

Recording Requested By:  
Resort Closings, Inc.  
3701 Trakker Trail, Suite 2J  
Bozeman, MT 59718

DOUGLAS COUNTY, NV      **2016-889993**  
Rec:\$18.00  
\$18.00      Pgs=5      11/02/2016 11:34 AM  
RESORT CLOSINGS, INC.  
KAREN ELLISON, RECORDER

When Recorded, Mail To:  
Resort Closings, Inc.  
3701 Trakker Trail, Suite 2J  
Bozeman, Mt 59718  
Escrow # 57036

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**AFFIDAVIT OF DEATH – JOINT TENANT**

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APN/PIN: 1318-26-101-006

JAMES EDWARD GIMBLETT is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. DORIS ANN GIMBLETT is the person referenced in the attached certified copy of the Certificate of Death who died on November 11, 2015 in Ukiah, California.
2. DORIS ANN GIMBLETT is the same person who was named as a Grantee in that certain Grant, Bargain and Sale Deed dated October 9, 2008, and recorded March 12, 2009 as 739432, Bk 309, Pg 2831, of Official Records of Douglas County, Nevada, legally described as follows:

SEE ATTACHED HERETO AS "EXHIBIT "A"  
AND INCORPORATED HEREIN BY THIS REFERENCE

3. That DORIS ANN GIMBLETT and JAMES EDWARD GIMBLETT were continuously married to each other from the date that they acquired the above property, up to and including the date of the death of DORIS ANN GIMBLETT.

Date: 09/19/2016

AFFIANT(S):

*James Edward Gimblett*  
JAMES EDWARD GIMBLETT

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.

*Signed, Sealed and Delivered in the Presence Of:*

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_, by JAMES EDWARD GIMBLETT .

*Please see attached form*

\_\_\_\_\_  
Notary Public

(Affix Notary Seal)

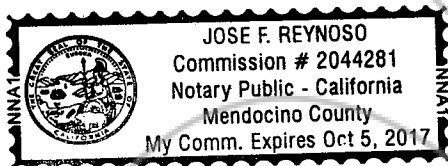
Personally Known \_\_\_ OR Produced Identification  
Type of Identification Produced  
(As to \_\_\_\_\_)

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 Mendocino

Subscribed and sworn to (or affirmed) before me on this 19th  
day of September, 2016, by James Edward Gimblett

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



(Seal)

Signature Jose F. Reynoso

EXHIBIT "A"

LEGAL DESCRIPTION – KINGSBURY CROSSING

INTERVAL NUMBER: 320825A SEASON: HIGH

HOA NUMBER: 478804641 USE: ANNUAL

THE LAND SITUATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, AND DESCRIBED AS FOLLOWS:

PARCEL A:

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 18 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 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 FOR JOHN E. MICHELSEN AND WALTER COX, RECORDED FEBRUARY 10, 1978, IN BOOK 278 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 AND UNITS AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" AND SUBSEQUENT AMENDMENTS THERETO AS HEREINAFTER REFERRED TO.

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

ALSO EXCEPTING THEREFROM THE NON-EXCLUSIVE RIGHTS TO USE THE "COMMON AREAS" AS DEFINED IN THE DECLARATION.

PARCEL B:

THE EXCLUSIVE RIGHT AND EASEMENT TO USE AND OCCUPY AN "ASSIGNED UNIT" AND THE "COMMON FURNISHINGS" THEREIN, TOGETHER WITH THE NON-EXCLUSIVE RIGHT TO OCCUPY THE "COMMON AREAS" IN PARCEL A ABOVE DURING A PROPERLY RESERVED "USE WEEK", DURING THE "SEASON" IDENTIFIED ABOVE, ON AN [ANNUAL] BASIS, AS DESIGNATED ABOVE, PROVIDED THAT SUCH USE PERIODS ARE FIRST RESERVED IN ACORDANCE WITH THE DECLARATION AND THE "RULES AND REGULATIONS", AS EACH OF SAID TERMS ARE DEFINED IN THE DECLARATION REFERRED TO ABOVE.

