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Doc Number: **0826642**

07/05/2013 09:17 AM

OFFICIAL RECORDS

Requested By
GERALD W CUMMINGS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00

Bk: 0713 Pg: 969



Deputy pk

Recording Requested By
Gerald Cummings

WHEN RECORDED MAIL TO:

✓ **Gerald Cummings**
1210 Park Avenue
San Jose, CA 95126

MAIL TAX STATEMENTS TO:

Kathleen Brinkerhoff
1861 Camargo Drive
San Jose, CA 95132

(SPACE ABOVE THIS LINE IS FOR THE
RECORDER'S USE)

AFFIDAVIT OF DEATH

KATHLEEN LEE BRINKERHOFF, declares as follows:

1. That ROBERT H. BRINKERHOFF died on June 6, 2009.
2. That ROBERT H. BRINKERHOFF, decedent, is the same person as ROBERT H. BRINKERHOFF, named named in the Grant, Bargain, Sale Deed executed on July 28, 1999 from Ridge Pointe Limited Partnership to ROBERT H. BRINKERHOFF and KATHLEEN L. BRINKERHOFF as joint tenants (document number 0475044), affecting title to real property in the County of Douglas, State of Nevada, APN 0000-40-050-450 and more particularly described as set forth in Exhibit A.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 10th day of May, 2013, at San Jose, California.

Kathleen L Brinkerhoff
KATHLEEN LEE BRINKERHOFF

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 10th day of May, 2013, by KATHLEEN LEE BRINKERHOFF, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Gerald W. Cummings
Gerald W. Cummings

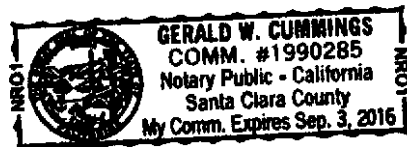


EXHIBIT "A" (160)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/2652nd interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31 11'12" East 81.16 feet; thence South 58 48'39" West 57.52 feet; thence North 31 11'12" West 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18 23'51", an arc length of 57.80 feet the chord of said curve bears North 60 39'00" East 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period every other year in even-numbered years in accordance with said Declaration.

A portion of APN: 0000-40-050-450

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128
CURRENT ADDRESS: 976 LENZEN AVE, SAN JOSE, CA 95126, EFFECTIVE: 04/13/2009

CERTIFICATE OF DEATH

3200943004233

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
ROBERT		BRINKERHOFF	
2. MIDDLE		4. DATE OF BIRTH	
		03/28/1934	
5. AGE Yrs.		6. SEX	
75		M	
7. UNDER ONE YEAR		8. HOUR (24 Hours)	
03/28/2009		0130	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		4434	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at time of death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
PROFESSIONAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
TEACHER		EDUCATION	
17. YEARS IN OCCUPATION		18. YEARS IN OCCUPATION	
45		45	
19. DECEDENT'S RESIDENCE (street and number or location)			
1861 CAMARGO DR			
21. CITY		22. COUNTY/PROVINCE	
SAN JOSE		SANTA CLARA	
23. ZIP CODE		24. YEARS IN COUNTY	
95132		40	
25. STATE/FOREIGN COUNTRY		26. STATE/FOREIGN COUNTRY	
CA		CA	
27. INFORMANT'S MAILING ADDRESS (Name and number or rural route number, city or town, state, ZIP)			
KATHLEEN BRINKERHOFF, WIFE 1861 CAMARGO DR., SAN JOSE, CA 95132			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
KATHLEEN		L.	
30. LAST (Maiden Name)		31. BIRTH STATE	
JOHNSON		CA	
32. NAME OF FATHER - FIRST		33. LAST	
HUGH		BRINKERHOFF	
34. MIDDLE		35. BIRTH STATE	
		UNKNOWN	
36. NAME OF MOTHER - FIRST		37. LAST (Maiden)	
JANETTE		BURDICK	
38. MIDDLE		39. BIRTH STATE	
		UNKNOWN	
40. DISPOSITION DATE		41. PLACE OF FINAL DISPOSITION	
06/20/2009		RES OF KATHLEEN BRINKERHOFF 1861 CAMARGO DR.; SAN JOSE, CA 95132	
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALLER	
CR/RES		NOT EMBALMED	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
NEPTUNE SOCIETY OF CENTRAL CALI		FD1322	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE	
MARTIN D FENSTERSHEIB, MD		06/08/2009	
48. IF HOSPITAL, SPECIFY ONE		49. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
50. PLACE OF DEATH		51. CITY	
OWN RESIDENCE		SAN JOSE	
52. COUNTY		53. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
SANTA CLARA		1861 CAMARGO DR.	
54. CAUSE OF DEATH		55. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (First disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
RENAL FAILURE		56.opsy PERFORMED?	
MULTIPLE MYELOMA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 54?		58. AUTOPSY PERFORMED?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 112? (If yes, list type of operation and date.)		60. USUAL PLACE OF DEATH IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
61. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		62. SIGNATURE AND TITLE OF CERTIFIER	
01/30/2009 06/05/2009		ANNE RIEKO UYEI M.D.	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		64. LICENSE NUMBER	
50 E. HAMILTON AVE., STE. 200; CAMPBELL, CA 95008		A77860	
65. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		66. INJURY DATE	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		67. INJURED AT WORK?	
122. PLACE OF INJURY (e.g., home, construction site, reported area, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. INJURY DATE	
125. LOCATION OF INJURY (Street and number, or location, and city and ZIP)		125. HOUR (24 Hours)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		127. DATE	
MARTIN D FENSTERSHEIB, MD		06/08/2009	
128. STATE REGISTRAR		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
A B C D E		MARTIN D FENSTERSHEIB, MD	
FAX AUTH #		CENSUS TRACT	
		010001001238542	

BK: 0719
PG: 971
7/5/2019

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED

By: JUN 15 2009



H2380788

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

PBNC0 (Rev) 1/06

