

PLEASE RECORD AND MAIL TO:

LAW OFFICE OF SARAH E. GALVIN
433 ESTUDILLO AVENUE #203
SAN LEANDRO, CALIFORNIA 94577



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Mary Ann Cardoso
3301 Cecil Avenue
Santa Clara, CA 95050-2104

AFFIDAVIT - DEATH OF JOINT TENANT

State of California
County of Alameda


Mary Ann Cardoso, of legal age, being first duly sworn, deposes and says:

Lorraine O. Buretta, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as **Lorraine Olive Buretta**, named as one of the parties in that certain deed dated August 5, 1994 and executed by **Michael J. Buretta and Lorraine O. Buretta**, Husband and Wife as to 1/2 undivided interest as Joint Tenants and **Arlindo F. Cardoso and Mary A. Cardoso**, Husband and Wife as to 1/2 undivided interest as joint tenants to **Michael J. Buretta and Lorraine O. Buretta**, Husband and Wife and **Arlindo F. Cardoso and Mary A. Cardoso**, Husband and Wife and **Anthony M. Cardoso**, a single man, and **Arline Cardoso**, a single woman, all as Joint Tenants, recorded on **August 30, 1994**, as instrument No. **345074**, in Book and Page **BK0894 PG5260**, of Official Records of Douglas County, Nevada, Covering the following described real property situated in Douglas County, Nevada:

See Exhibit "A" attached hereto and incorporated herein by this reference for legal description

Assessor's Parcel No.: 07-130-19

DATED: 10-14-17



Mary Ann Cardoso

JURAT

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 Santa Clara

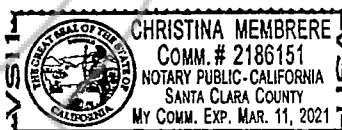
Subscribed and sworn to (or affirmed) before me on this 14th day of October,
2017 by Mary Ann Cardoso

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

Christina

Signature

M (Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201601008605

| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06) | | LOCAL REGISTRATION NUMBER | |
|---|--|--|--|---|--|
| 1. NAME OF DECEDENT—FIRST (Given) LORRAINE | | 2. MIDDLE OLIVE | | 3. LAST (Family) BURETTA | |
| AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/ccyy 08/13/1927 | | 5. AGE Yrs. 89 | |
| | | IF UNDER ONE YEAR Months Days | | IF UNDER 24 HOURS Hours Minutes | |
| 6. SEX F | | 9. BIRTH STATE/FOREIGN COUNTRY ND | | 10. SOCIAL SECURITY NUMBER [REDACTED]-7864 | |
| 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED | | 7. DATE OF DEATH mm/dd/ccyy 12/10/2016 | |
| 8. HOUR (24 Hours) 0530 | | 13. EDUCATION—Highest Level/Degree (See worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) CAUCASIAN | | 17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED CLERICAL STAFF | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION | |
| 19. YEARS IN OCCUPATION 30 | | 20. DECEDENT'S RESIDENCE (Street and number, or location) 22846 OPTIMIST STREET | | | |
| 21. CITY HAYWARD | | 22. COUNTY/PROVINCE ALAMEDA | | 23. ZIP CODE 94541 | |
| 24. YEARS IN COUNTY 70 | | 25. STATE/FOREIGN COUNTRY CA | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP LINDA JONES, DAUGHTER | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 22846 OPTIMIST STREET, HAYWARD, CA 94541 | | | |
| 28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST - | | 29. MIDDLE - | | 30. LAST (BIRTH NAME) - | |
| 31. NAME OF FATHER/PARENT—FIRST ALFRED | | 32. MIDDLE - | | 33. LAST MONSON | |
| 34. BIRTH STATE ND | | 35. NAME OF MOTHER/PARENT—FIRST ADELINE | | 36. MIDDLE - | |
| 37. LAST (BIRTH NAME) IHLA | | 38. BIRTH STATE ND | | | |
| 39. DISPOSITION DATE mm/dd/ccyy 12/19/2016 | | 40. PLACE OF FINAL DISPOSITION HOLY SEPULCHRE CEMETERY 26320 MISSION BOULEVARD, HAYWARD, CA 94544 | | | |
| 41. TYPE OF DISPOSITION(S) BU | | 42. SIGNATURE OF EMBALMER ALAN HALEY | | 43. LICENSE NUMBER EMB8048 | |
| 44. NAME OF FUNERAL ESTABLISHMENT HOLY ANGELS FUNERAL AND CREMATION CENTER | | 45. LICENSE NUMBER FD1456 | | 46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D. | |
| 47. DATE mm/dd/ccyy 12/15/2016 | | | | | |
| 101. PLACE OF DEATH OWN RESIDENCE | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | |
| 104. COUNTY ALAMEDA | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 22846 OPTIMIST STREET | | 106. CITY HAYWARD | |
| 107. CAUSE OF DEATH IMMEDIATE CAUSE (A) NON SMALL CELL LUNG CANCER Final disease or condition resulting in death. Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST NONE | | Enter the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venotracheal intubation without showing the etiology. DO NOT ABBREVIATE. | | 108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 WKS (B) <input type="checkbox"/> YES <input type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 109. IF FEMALE, PREGNANT IN LAST YEAR? 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 | | 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/ccyy 12/05/2016 | | 115. SIGNATURE AND TITLE OF CERTIFIER DEEPA REDDY M.D. | | 116. LICENSE NUMBER A107799 | |
| Decedent Last Seen Alive mm/dd/ccyy 12/05/2016 | | 115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DEEPA REDDY M.D. 2500 MERCED ST, SAN LEANDRO, CA 94577 | | 117. DATE mm/dd/ccyy 12/13/2016 | |
| 118. 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 | | 119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 120. INJURY DATE mm/dd/ccyy | |
| 121. INJURY DATE mm/dd/ccyy | | 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/ccyy | |
| 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | | | | |
| STATE REGISTRAR | | A B C D E | | FAX AUTH.# | |
| CENSUS TRACT | | *010001003418486* | | | |

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DEC 20 2016

DATE ISSUED

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

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

AN UNDIVIDED ONE-THREE 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, RAGE 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" AS AMENDED.

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 TIMESHARES 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 COUNTRY 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, 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, THIRD AMENDMENT TO DECLARATION TIMESHARE USE RECORDED OCTOBER 14, 1983 IN BOOK 1083 AT PAGE 2872, DOCUMENT NO. 89535 AND FOURTH AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED AUGUST 31, 1987 IN BOOK 887 AT PAGE 3987, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA, DOCUMENT NO. 161309, ("DECLARATION"), DURING A "USE PERIOD", NEVADA, DOCUMENT NO. 161309, ("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, CONDITION, RESTRICTION, LIMITATIONS, EASEMENTS, RIGHT-OF-WAY OF RECORD.

APN 07-130-19