PARCEL C:

ALL RIGHTS OF MEMBERSHIP IN KINGSBURY CROSSING OWNERS ASSOCIATION, A NEVADA NON-PROFIT CORPORATION ["ASSOCIATION"], WHICH ARE APPURTENANT TO THE INTERESTS DESCRIBED IN PARCELS A AND B UNDER THE DECLARATION AND BYLAWS OF THE ASSOCIATION.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF MENDOCINO**  
**UKIAH, CALIFORNIA**

**CERTIFICATE OF DEATH** 3201523000658

STATE OF CALIFORNIA  
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VS-1 (REV 3/09)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST, (Maiden) <b>DORIS</b>		3. LAST (Family) <b>GIMBLETT</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>03/10/1938</b>	5. AGE Yrs. Mths. Ds. Hrs. Mins. Secs. <b>77</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>NY</b>	10. SOCIAL SECURITY NUMBER <b>7435</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SDP* (at Time of Death) <b>MARRIED</b>
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>SOME COLLEGE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>LEAD COOK</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>SCHOOL DISTRICT</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>4415 NASHMILL ROAD</b>			
21. CITY <b>PHILO</b>	22. COUNTY/PROVINCE <b>MENDOCINO</b>	23. ZIP CODE <b>95466</b>	24. YEARS IN COUNTY <b>13</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP, ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>JAMES GIMBLETT, HUSBAND P.O. BOX 302, PHILO, CA 95466</b>	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST <b>JAMES</b>		29. MIDDLE <b>EDWARD</b>	30. LAST (BIRTH NAME) <b>GIMBLETT</b>
31. NAME OF FATHER/PARENT - FIRST <b>ROBERT</b>		32. MIDDLE <b>-</b>	33. LAST <b>KENNY</b>
35. NAME OF MOTHER/PARENT - FIRST <b>GERTRUD</b>		36. MIDDLE <b>-</b>	37. LAST (BIRTH NAME) <b>JOHNSON</b>
39. RESPOSITION DATE mm/dd/yyyy <b>11/12/2015</b>		40. PLACE OF FINAL DISPOSITION <b>CHOWCHILLA CEMETERY CHOWCHILLA, CA 93610</b>	
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>EMPIRE MORTUARY SERVICES INC.</b>		45. LICENSE NUMBER <b>FD1703</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>CONSTANCE CALDWELL, MD</b>
47. DATE mm/dd/yyyy <b>11/12/2015</b>		43. LICENSE NUMBER	
101. PLACE OF DEATH <b>UKIAH VALLEY MEDICAL CENTER</b>			
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> SNOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ATC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY <b>MENDOCINO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>275 HOSPITAL DRIVE</b>	
106. CITY <b>UKIAH</b>		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. <b>RESPIRATORY FAILURE</b> <b>METASTATIC LUNG CANCER</b>	
108. DEATH REPORTED TO CORONER "Correct and Death" (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <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 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NONE</b>		113A. IF FEMALE, PREGNANT 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 mm/dd/yyyy Decedent Last Seen Alive mm/dd/yyyy <b>11/06/2015 11/11/2015</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>WALTER MICHAEL BORTZ M.D.</b>	
116. LICENSE NUMBER <b>G83310</b>		117. DATE mm/dd/yyyy <b>11/12/2015</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>WALTER MICHAEL BORTZ M.D. 275 HOSPITAL DRIVE, UKIAH, CA 95482</b>			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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		FAX AUTH.#	
A B C D E		CENSUS TRACT	



CERTIFIED COPY OF VITAL RECORDS

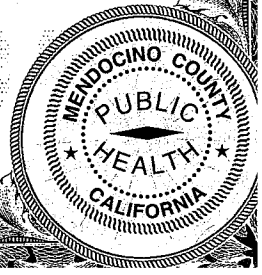
STATE OF CALIFORNIA }  
 COUNTY OF MENDOCINO } SS

DATE ISSUED

NOV 12 2015

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, MENDOCINO COUNTY DEPARTMENT OF PUBLIC HEALTH.

*Cp Caldwell MD*  
 LOCAL REGISTRAR  
 MENDOCINO COUNTY, CALIFORNIA



PRNCO (REV) 04/14

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE