

RECORDING REQUESTED BY AND WHEN

RECORDED MAIL TO:

BENJAMIN D. ROWE
Law Office Of Anthony Drew Rowe
1300 H Street Suite 300
Modesto, CA 95354



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

UNCHANGED

Space above this line for recorder use

Assessor's Parcel Number:10.45

**AFFIDAVIT OF DEATH
OF JOINT TENANT**

This document is exempt from documentary transfer tax under NRS 375.090 because it is a transfer between joint tenant after death of a joint tenant

ERIC ROWE, of legal age, being first duly sworn, deposes and says:

JACK ROWE, named in the attached certificate of death is the same JACK ROWE named as one of the parties in that certain Grant Bargain and Sale Deed dated August 30, 1984 recorded as Document No. 105945, at Book 884, Page 3062 on August 30, 1984, executed by THE BANK OF CALIFORNIA, N. A. a national banking association, and DOUGLAS COUNTY TITLE CO., INC., as Co-trustees of the Kingsbury Crossing Trust to JACK ROWE and VIDA D. ROWE, Husband and Wife as joint tenants, covering the following described property in the County of Douglas, State of Nevada:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 16 East, MDB&M, described as follows: Parcel 3, as shown on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981., in Book 281 of Official Records at page 591, Douglas County, Nevada, as Document 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 thereto as hereinafter referred to.

Also excepting from hte real property asnd reservcing to granto, its successors and assigns, all those certain easements ferferred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments theretgo together with the right to grant said easements to others.

Together with exclusive right to use and occupy a "unit" as defined in the Declaration of Timeshare Use rcorded 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, Vevada as Coucument 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", 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during

Kingsbury Crossing Time Share

a "Use Period", within the HIGH Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restriction, limitations, easements, rights of way of record.

Dated: 10/19/15

Eric Rowe
ERIC ROWE

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 Stanislaus)ss.

Subscribed and sworn to (or affirmed) before me on this 19th day of October
20 15 by **ERIC ROWE** proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.

Signature Miranda Garza (Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY
STANISLAUS COUNTY
PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH 3200650003001

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS 10-14(C)(2) (10/0)		LOCAL REGISTRATION NUMBER			
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT — FIRST (Given) JACK		2. MIDDLE -		3. LAST (Family) ROWE		
	AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 08/26/1926		5. AGE Yrs. 80	
	9. BIRTH STATE/FOREIGN COUNTRY ID		10. SOCIAL SECURITY NUMBER 2362		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
	12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 10/11/2006		8. HOUR (24 Hours) 1445		
USUAL RESIDENCE	13. EDUCATION — Highest Level/Degree (see worksheet on back) MASTER'S		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 TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PUBLIC EDUCATION		19. YEARS IN OCCUPATION 37		
	20. DECEDENT'S RESIDENCE (Street and number or location) 221 CHARLEMAGNE WAY						
	21. CITY MODESTO		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95350		
SPOUSE AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP RICK ROWE, SON		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 917 DYER LN, MODESTO, CA 95350				
	28. NAME OF SURVIVING SPOUSE — FIRST VIDA		29. MIDDLE DEAN		30. LAST (Maiden Name) WILLIAMS		
	31. NAME OF FATHER — FIRST DELL		32. MIDDLE DUDLEY		33. LAST ROWE		
	35. NAME OF MOTHER — FIRST FLORENCE		36. MIDDLE -		37. LAST (Maiden) PERRINS		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 10/21/2006		40. PLACE OF FINAL DISPOSITION LAKEWOOD MEMORIAL PARK 900 SANTA FE AVE, HUGHSON, CA 95326				
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER MICHAEL EATON		43. LICENSE NUMBER EMB7598		
	44. NAME OF FUNERAL ESTABLISHMENT EATON FAMILY FUNERAL AND CREMAT		45. LICENSE NUMBER FD1635		46. SIGNATURE OF LOCAL REGISTRAR JOHN WALKER, MD		
	47. DATE mm/dd/yyyy 10/13/2006						
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EN/CP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. CITY STANISLAUS		105. FACILITY ADDRESS OR LOCATION (to have FILING address and number or location) 221 CHARLEMAGNE WAY		106. CITY MODESTO		
	107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. COLON CANCER		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) YEARS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? RETURN NUMBER <input checked="" type="checkbox"/> YES <input 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 type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		
PHYSICIAN'S CERTIFICATION	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 (A) mm/dd/yyyy (B) mm/dd/yyyy 10/09/2006		115. SIGNATURE AND TITLE OF CERTIFIER MING ZHOU M.D.		116. LICENSE NUMBER A82941		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MING ZHOU M.D. GOULD MEDICAL GROUP INC 600 COFFEE ROAD, MODESTO, CA 95355		117. DATE mm/dd/yyyy 10/13/2006				
	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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		
	122. HOUR (24 Hours)						
CORONER'S USE ONLY	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)						
	129. 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



This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

John Walker
 JOHN WALKER, M.D.
 LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
10 / 18 / 2006

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

