A.P.N. #<u>a portion of 1319-30-644-110</u>
ESCROW NO. <u>#37-199-37-83</u> / 20161344
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

DOUGLAS COUNTY, NV
Rec:\$16.00
\$16.00
Pgs=3
O9/30/2016 10:43 AM
STEWART TITLE VACATION OWNERSHIP
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Janet A. Burroughs 24 Koala Ct. Walnut Creek, CA 94596

Notary Public

AFFIDAVIT - DEATH OF JOINT TENANT
STATE OF NEVADA }
} ss
COUNTY OF Douglas }
COCIVIT Of Bouglas ,
VIAMENT DEPOSITIONS
JANET A.BURROUGHS ,of legal age, being first duly sworn, deposes
and says: That RAYMOND C.PENFIELD , the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as
named as one of the parties in that certain Grant Deed dated August 9, 2005 executed by
JANET A.BURROUGHS, an unmarried woman
to JANET A.BURROUGHS, an unmarried woman and RAYMOND C.PENFIELD, a widower
as joint tenants, recorded as Instrument No. 652620, on August 18, 2005
in Book 805, Page 8385, of Official Records of Douglas
County, Nevada, covering the following described property situated in <u>Douglas</u>
County, State of Nevada:
See Exhibit 'A' attached hereto and by this reference made a part hereof.
Janet A. Bureachs
DATE ((15 / 201/2
DATE: 6/15/ JOI6 Janet A.Burroughs
DATE: 6/15/2016 Janet A. Burroughs
COUNTY OF CONTRA COSITY }
}ss.
COUNTY OF CONTRA COSITY }
This instrument was acknowledged before me on
JUNE 15, 2010 COMM. # 2135897 W
by, JANET A. BURROUGHS ONTER PUBLIC-CALIFORNIA W. CONTRA COSTA COUNTY MY COMM. EXP. JAM. 2, 2020 7
/////// Sourcesour
Signature / Willell

STATE OF CALDFORNIA

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

- 50	STATE FILE NUMBER	GERTIFICATE STATE OF CALL USE BLACK INK ONLY / NO ERASURES VS-10/FEV	OF DEATH CORSA WHITEOUTS OR ALTERATIONS TOTAL T	320150700	
	1. NAME OF DECEDENT-FIRST (GIV4n) RAYMOND	Z MDDLE CASSONOVE	a LAST (Family) PENFIELD		A A A A A A A A A A A A A A A A A A A
DECEDENT'S PERSONAL DATA	AKA ALSO KNOWN AS-Include tull AKATFIRST, MICOLE, LAST))	4 DATE OF BIRTH mm/dd/ccyy s. AGE Y/s. 07/15/1917 98	IFUNDER ONE YEAR IF Months Days H	UNDER 24 HOURS 6 SEX ours Minutes M
	9 BIRTH STATE/FOREIGN COUNTRY 10: SOCIAL SECURITY NUK	IBER IN EVER IN U.S. ARMED FO	PRCES? 12. MARITAL STATUS/SRDP pt Time of Daulty UNK WIDOWED	7 DATE OF DEATH mm/do	1/coyy 8. HOUR 24 Hours)
	SEDUCATION - Highest LevelOegree 14/15, WAS DECEDENT HISPANICALAT (SHA WOKSHEE ON DASK): BACHELOR	INCXAVSPANISHT styrs, see worksheet on			
	17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RE MARKET RESEARCHER	TIRED 18: KIND OF BUSIN	IEGS OR INDUSTRY (e.g., grocery store, read construct VG	lion, employment agency, etc	19 YEARS IN OCCUPATIO
_ 18	20 DECEDENT'S RESIDENCE (Street and number, or location) 24 HALL DRIVE		Articles		
UBUA		TY/PROVINCE FRA COSTA	24. YEARS IN COUNT 94563 40	TY 26 STATE/FOREIGN C	XVUNTRY
27. INFORMATT'S NAME, FELATIONSHIP: 27. INFORMATT'S MALING ADDRESS (Street and funible, or mailtrus maline, orly or town, a 24. HALL DRIVE, OR INDA, CA 94563					
SPOUSE/SEDP AND IN		6 MIDOLE	30, LAST (BIRTH NAME).		1 242 2424
	91. NAME OF PATHER/PAPENT-FIRST. 9 HAROLD	2. MIDDLE	33 LAST PENFIELD		94. BIRTH STATE
		6: MIDDLE	97, LAST (BIRTH NAME): BULLWINKLE		36, BIRTH STATE
L DIRECTOR/ REGISTRAR P	38. DISPOSITION DATE mm/dd/coyy 40: PLACE OF FINAL DISPOSITI	ON OAKMONT MEMO	RIAL PARK		700 100 100 100 100 100 100 100 100 100
	4: TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBA	MER	53)	#3: LICENSE NUMBER EMB7204
LOGAL	44. NAME OF FUNERAL ESTABLISHMENT. OAKMONT: MORTUARY.	45 LICENSE NUMBER 4	e SIGNATURE OF LOCAL REGISTRAR WILLIAM WALKER M.D.	<u> </u>	47. DATE: mm/dd/ooyy 12/14/2015
	101. PLAGE OF CEATH USUAL RESIDENCE	T. DO', O.	102, IF HOSPITAL, SPECIFY, ONE 109, IF	OTHER THAN HOSPITAL 6	PEOFY ONE
PLACE OF		LOCATION VIHERE FOUND (Street said	الساا الساد النخادا	105. GTY ORINDA	/N Home
- 180 - 180 - 180 - 180	107_CAUSE OF DEATH Enter the chart of events diseases	prventricular fibrillation without showing th	y caused death. DO NOT enterterminal events such ne etiblogy. DO NOT ABBREVIATE	Time Interval Between. Oncet and Death	108 DEATH REPORTED TO CORONE
1000	IMMEDIATE CAUSE: (A) CARDIOPULMONARY ARREST: (Fred clients of the condition resulting)				2015-5762
- (1) - (1) - (1)	Sequentially, list conditions if any,			1 MON	109.BIOPSY PERFORMED? YES XINO
OF DEA	UNDERLYING CAUSE (disease or injury that			4 MOS	110 AUTOPSY PERFORMEDY YES X NO
CAUSE	injury that intrinsited the even is: (P) GEREBRAL VASCULAR resulting in death) LAST	military		1 YR	AES NO
	ATHEROSCLEROTIC HEART DISEASE; CHRONIC OBSTRUCTIVE LUNG DISEASE				
3	110, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 C NO	H 112? (() yes, list type of operation and	dere)		FEMALE, PREGNANT IN LAST YEAR YES: NO UNK
SAN'S CATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedant Attended Since Decedant Last Seen Alive	SIGNATURE AND TITLE OF CERTIFIER	D	116 LICENSE NUMBI A55054	117. DATE: htm/dd/coyy
PHYSIC		TYPE ATTENDING PHYSICIAN'S NAME DO MORAGA WAY #1	, MAILING ADDRESS, ZIP CODE MICHELLE 108; MORAGA, CA 94556	B. SIMI M.D.	100 100 100 100 100 100 100 100 100 100
	119. I CERTIEY THAT IN MY OPIN ON DEATH OCCURRED AT THE HOUR, DATE, AND MANNER OF CEATH Natural: Accident Homicids		T20, INJURED AT WORK? Could not be YES NO UN	121. INJURY DATE m	m/dd/ccyy 122. HOUR (24 Hours
9 USE ONLY	123: PLACE OF INJURY (e.g., home; construction site, wooded area, etc.)			1 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1
CORONER'S USE	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injur	y)			The second secon
	:125: LOCATION OF INJURY (Street and number; or location, and city, and	Z(c)			
	126 SIGNATURE OF CORCNER / DEPUTY CORONER.	127 DATE mm	Addingy 126 TYRE NAME, TITLE OF CORONE	R / DEPUTY CORONER	A CONTRACTOR OF THE CONTRACTOR
STA REGIS	ITE A B C D		*010001003108252*	FAX AUTH.	CENSUS TRAC
ANEX		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	010001000100232		The second secon

Effective 06/25/15:

win mo

WILLIAM WALKER, M.D., Health Officer

STATE OF CALIFORNIA SS DATE ISSUED

CERTIFIED COPY OF VITAL RECORDS

12/16/2015 ₍₎

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Contra Costa County HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer Princio (800) 10013

EXHIBIT "A"

(37)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053. Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 199 as shown and defined on said Condominium Plan; 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 recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, 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 37 only, for one week every other year in the Even -numbered years in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-110