

APN# _____

Recording Requested by/Mail to:

Name: Jarod Penniman, Esq. _____

Address: 1160 N. Town Center Dr. Ste. 330 _____

City/State/Zip: Las Vegas, NV 89144 _____



SHAWNYNE GARREN, RECORDER

(702)998-

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Affidavit of Death

Title of Document (required)

Please complete the Affirmation Statement below:

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) Military Discharge – NRS 419.020 (2)
 Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)



Signature

Jarod Penniman

Printed Name

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

AFFIDAVIT OF DEATH OF JOINT TEANANT PURSUANT TO N.R.S. 111.365

STATE OF NEVADA
County of Douglas

In the matter of the title to real property, and pursuant to N. R.S. 111.365, the Affiant, Donna J. Hoover, being first duly sworn upon oath or by affirmation, states that Affiant is of legal age and has personal knowledge of the facts stated herein and that the person referred to in the attached certificate of verification of death, is one and the same person as Barry M. Hoover, my ex-husband, who is named as a Joint Tenant with Right of Survivorship in the deed recorded on June 14, 1988 as Document No. 1988-180061, the instrument recorded on June 14, 1988 as Document No. 1988-180062, and the instrument recorded on July 17, 1998 as Document No. 1998-444623, in the Clerk and Recorder's Office of County of Douglas, Nevada, in the following described real property in the County of Douglas, State of Nevada, to wit:

See Exhibit A attached hereto
County of Douglas, State of Nevada

Also known by a portion of Assessor's Parcel Number: 42-260-23.

Barry M. Hoover died on June 26, 2022, in Roseville, California, Placer County.

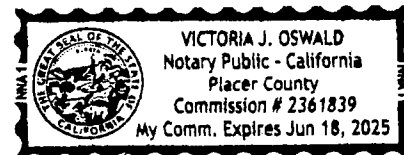
Donna J. Hoover
Affiant

Donna J. Hoover
PRINTED NAME OF AFFIANT

Subscribed and sworn to or affirmed before me by Affiant, Donna J. Hoover, on 1-22-2024, in the City of Roseville, County of Placer.

Witness my hand and official seal.

Victoria J. Oswald
Notary Public



My Commission Expires on: 06/18/2025

EXHIBIT "A"

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

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

- (A) An undivided 1/38th interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined 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. 023 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 the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on 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 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, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 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 "swing season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said use week within said "use season".

A Portion of APN 42-260- 23

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

88 JUN 14 P1:29

SUZANNE BEAUFORT
RECORDER

PAID *[Signature]* DEPUTY

180061

BOOK 688 PAGE 2055

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH

3202231002335

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER																	
1 NAME OF DECEDENT - FIRST (Given) BARRY		2 MIDDLE MICHAEL		3 LAST (Family) HOOVER															
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy 09/04/1951		5 AGE Yrs 70		6 SEX M													
9 BIRTH STATE/FOREIGN COUNTRY VA		10 SOCIAL SECURITY NUMBER 7810		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SRDP* at Time of Death DIVORCED		7 DATE OF DEATH mm/dd/yyyy 06/26/2022		8 HOUR (24 Hours) 1500									
13 EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CALIFORNIA HIGHWAY PATROL		18 KIND OF BUSINESS OR INDUSTRY e.g., grocery store, road construction, employment agency, etc.1 LAW ENFORCEMENT		19 YEARS IN OCCUPATION 30									
20 DECEDENT'S RESIDENCE (Street and number, or location) 621 VERNON OAKS DRIVE		21 CITY ROSEVILLE		22 COUNTY/PROVINCE PLACER		23 ZIP CODE 95678		24 YEARS IN COUNTY 36		25 STATE/FOREIGN COUNTRY CA									
26 INFORMANT'S NAME, RELATIONSHIP ERIKA HOOVER, DAUGHTER		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8905 PACIFIC VIEW DRIVE, STAGECOACH, NV 89429		28 NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29 MIDDLE -		30 LAST (BIRTH NAME) -		31 NAME OF FATHER/PARENT - FIRST WILLIAM		32 MIDDLE OVID		33 LAST HOOVER		34 BIRTH STATE PA			
35 NAME OF MOTHER/PARENT - FIRST JEANNETTE		36 MIDDLE GRACE		37 LAST (BIRTH NAME) DALTON		38 BIRTH STATE NY		39 DISPOSITION DATE mm/dd/yyyy 07/05/2022		40 PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY ROAD, DIXON, CA 95620		41 TYPE OF DISPOSITION(S) CREMATE/BURIAL		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER -			
44 NAME OF FUNERAL ESTABLISHMENT BLUE OAKS CREMATION AND BURIAL SERVICES		45 LICENSE NUMBER FD1987		46 SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD		47 DATE mm/dd/yyyy 07/01/2022		101 PLACE OF DEATH OWN RESIDENCE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> FR <input type="checkbox"/> SCA <input type="checkbox"/> HOSP		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		104 COUNTY PLACER		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 621 VERNON OAKS DRIVE		106 CITY ROSEVILLE	
107 CAUSE OF DEATH ACUTE MYOCARDIAL INFARCTION		108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) CHRONIC OBSTRUCTIVE PULMONARY DISEASE, HYPERTENSION		113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A IF FEMALE, PREVALENT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: 09/--/2012 Decedent Last Seen Alive: 05/20/2022		115 SIGNATURE AND TITLE OF CERTIFIER JAKKIDI SRIDHAR REDDY, MD		116 LICENSE NUMBER A75936		117 DATE mm/dd/yyyy 07/01/2022		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAKKIDI SRIDHAR REDDY, MD 588 N SUNRISE AVE STE 120, ROSEVILLE, CA 95661		119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MAN-OR DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		121 INJURY DATE mm/dd/yyyy		122 HOUR (24 Hours)			
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125 LOCATION OF INJURY (Street and number, or location, and city and zip)		126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
STATE REGISTRAR		A		B		C		D		E		FAX AUTH.#		CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED 07/20/2022

This copy is not valid unless prepared on an engraved border displaying the date seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



000643091

Robert L. Oldham MD
ROBERT L. OLDHAM, MD
HEALTH OFFICER AND DEPUTY REGISTRAR



CAPLACEROJ