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APN# 42-010-40



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

✓ Name: Carol Adams
Address: 5141 Harvest Estates
City/State/Zip: San Jose, CA 95135

Mail Tax Statements to:

Name: Carol Adams
Address: 5141 Harvest Estates
City/State/Zip: San Jose, CA 95135

AFFIDAVIT OF DEATH OF JOINT TENANT
Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Carol J. Adams
Signature

Carol J. Adams
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF California }

SS

COUNTY OF Santa Clara }

BEFORE ME, the undersigned Notary Public, personally appeared, Carol Jean Adams, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Carol Jean Adams and I reside at 5141 Harvest Estates, San Jose, Calif. 95135
2. I owned real property as a joint tenant with Albert Byrns Adams, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.

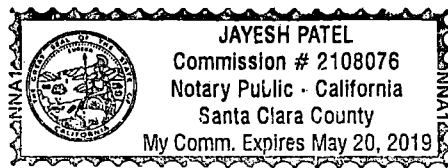
Title deed is recorded in Book 0296, Page 4826 in the office of the register of deeds in the county and state aforesaid. DOC 382271

3. Albert Byrns Adams, my joint tenant identified above, departed this life on the 12th day of June, 20 15. A copy of the death certificate of Albert Byrns Adams is attached.
4. On the date of the death of Albert Byrns Adams, the above described real estate was owned by Albert Byrns Adams and Carol Jean Adams, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 10th day of March, 20 16.

Carol Jean Adams
Affiant

SWORN TO AND SUBSCRIBED before me this the 10th day of March,
2016.




NOTARY PUBLIC

My Commission Expires: SJ20/2019

C O R P

EXHIBIT 'A' (42)

An undivided 1/51st interest as tenants in common in, and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 270 as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;
thence S. 14°00'00" W., along said Northerly line, 14.19 feet;
thence N. 52°20'29" W., 30.59 feet;
thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of APN: 42-010-40

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 FEB 29 AIO:15

LINDA SLATER
RECORDER

PAID DEPUTY

382271

BK0296PG4827

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

CERTIFICATE OF DEATH

3201543005035

| | | | |
|--|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) ALBERT | | 2. MIDDLE BYRNS | |
| 3. LAST (Family) ADAMS | | 4. DATE OF BIRTH mm/dd/yyyy 10/05/1937 | |
| 5. AGE Yrs. 77 | | 6. UNDER ONE YEAR Months 77 | |
| 7. UNDER 24 HOURS Hours 77 | | 8. SEX M | |
| 9. ALSO KNOWN AS - Include ALL AKA (FIRST, MIDDLE, LAST) ALBERT BYRNS ADAMS JR | | | |
| 9. BIRTH STATE/FOREIGN COUNTRY CA | | 10. SOCIAL SECURITY NUMBER 4864 | |
| 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS/PROP (at Time of Death) MARRIED | |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR | | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 15. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED LANGUAGE ARTS TEACHER | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN | |
| 17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION | | 18. YEARS IN OCCUPATION 35 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 5141 HARVEST ESTATES | | | |
| 21. CITY SAN JOSE | | 22. COUNTY/PROVINCE SANTA CLARA | |
| 23. ZIP CODE 95135 | | 24. YEARS IN COUNTY 45 | |
| 25. STATE/FOREIGN COUNTRY CA | | 26. INFORMANT'S NAME, RELATIONSHIP CAROL JEAN ADAMS, SPOUSE | |
| 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, nearest city or town, state and zip) 5141 HARVEST ESTATES, SAN JOSE, CA 95135 | | 28. NAME OF SURVIVING SPOUSE/SROP - FIRST CAROL | |
| 29. MIDDLE JEAN | | 30. LAST (BIRTH NAME) SCHMIDT | |
| 31. NAME OF FATHER/PARENT - FIRST ALBERT | | 32. MIDDLE BYRNS | |
| 33. LAST ADAMS | | 34. BIRTH STATE MI | |
| 35. NAME OF MOTHER/PARENT - FIRST MIGNON | | 36. MIDDLE - | |
| 37. LAST (BIRTH NAME) CALLISH | | 38. BIRTH STATE CA | |
| 39. DISPOSITION DATE mm/dd/yyyy 06/21/2015 | | 40. PLACE OF FINAL DISPOSITION RES CAROL ADAMS 5141 HARVEST ESTATES, SAN JOSE, CA 95135 | |
| 41. TYPE OF DISPOSITION(S) CR/RES | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | |
| 43. LICENSE NUMBER - | | 44. NAME OF FUNERAL ESTABLISHMENT OAK HILL FUNERAL HOME | |
| 45. LICENSE NUMBER FD 991 | | 46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD | |
| 47. DATE mm/dd/yyyy 06/16/2015 | | 48. PLACE OF DEATH KAISER FOUNDATION HOSPITAL | |
| 101. COUNTY SANTA CLARA | | 102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 250 HOSPITAL PARKWAY | |
| 103. CITY SAN JOSE | | 104. CAUSE OF DEATH COMPLICATIONS OF CONGESTIVE HEART FAILURE | |
| 105. YEARS 10 | | 106. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 107. YEARS 10 | | 108. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 109. YEARS 10 | | 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 DIABETES MELLITUS TYPE II, ATRIAL FIBRILLATION, HYPOTHYROIDISM, ASTHMA | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO | | 114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 115. SIGNATURE AND TITLE OF CERTIFIER BOBBY LUT-MING TSANG M.D. | | 116. LICENSE NUMBER A106606 | |
| 117. DATE mm/dd/yyyy 06/15/2015 | | 118. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BOBBY LUT-MING TSANG, M.D. 250 HOSPITAL PARKWAY, SAN JOSE, CA 95119 | |
| 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"/> Accidents <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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | | |
| 122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | |
| 123. LOCATION OF INJURY (Street and number, or location, and city, and zip) | | | |
| 124. SIGNATURE OF CORONER / DEPUTY CORONER | | 125. DATE mm/dd/yyyy | |
| 126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | 127. DATE mm/dd/yyyy | |
| 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | 129. DATE mm/dd/yyyy | |



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
This is a true and exact reproduction of the document
officially registered and placed on file in the Office of the
Santa Clara County Clerk-Recorder.

Régina Alcomendras
REGINA ALCOMENDRAS
COUNTY CLERK-RECORDER

DATE ISSUED **JAN 23 2017**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

