

DOUGLAS COUNTY, NV

2023-998231

Rec:\$40.00

\$40.00 Pgs=3

07/05/2023 09:10 AM

READY LEGAL SUPPORT INC., D/B/A LT TRANSFERS

SHAWNYNE GARREN, RECORDER

APN # 1319-30-724-022

Mail tax statements to:  
RIDGE TAHOE PROP OWNERS ASSN  
C/O RESORTS WEST  
PO BOX 5790  
STATELINE, NV 89449

Recording requested by:  
Virginia A. Sienkowski

Return to:  
LT Transfers  
140 Builders Parkway, Suite A  
Cornelia, GA 30531

**AFFIDAVIT - DEATH OF JOINT TENANT**

Virginia A. Sienkowski of legal age, being first duly sworn, deposes and says:

That **John M. Sienkowski** is the decedent mentioned in the **attached** certified copy of the Certificate of Death, and is the same person who is named as one of the parties in that certain deed executed by Harich Tahoe Developments to **John M. Sienkowski and Virginia A. Sienkowski, Husband and Wife as Joint Tenants with Right of Survivorship**, recorded on October 29, 1987, as Instrument No. 165413, Official Records of Douglas County, Nevada, covering the following described property located in Douglas County, Nevada:

**SEE ATTACHED EXHIBIT A**

Dated: 6-23-23

Virginia A. Sienkowski  
Virginia A. Sienkowski, Affiant

COMMONWEALTH OF VIRGINIA

COUNTY OF Virginia, Franklin

Subscribed and sworn to (or affirmed) before me Kathy Maria Walls, a Notary Public, for and in the aforesaid State and aforesaid County, by **Virginia A. Sienkowski**, who is personally known to me \_\_\_\_\_ OR who has produced: Driver's License as identification.

Given under my hand this 23<sup>rd</sup> day of June, 2023.

Kathy Maria Walls  
Notary Public signature

Kathy Maria Walls  
Notary printed name

Notary registration number: 7829707  
My commission expires: Oct 31, 2023

KATHY MARIA WALLS  
NOTARY PUBLIC  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES OCT. 31, 2023  
COMMISSION # 7829707

## EXHIBIT "A"

### A Timeshare Estate comprised of:

An undivided **1/102nd** interest in and to that certain real property and improvements as follows:

(A) An undivided **1/38th** interest in and to **Lot 34** 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.

(B) Unit No. **004** 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 Phase Four** recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of **The Ridge Tahoe** recorded February 21, 1984, as Document No. 097150, and as amended by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 **34** only, for one week in **EVEN numbered years** in the **SWING Season** as defined in and in accordance with said Declaration.

END OF EXHIBIT "A"

3970415 **COMMONWEALTH OF VIRGINIA**  
DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS

**COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH**  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

1. FULL NAME OF DECEDENT <b>JOHN MICHAEL SIENKOWSKI</b>		DATE RECORD FILED <b>AUGUST 23, 2022</b>	STATE FILE NUMBER <b>22-051664</b>
2. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED	3. DATE OF DEATH <b>AUGUST 18, 2022</b>	4. DATE OF BIRTH <b>NOVEMBER 9, 1938</b>	5. AGE Year <b>83</b> Month <input type="checkbox"/> Day <input type="checkbox"/> If UNDER 1 DAY: Hour <input type="checkbox"/> Minute <input type="checkbox"/> Second <input type="checkbox"/>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) <b>ILLINOIS</b>	8. SOCIAL SECURITY NUMBER <b>9734</b>	9. IF NO SSN CHECK APPROPRIATE BOX <input type="checkbox"/> NOT OBTAINABLE <input type="checkbox"/> UNKNOWN
10. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) <b>410 ANCHOR DRIVE</b>	11. CITY OR TOWN OF RESIDENCE <b>MONETA</b>	12. ZIP CODE <b>24121</b>	13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) <b>FRANKLIN COUNTY</b>
14. RACE OF DECEDENT (CHECK ONE OR MORE) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> KOREAN <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> ASIAN AMERICAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SAMANIAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUANAMIAN OR GUAMENSE <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY)	15. DECEASED'S HISPANIC ORIGIN <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN	16. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ASSOCIATE DEGREE <input checked="" type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN	17. USUAL OR LAST OCCUPATION <b>SOFTWARE MANAGER</b>
18. CITIZENSHIP (WHAT COUNTRY) <b>UNITED STATES OF AMERICA</b>	19. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if deceased leave blank) <b>VIRGINIA ANN SIENKOWSKI</b>	21. FULL NAME OF DECEDENT'S FATHER OR PARENT (last, middle, first, suffix) (include name, if any) <b>JOHN P. SIENKOWSKI</b>
22. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION <b>SPOUSE</b>	23. FULL NAME OF DECEDENT'S MOTHER OR PARENT (last, middle, first, suffix) (include name, if any) <b>HELEN PIECUCH</b>	24. FULL NAME OF INFORMANT OR NAME OF SUBJECT <b>VIRGINIA ANN SIENKOWSKI</b>	25. GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
26. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <b>NONE</b>	27. CITY OR TOWN OF DEATH <b>MONETA</b>	28. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <b>410 ANCHOR DRIVE</b>	29. ZIP CODE <b>24121</b>
30. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN.)	31. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CATHOLIC CHURCH CEMETERY</b>	32. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY <b>15353 MONETA ROAD</b>	33. CITY / COUNTY / STATE / ZIP CODE / COUNTRY <b>MONETA VIRGINIA 24121</b>
34. SIGNATURE OF FUNERAL DIRECTOR (LICENSEE) YEAR OR NEXT OF KIN (ACTUAL SIGNATURE) <b>/s/ WALTER SAMUEL DYBA</b>	35. LICENSE NO. <b>0502901725</b>	36. NAME OF FUNERAL HOME OR FACILITY <b>THARP FUNERAL HOME &amp; CREMATORY, BEDFORD</b>	37. STREET ADDRESS OF FUNERAL HOME FACILITY, YEAR OR NEXT OF KIN (include street address, city, state and zip code) <b>320 N BRIDGE ST P O BOX 354 BEDFORD VIRGINIA 24523</b>
38. TIME OF DEATH: To the best of my knowledge, death occurred at <b>12:20</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> POISON	39. PART I. Cause of Death: State the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. <b>SENILE DEGENERATION OF BRAIN</b>	INTERVAL BETWEEN ONSET AND DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
40. WAS THE MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	41. ALTHOUGH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	42. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	43. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input type="checkbox"/> UNKNOWN
44. IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREGNANT BUT PREGNANT WITHIN 42 DAYS OF DEATH	45. IF EXTERNAL TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING	46. WAS THIS A MILITARY DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	47. IF MILITARY DEATH, SELECT MANNER OF DEATH: <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> BURN <input type="checkbox"/> DROWNING <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> POISON
48. DATE OF INJURY	49. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	50. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	51. PLACE OF INJURY (Home, farm, factory, street, office, field, etc.)
52. LOCATION OF INJURY - STREET ADDRESS (OR CITY AND STATE IF UNKNOWN)	53. CITY / COUNTY	54. STATE	55. ZIP CODE / COUNTRY
56. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY)	57. DESCRIBE HOW INJURY RELATED TO DEATH OCCURRED	58. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH <b>/s/ WILLIAM C MITCHELL</b>	
59. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH <b>WILLIAM C MITCHELL</b>	60. TITLE <input checked="" type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> DOCTOR OF OSTEOPATHY (D.O.) <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/> OTHER	61. DATE SIGNED <b>AUGUST 22, 2022</b>	62. MEDICAL LICENSE NO. <b>0161042794</b>
63. ARE YOU A DESIGNER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	64. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN	65. ADDRESS OF AUTHORIZING PHYSICIAN	



This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia

DATE ISSUED **August 23, 2022**

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics, 1100 Tower Hill Road, Section 32.1-272 Code of Virginia, as amended.

*Janet M. Rainey*  
Janet M. Rainey, State Registrar

VS 15C