



KAREN ELLISON, RECORDER

18-
APN: 1318-26-101-006
MAIL TAX STATEMENT TO:
WHEN RECORDED RETURN TO:
ELIZABETH A. TOMBRELLO
221 N BROADMORE AVENUE
W COVINA, CA 91790-2244

AFFIDAVIT TERMINATING JOINT TENANCY

HOA No: 47-992621

ELIZABETH A. TOMBRELLO being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness to the matters hereinafter stated.

That affiant is ELIZABETH A. TOMBRELLO the person named as ELIZABETH A. TOMBRELLO one of the grantees in that certain deed recorded NOVEMBER 30, 1999 as Document No: 0481582 in Book 1199 as Page 4914 in the office of the County Recorder of Douglas County, Nevada.

That JOSEPH C. TOMBRELLO was one of the grantees named in said deed and was the identical person named as JOSEPH CHARLES TOMBRELLO the decedent, in that Certain Death certificate, certified copy of which is attached hereto and by reference made a part hereof.

Elizabeth A. Tombrello
ELIZABETH A. TOMBRELLO

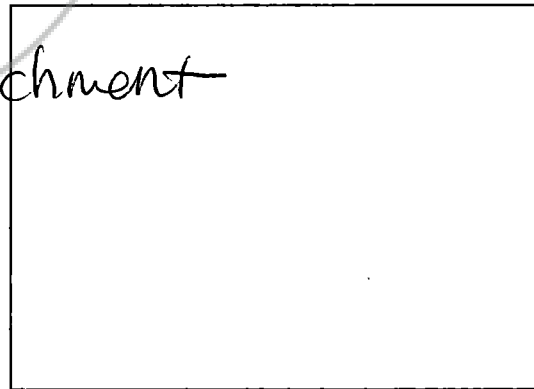
STATE OF:

COUNTY OF: *See attachment*

Subscribed and sworn to before me
ELIZABETH A. TOMBRELLO

this day of 2015

Notary Public



PLACE NOTARY SEAL INSIDE OF BOX

SEE ATTACHED EXHIBIT "A"

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1

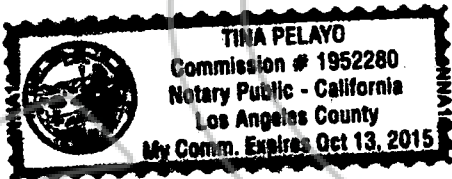
Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me
 on this 23rd day of June, 2015,
 by Elizabeth A. Tombrello
Date Month Year

(1) Elizabeth A. Tombrello
 (and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature [Signature]
Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit Terminating Joint Tenancy Document Date: 6/23/15
 Number of Pages: 1 Signer(s) Other Than Named Above: None

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201119004297

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSEPH		2. MIDDLE CHARLES	
3. LAST (Family) TOMBRELLO		4. DATE OF BIRTH mm/dd/yyyy 07/22/1927	
5. AGE Yrs. 83		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 01/26/2011		8. HOUR (24 Hours) 0545	
9. BIRTH STATE/FOREIGN COUNTRY AL		10. SOCIAL SECURITY NUMBER [REDACTED]-8235	
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) MARRIED	
13. EDUCATION - Highest Level/Degree HS GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SUPERVISOR		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TELEPHONE COMPANY	
17. USUAL RESIDENCE (Street and number, or location) 221 NORTH BROADMOOR AVENUE		18. YEARS IN OCCUPATION 33	
20. CITY WEST COVINA		21. COUNTY/PROVINCE LOS ANGELES	
22. ZIP CODE 91790		23. YEARS IN COUNTY 79	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP ELIZABETH TOMBRELLO, WIFE	
26. NAME OF SURVIVING SPOUSE/SRDP - FIRST ELIZABETH		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 221 NORTH BROADMOOR AVENUE, WEST COVINA, CA 91790	
28. MIDDLE ANN		29. LAST (BIRTH NAME) CARR	
30. LAST (BIRTH NAME) CHARLES		31. BIRTH STATE AL	
32. MIDDLE MARY		33. LAST (BIRTH NAME) TOMBRELLO	
34. BIRTH STATE AL		35. NAME OF MOTHER/PARENT - FIRST DONA	
36. MIDDLE GOSTA		37. LAST (BIRTH NAME) GOSTA	
38. BIRTH STATE AL		39. DISPOSITION DATE mm/dd/yyyy 02/03/2011	
40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518		41. TYPE OF DISPOSITION(S) BU	
42. SIGNATURE OF EMBALMER JAYLEEN SNOOKS		43. LICENSE NUMBER EMB9060	
44. NAME OF FUNERAL ESTABLISHMENT CUSTER CHRISTIANSEN MORTUARY		45. LICENSE NUMBER FD 404	
46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING MD		47. DATE mm/dd/yyyy 02/02/2011	
101. PLACE OF DEATH METHODIST HOSPITAL OF SOUTHERN CALIFORNIA		102. IF HOSPITAL: SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL: SPECIFY ONE Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>		104. COUNTY LOS ANGELES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 300 W HUNTINGTON DRIVE		106. CITY ARCADIA	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) a) CARDIOPULMONARY ARREST Sequentially list conditions, if any leading to cause on Line A. Enter UNDERLYING CAUSE (cause of injury that initiated the events resulting in death) LAST b) ACUTE ON CHRONIC CONGESTIVE HEART FAILURE c) ISCHEMIC CARDIOMYOPATHY d) CORONARY ARTERY DISEASE		108. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 109. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 OLD MYOCARDIAL INFARCTION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETIC NEPHROPATHY			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 (Yes, list type of operation and date). CORONARY BYPASS GRAFT 06/02/1999			
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 mm/dd/yyyy 1/1/1976		115. SIGNATURE AND TITLE OF CERTIFIER GARY O KIM M.D.	
116. LICENSE NUMBER A22444		117. DATE mm/dd/yyyy 02/02/2011	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GARY O KIM M.D. 612 W DUARTE RD STE 501, ARCADIA, CA 91007		119. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF 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? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
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		CENSUS TRACT	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD 016
Director of Public Health and Registrar
FEB 03 2011

* H D 2 2 8 2 9 3 2 *

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"
LEGAL DESCRIPTION
KINGSBURY CROSSING

INTERVAL NUMBER: 4209-05
HOA UNIT NUMBER: 2/1216
HOA ACCOUNT NUMBER: 47 9926213
SEASON: HIGH
USE: ANNUAL

The following described real property in the County of Douglas, State of Nevada, and is more particularly described as follows:

PARCEL A:

AN UNDIVIDED "ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTHS (1/3213) INTEREST AS A TENANT-IN-COMMON IN THE FOLLOWING DESCRIBER REAL PROPERTY (THE PROPERTY)":

A PORTION OF THE NORTH ONE-HALF OF THE NORTHWEST ONE-QUARTER OF SECTION 26 TOWNSHIP 13 NORTH, RANGE 18 EASE, MDB&M, DESCRIBED AS FOLLOWS:

PARCEL 3, AS SHOWN ON THAT AMENDED PARCEL MAPS FOR JOHN E. MICHAELSON AND WALTER COX RECORDED FEBRUARY 3, 1981, IN BOOK 281 OF OFFICIAL RECORDS, AT PAGE 172, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 53178, SAID MAP BEING AN AMENDED MAP OF PARCELS 3 AND 4 AS SHOWN ON THAT CERTAIN MAP OF JOHN E. MICHELSEN AND WALTER COX, RECORDED FEBRUARY 10, 1978, IN BOOK 278, OF OFFICIAL RECORDS, AT PAGE 591, DOUGLAS COUNTY, NEVADA, AS DOCUMENTS NO. 17578.

EXCEPTING FROM THE REAL PROPERTY THE EXCLUSIVE RIGHT TO USE AND OCCUPY ALL OF THE DWELLING UNITS AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" AND SUBSEQUENT AMENDMENTS THERRETO AS HEREINAFTER REFERRED TO.

ALSO EXCEPTING FROM THE REAL PROPERTY AND RESERVING TO GRANTOR, ITS SUCCESSORS AND ASSIGNS, ALL THOSE CERTAIN EASEMENTS REFERRED TO IN PARAGRAPHS, 2.5, 2.6, AND 2.7 OF THE DECLARATION OF TIMESHARE USE AND AMENDMENTS THERETO TOGETHER WITH THE RIGT TO GRANT SAID EASEMENTS TO OTHERS.

TOGETHER WITH THE EXCLUSIVE RIGHT TO USE AND OCCUPY A "UNIT" AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" RECORDED FEBRUARY 16, 1983 , IN BOOK 283, AT PAGE 1341 AS DOCUMENT NO. 76233 OF OFFICIAL RECORDS OF THE COUNTY OF DOUGLAS, STATE OF NEVADA AND AMENDMENT TO "DECLARATION OF TIMESHARE USE" RECORDED APRIL 20, 1983 IN BOOK 483 AT PAGE 1021, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 78917, AND SECOND AMENDMENT TO "DECLARATION OF TIMESHARE USE" RECORDED JULY 20, 1983 IN BOOK 783 OF OFFICIAL RECORDS AT PAGE 1688, DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 84425 AND THIRD AMENDMENT TO "DECLARATION OF TIMESHARE USE" RECORDED OCTOBER 14, 1983 IN BOOK 1083 AT PAGE 2572, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 89535, ("DECLARATION"), DURING A "USE PERIOD", WITHIN THE "**HIGH**" SEASON WITHIN THE "OWNER'S USE YEAR", AS DEFINED IN THE DECLARATION, TOGETHER WITH A NON-EXCLUSIVE RIGHT TO USE THE COMMON AREAS AS DEFINED IN THE DECLARATION.

SUBJECT TO ALL COVENANTS, CONDITIONS, RESTRICTIONS, LIMITATIONS, EASEMENTS, RIGHTS-OF-WAY OF RECORD.

APN: 1318-26-101-006
ACCOMMODATION
WHEN RECORDED RETURN TO:
ELIZABETH A. TOMBRELLO
221 N BROADMORE AVENUE
W COVINA, CA 91790-2244

ACCOMMODATION RECORDING INSTRUCTIONS

TO: **KAECY'S DATA SERVICE**

The undersigned hereby hand you the following document(s) for recordation in Douglas County, Nevada in no particular order.

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned hand you a check in the amount of \$ N/A payable to the Douglas County Recorder. The undersigned understand that the documents will not be recorded if the check is insufficient.

The undersigned declare and represent to you that they have all necessary authority and power to record, and to instruct you to record the documents.

The undersigned hereby understand and agree that you:

- ✓ will not review the document for any purpose and will not issue any policies of title insurance based on the recording of the documents;
- ✓ will perform this service as an accommodation only;
- ✓ shall have absolutely no liability or responsibility as to whether the documents may be recorded or as to the effect of recordation of the documents;
- ✓ do not perform this service in the ordinary course of business and are unwilling to record the documents as an accommodation without being fully indemnified and held harmless as set forth in the following paragraph.

IN CONSIDERATION FOR THIS SERVICE, THE UNDERSIGNED HEREBY PROMISE, COVENANT AND AGREE THAT WE HOLD YOU HARMLESS AND PROTECT AND INDEMNIFY YOU AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, EXPENSES, AND CHARGES INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES AND COSTS OF SUIT WHICH YOU MAY SUSTAIN FROM RECORDING THE DOCUMENTS LISTED ABOVE. THE UNDERSIGNED HEREBY RELEASE YOU FROM ANY LIABILITY WHICH MAY OCCUR BY REASON OF YOUR FAILURE TO RECORD THE DOCUMENTS IN A TIMELY FASHION. THE UNDERSIGNED FURTHER ACKNOWLEDGE THAT THIS INSTRUCTION WILL BE ATTACHED TO EACH DOCUMENT LISTED ABOVE AND MADE A PART THEREOF.

Signature Elizabeth A. Tombrello

Name Printed ELIZABETH A. TOMBRELLO