & number	on Arrival Hospice Facility Nursing home/Long term c 127. CITY OR TOWN, STATE AND ZIF	CODE OF LOCATION OF DEATI	H	28. COUNTY OF DEATH
☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead 26. FACILITY NAME (If not institution, give street & number 7609 S. 4TH STREE	on Arrival Hospice Facility Nursing home/Long term c 127. CITY OR TOWN, STATE AND ZIF	CODE OF LOCATION OF DEATH CEN ARROW, OKLAHOM	H A, 74011 PERFORMED? 33. WERI	TULSA AUTOPSY FINDINGS AVAILABLE TO
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□ Inpatient □ Emergency Room/Outpatient □ Dead 26. FACILITY NAME (If not institution, give street & number 7609 S. 4TH STREE 29. DATE OF DEATH (Mo/Day/Yr) OCTOBER 16, 2016 30. TIME OCTOBER 16, 2016 31. PART I. Enter the chain of events- diseases, injuries or respiratory arrest or ventricular fibrillation with out showing the condition resulting in death → a. PNE 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. 1665993 36. MANINER OF DEATH ■ Natural □ Homicide □ Accident □ Suicide □ Pending Investigation □ Could not be determined 39. DATE OF INJURY (Mo/Day/Yr) 40. TIME OF INJURY	on Arrival	CODE OF LOCATION OF DEAT (EN ARROW, OKLAHOM. 207 32. WAS AN AUTOPSY NO rents such as cardiac arrest, Add additional lines if necessary. Unknown if pregnant with Unknown if pregnant within the par rooded area) 42. DESCRII	A, 74011 PERFORMED? 33. WERI COMPLE Approximate interval: Onset to death UNKNOWN	TULSA E AUTOPSY FINDINGS AVAILABLE TO TE THE CAUSE OF DEATH? 35. PART II. Enter other significant conditions contributing to death but or resulting in the underlying cause give in PART I HISTORY OF LUNG CARCINOMA 3. DID TOBACCO USE CONTRIBUTE TO DEATH? 3 Yes
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□ Inpatient □ Emergency Room/Outpatient □ Dead 26. FACILITY NAME (If not institution, give street & number 7609 S. 4TH STREE 29. DATE OF DEATH (Mo/Day/Yr) OCTOBER 16, 2016 30. TIME 31. PART I. Enter the chain of events- diseases, injuries or respiratory arrest or ventricular fibrillation with out showin IMMEDIATE CAUSE (Final disease or condition resulting in death → a. PNEI Sequentially list conditions, if any, leading b. to the cause listed on line a. Enter the UNDERLYING CAUSE (disease c. or injury that intilated the events resulting in death) LAST. 1665993 36. MANNER OF DEATH □ Accident □ Suicide □ Pending Investigation □ Could not be determined 39. DATE OF INJURY (Mo/Day/Yr) 40. TIME OF INJURY 44. LOCATION OF INJURY: State: Street & Number: 46. CERTIFIER (Check only one) ATTENDING PHYSICIAN: □ Physician in charge of the To the best of my knowledge, death occurred at the	on Arrival	CODE OF LOCATION OF DEATI (EN ARROW, OKLAHOM. D? 32. WAS AN AUTOPSY NO rents such as cardiac arrest, Add additional lines if necessary. Unknown if pregnant within the pay rooded area) 42. DESCRII Zip Code: Apartment Number:	Approximate interval: Onset to death UNKNOWN Approximate interval: Onset to death If the set in the se	TULSA EAUTOPSY FINDINGS AVAILABLE TO TE THE CAUSE OF DEATH? 35. PART II. Enter other significant conditions contributing to death but or resulting in the underlying cause give in PART I HISTORY OF LUNG CARCINOMA 3. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknow 1. 43. INJURY AT WORK RTATION INJURY, SPECIFY: afor Passenger Pedestrian iffy) NS, DO STREET DMS
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□ Inpatient □ Emergency Room/Outpatient □ Dead 25. FACILITY NAME (If not institution, give street & number 7609 S. 4TH STREE 29. DATE OF DEATH (Mo/Day/Yr) OCTOBER 16, 2016 30. TIME 31. PNE 32. PNE 33. PNE 34. PNE 35. Sequentially list conditions, if any, leading to the cause listed on line a. 36. Enter the UNDERLYING CAUSE (disease or conjury that initiated the events resulting in death) LAST. 36. MANNER OF DEATH 37. Natural □ Homicide □ Accident □ Suicide 38. PRE 39. DATE OF INJURY (Mo/Day/Yr) 40. TIME OF INJURY 44. LOCATION OF INJURY: State: Street & Number: 45. CERTIFIER (Check only one) ATTENDING PHYSICIAN: □ Physician in charge of the tothe best of my knowledge, death occurred at the manual place, and due to the cause(s) and manner stated.	on Arrival	CODE OF LOCATION OF DEAT (EN ARROW, OKLAHOM. D? 32. WAS AN AUTOPSY NO reris such as cardiac arrest, Add additional lines if necessary. Which is recessary. Which is recessary.	Approximate interval: Onset to death UNKNOWN Approximate interval: Onset to death In 42 days of death Set How INJURY OCCURRE A5. IF TRANSPO. Driver/Open Driver/Open Order (spectification) TUL SA, OKLAH- 741:17 K S2. L'ATE RECEIVED	TULSA E AUTOPSY FINDINGS AVAILABLE TO TE THE CAUSE OF DEATH? 35. PART II. Enter other significant conditions contributing to death but or resulting in the underlying cause give in PART I HISTORY OF LUNG CARCINOMA 3. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes \[\Bo \times \] Probably \(\Delta \) Unkno D: 43. INJURY AT WORK RTATION INJURY, SPECIFY: afor \[\Bo \text{Passenger} \] Pedestrian iffy) PLETING CAUSE OF DEATH (Item 34) NS, DO STREET DMS TE DEATH CERTIFES (Mo/Day/Yr)





This is a true and correct copy of the official record on file in the Office of Vital Statistics.

Oldahoma City, Oklahoma, certified on the date stamped.

Parv M. Sabar Sala Resistrat Office of Vital Tradition Capartment of Health

it is in violation of Oklahoma Statutes. Title 63, Sendon 1-324.1, to "prepare or issue any certificate which purports to be the original certified copy of a certificate of pirth, death or stillbirth, except as authorited in this act or rules and regulations adopted under this act."

CERTIFIED CORIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

THIS DOCUME. I'MS PRINTED ON SECURITY OF TERMINANCED SERVIND CONTAINS SECURITY GIBERS, OD TO A NOCEPT WITHOUT VENERAL THE RESERVE OF THE WATERWARK

THE DOCUMENT PADE COMPANIES A SECURITY OF A CHARGE TO CHECK DOOR DATE SPECIAL LINES WITH TEXT EXCESSED SEALAND THE OF A PRODUCT ON

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Exhibit 'A' (Tahoe Summit Village)

All that parcel of land in the County of Douglas, State of Nevada, and being more particularly described as follows:

<u>PARCEL 1</u>: An undivided 1/51st interests in and to that certain condominium described as follows: (i) An undivided 1/9th interest, as tenants-in-common, in and to Lot 28 of Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53845, Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. B (also known as Condominium Unit No. 102), as shown and defined on said last mentioned map, Unit Type A (also known as a 2-Bedroom).

<u>PARCEL 2</u>: A non-exclusive right to use the real property known as The Common Area on the Official Map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions and Restrictions recorded September 28, 1973 as Document No. 69063 in Book 973 Page 812 of Official Records and in the Modification recorded July 2, 1976 as Document No. 1472 in Book 776 Page 87 of Official Records.

<u>PARCEL 3</u>: The exclusive right to use said Unit and the nonexclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcel Two above during <u>One (1)</u> "Use Period" within the <u>Swing</u> "Season" as said quoted terms are defined in the Declaration.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said Use Period within said Season.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise pertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

A portion of APN: 1319-30-618-002

Commonly

known as: Tahoe Summit Village, Unit No. 102, Unit Type A (also known as a 2-

Bedroom), Swing Season, Legacy Key 280238, Stateline, NV 89449