



KAREN ELLISON, RECORDER

RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

APN# 07-130-19

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

TITLE OF DOCUMENT

(DO NOT Abbreviate)

AFFIDAVIT OF DEATH OF JOINT TENANT

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

RECORDING REQUESTED BY:

Law Office of Sarah E. Galvin

RETURN TO: Name Sarah E. Galvin

Address 433 Estudillo Avenue, Ste 203

City/State/Zip San Leandro, CA 94577

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name Linda Jones

Address 188 West Camarda Avenue

City/State/Zip Mountain House, CA 95391-1096

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.

P:\Common\Forms & Notices\Cover Page Template Feb2014

PLEASE RECORD AND MAIL TO:

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

MAIL TAX STATEMENTS TO:
Linda Jones

AFFIDAVIT - DEATH OF JOINT TENANT

State of California
County of Alameda

Linda Jones, of legal age, being first duly sworn, deposes and says:

Lorraine O. Burretta, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as **Lorraine Olive Burretta**, named as one of the parties in that certain grant deed dated July 28, 1994 and executed by **Michael J. Burette and Lorraine O. Burretta**, Husband and Wife as Joint Tenants with right of survivorship to **Michael J. Burette and Lorraine O. Burretta**, Husband and Wife and **Linda Jones**, an unmarried woman, and **Lorrie Martin**, a single woman all as Joint Tenants, recorded on **August 4, 1994**, as instrument No. **343270**, in Book and Page **BK0894 PG0687**, 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: 11/2/17



Linda Jones

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 ALAMEDA)

Subscribed and sworn to (or affirmed) before me on this 2nd day of NOV., 2017,
by Linda Jones, proved to me on the basis of satisfactory evidence to be the person who appeared
before me.



Notary Signature

seal

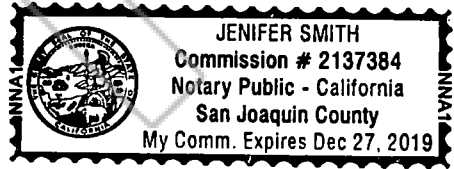


EXHIBIT "A"

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

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. 3/08)		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/yyyy 08/13/1927		5. AGE Yrs. 89	
		IF UNDER ONE YEAR Months Days		IF UNDER 24 HOURS Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY ND		10. SOCIAL SECURITY NUMBER ██████-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/yyyy 12/10/2016		8. HOUR (24 Hours) 0530	
13. 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 - Specify race or ethnic group (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			
28. 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/yyyy 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/yyyy 12/15/2016					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <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 (Final disease or condition resulting in death) (A) NON SMALL CELL LUNG CANCER		Time Interval Between Onset and Death (A) 6 WKS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events leading to death)		(B)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(C)		(C)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(D)		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 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/yyyy 12/05/2016		115. SIGNATURE AND TITLE OF CERTIFIER DEEPA REDDY M.D.		116. LICENSE NUMBER / DATE mm/dd/yyyy A107799 / 12/13/2016	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DEEPA REDDY M.D. 2500 MERCED ST, SAN LEANDRO, CA 94577	
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"/> 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	

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.

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CA ALAMEDA 01

001106088

Handwritten signature

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA