

18



KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:

CARL ADDINGTON

WHEN RECORDED, MAIL TO

Carl Addington
100 Connor Way
Crescent City, CA 95531

AND MAIL TAX STATEMENTS TO:

Kingsbury Crossing
Owners Association
P.O. Box 7049
Stateline, NV 89449

THIS SPACE FOR RECORDER'S USE ONLY

APN: 1318-26-101-006

AFFIDAVIT — DEATH OF JOINT TENANT

STATE OF NEVADA)
DOUGLAS COUNTY) ss.
)

CARL ADDINGTON, of legal age, being first sworn, deposes and says:

That Doris Addington, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Doris Addington, named as one of the parties in that certain Deed, dated July 11, 1984 executed by THE BANK OF CALIFORNIA N.A., a national banking association, and DOUGLAS COUNTY TITLE CO., INC. a Nevada Corporation, as Co-Trustees of the Kingsbury Crossing Trust to Doris Addington and Carl Addington, as Joint Tenants, and recorded on July 17, 1984, in the Office of the Recorder of the County of Douglas, State of Nevada, as Document No. 103587 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

Executed on December 9, 2016, in Del Norte County, California. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

CARL ADDINGTON

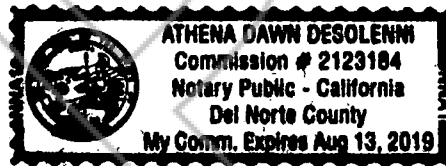
A notary or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss.
COUNTY OF DEL NORTE)

Subscribed and sworn to (or affirmed) before me on this 9th day of December, 2016, by Carl Addington, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Witness my hand and official seal.

My commission expires: August 13, 2019



Athena Dawn deSolenni
Athena Dawn deSolenni/Notary

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF DEL NORTE
 CRESCENT CITY, CALIFORNIA 95531

CERTIFICATE OF DEATH

3201408000119

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 7/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) DORIS		2. MIDDLE LAVERNE		3. LAST (Family) ADDINGTSON	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/09/1934	5. AGE Yrs. 80	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
6. SEX F		8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 8915	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		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 HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 57	
20. DECEDENT'S RESIDENCE (Street and number, or location) 100 CONNER WAY					
21. CITY CRESCENT CITY		22. COUNTY/PROVINCE DEL NORTE		23. ZIP CODE 95531	24. YEARS IN COUNTY 11
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 100 CONNER WAY, CRESCENT CITY, CA 95531			
28. INFORMANT'S NAME, RELATIONSHIP CARL ADDINGTON, HUSBAND		29. NAME OF SURVIVING SPOUSE/SPOD—FIRST CARL			
30. LAST (BIRTH NAME) ADDINGTON		31. NAME OF FATHER/PARENT—FIRST DINO		32. MIDDLE WENDELL	
33. LAST TOGNOLI		34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT—FIRST ISABELL	
36. MIDDLE WENDELL		37. LAST (BIRTH NAME) BLANDINI		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 06/19/2014		40. PLACE OF FINAL DISPOSITION DEL NORTE COUNTY VETERAN'S CEMETERY 400 COOPER AVENUE, CRESCENT CITY, CA 95531			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT WIER'S MORTUARY CHAPEL		45. LICENSE NUMBER FD 826	46. SIGNATURE OF LOCAL REGISTRAR ALISSIA D NORTHROP		47. DATE mm/dd/yyyy 06/18/2014
101. PLACE OF DEATH CRESCENT CITY NURSING & REHAB		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> SOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Church <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY DEL NORTE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1280 MARSHALL STREET		106. CITY CRESCENT CITY	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. (A) ENCEPHALOMALACIA (B) MULTIPLE CEREBRAL VASCULAR ACCIDENTS (C) ATHEROSCLEROTIC CEREBRAL VASCULAR DISEASE		Time Interval Between Onset and Death (A) MONS (B) MONS (C) YEARS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 COLITIS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		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 (A) 06/06/2014 (B) 06/16/2014		115. SIGNATURE AND TITLE OF CERTIFIER ROBERT ALAN MOTT, MD		116. LICENSE NUMBER G41724	117. DATE - mm/dd/yyyy 06/18/2014
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROBERT ALAN MOTT, MD 1735 CENTRAL AVENUE, MCKINLEYVILLE, CA 95519					
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		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

1 of 2

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF DEL NORTE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Del Norte, County Clerk-Recorder.

* 000057843 *

DATE ISSUED **JUN 18 2014**

Alissia D. Northrop
 ALISSIA D. NORTHROP
 COUNTY CLERK-RECORDER
 DEL NORTE COUNTY, CALIFORNIA

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



ENC # 20142728 Page 2 of 3

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF DEL NORTE
 CRESCENT CITY, CALIFORNIA 95531

3052014112678 STATE FILE NUMBER **AFFIDAVIT TO AMEND A RECORD** 3201408000119 LOCAL REGISTRATION NUMBER
 NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

1.1 BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST DORIS		1B. MIDDLE LAVERNE		1C. LAST ADDINGTGN	
	2. SEX F	3. DATE OF EVENT—MM/DD/CCYY 06/17/2014		4. CITY OF EVENT CRESCENT CITY		5. COUNTY OF EVENT DEL NORTE
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD DINO - TOGNOLI			7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD ISABELL - BLANDINI		

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
AKA		DORIS
AKA		LAVERNE
AKA		ADDINGTON

2 of 2

REASON FOR CORRECTION: TO CORRECT THE RECORD

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON JOSEF SWIDERSKI	12B. PRINTED NAME JOSEF SWIDERSKI	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 408 G STREET, CRESCENT CITY, CA 95531	12E. DATE SIGNED—MM/DD/CCYY 06/26/2014	
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON VERONICA CANDELARIA	13B. PRINTED NAME VERONICA CANDELARIA	13C. TITLE/RELATIONSHIP TO PERSON IN PART I OFFICE ASSISTANT
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 408 G STREET, CRESCENT CITY, CA 95531	13E. DATE SIGNED—MM/DD/CCYY 06/26/2014	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 07/09/2014	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24e (REV. 1/08) 1.1

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF DEL NORTE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Del Norte, County Clerk-Recorder.



DATE ISSUED

JUL 09 2014

Alissa D. Northrup
 ALISSA D. NORTHRUP
 COUNTY CLERK-RECORDER
 DEL NORTE COUNTY, CALIFORNIA

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Doc # 20142728 Page 3 of 3

Exhibit A

Real 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 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 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 assigns, all those certain easements referred to in paragraphs 2.5, 2.6, and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right 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 nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, right-of-way of record.