

APN# 42-254-13

Recording Requested by/Mail to:

Name: Express Closing Firm LLC

Address: 1420 S. Enterprise Ave Ste H

City/State/Zip: Springfield, MO 65804

Mail Tax Statements to:

Name: Jairus J Yambao

Address: 1405 Sotheby Ct.

City/State/Zip: Gardnersville, NV 89410

Affidavit of Continuous Marriage

Title of Document (required)

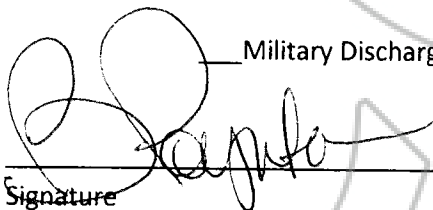
----- (Only use if applicable) -----

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

1 Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Breanne L. Poynter

Printed Name

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

Prepared By
Express Closing Firm, LLC
1420 S. Enterprise Ave. Ste. H
Springfield, MO 65804

CONTINUOUS MARRIAGE AFFIDAVIT

THIS IS AN AFFIDAVIT MADE UNDER OATH. THE MAKING OF A FALSE STATEMENT WILL SUBJECT THE AFFIANT TO SEVERE CRIMINAL PENALTIES.

BEFORE ME, the undersigned authority, personally appeared Affiant David A. Feddick, whose address is 704 Old Bridge Road, Fallbrook, CA 92028 and who, being by me first duly sworn on oath, depose and say:

- That Affiant and M. Kathleen Feddick were husband and wife upon obtaining title to the following described property:
An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on the Tahoe Village Unit no. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, recorded as Documents No. 269053, Official Records of Douglas county, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map, and (B) Unit No. 13 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 Convents, 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 Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Delectations; with the exclusive right to use said interest, in Lot 28 only, for one week every other year in ODD -numbered years in accordance with said Declarations.
- Affiant were husband and wife at the time they acquired title to the above described property and that their marriage to each other has been continuous and uninterrupted from the date of acquisition of said property on or about (September 16, 1992) up to and including the date of death of (M. Kathleen Feddick) on (November 7, 2016).
- Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Nevada for falsely swearing to statements in an instrument of this nature. Affiant has read the foregoing affidavit and fully understands the facts contained herein.

FURTHER, Affiant sayeth naught.

Signed, sealed and delivered in our presence:

Curtis Farnham
Witness Signature

Curtis Farnham
Witness Print Name

David A. Feddick
David A. Feddick

Janine Farnham
Witness Signature

Janine Farnham
Witness Print Name

STATE OF _____

COUNTY OF _____

THE FOREGOING INSTRUMENT was acknowledged before me on _____, by David A. Feddick who are personally known to me or have produced _____ as identification.

See Attached

Notary Seal

Signature: _____
Print Name: _____
My Commission Expires _____
Notary Public

ACKNOWLEDGEMENT

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 San Diego

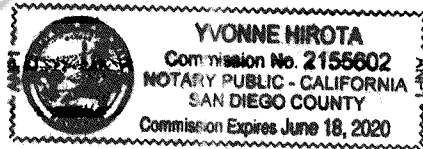
On 12th day of April, 2018 before me, Yvonne Hirota

A Notary Public personally appeared David A. Feddick

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (is/are) subscribed to the within instrument and acknowledged to me that (he/she/they) executed the same in (his/her/their) authorized capacity(ies), and that (he/she/they) executed the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Yvonne Hirota (seal)

Name (printed): Yvonne Hirota

Commission Expires: June 18, 2020

Continuous Marriage Aff.

STATE OF CALIFORNIA


CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052016218261

CERTIFICATE OF DEATH

3201637018621

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES WHITEOUTS OR ALTERATIONS VS 12/09/03/05/07				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARY		2. MIDDLE KATHLEEN		3. LAST (Family) FEDDICK			
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) ---		4. DATE OF BIRTH (mm/dd/yyyy) 04/15/1947		5. AGE Yrs. 69		6. SEX F	
9. BIRTH STATE-FOREIGN COUNTRY WI		10. SOCIAL SECURITY NUMBER 3901		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (PROMPT) (at time of death) MARRIED	
13. EDUCATION - Highest Level/Degree (use worksheet on back) HS GRADUATE		14. 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		7. DATE OF DEATH (mm/dd/yyyy) 11/07/2016	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CUSTOMER SERVICE MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COMMERCIAL MACHINERY MANUFACTURING		19. YEARS IN OCCUPATION 25		8. HOUR (24-hour) 1900	
20. DECEDENT'S RESIDENCE (Street and number or location) 704 OLD BRIDGE RD							
21. CITY FALLBROOK		22. COUNTY/PROVINCE SAN DIEGO		23. ZIP CODE 92028		24. YEARS IN COUNTY 7	
25. STATE-FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DAVID ALLEN FEDDICK, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, or town, state and zip) 704 OLD BRIDGE RD, FALLBROOK, CA 92028							
28. NAME OF SURVIVING SPOUSE/SPOUSE FIRST DAVID		29. MIDDLE ALLEN		30. LAST (BIRTH NAME) FEDDICK			
31. NAME OF FATHER/PARENT - FIRST WALTER		32. MIDDLE EMMENS		33. LAST WILLIAMS		34. BIRTH STATE WI	
35. NAME OF MOTHER/PARENT - FIRST PATRICIA		36. MIDDLE MAY		37. LAST (BIRTH NAME) ECKER		38. BIRTH STATE IA	
39. DISPOSITION DATE (mm/dd/yyyy) 11/09/2016		40. PLACE OF FINAL DISPOSITION RESIDENCE DAVID ALLEN FEDDICK 704 OLD BRIDGE RD, FALLBROOK, CA 92028					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT BERRY-BELL AND HALL MORTUARY		45. LICENSE NUMBER FD828		46. SIGNATURE OF LOCAL REGISTRAR WILMA J WOOTEN, MD MPH		47. DATE (mm/dd/yyyy) 11/09/2016	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EPICU <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SAN DIEGO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 704 OLD BRIDGE RD		106. CITY FALLBROOK			
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal condition(s) as the final cause. See instructions on back of this certificate for details. (See worksheet on back) IMMEDIATE CAUSE A: CARDIOPULMONARY FAILURE		108. DEATH REPORTED TO CORONER? (Street and town) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? (Hospital number) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. UNDERLYING CAUSE OF DEATH Underlying cause is the disease or injury that initiated the events leading to death END STAGE LUNG CANCER WITH METASTASIS DISEASE TO THE BRAIN		111. DECEASED BY PERCUTANEOUS MEANS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PRESENTING IN THE UNDERLYING CAUSE: (OPEN IN 107) ACUTE RENAL FAILURE, HYPERTENSION, HYPERALDOSTERONISM, ANEMIA		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 113? (or 112)? If yes, list type of operation and date. NO		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Deceased Attended Since: _____ Decedent Last Seen Alive: _____ 11/02/2016 11/02/2016		115. SIGNATURE AND TITLE OF CERTIFIER DONALD ADEMA D.O.		116. LICENSE NUMBER 20A6239		117. DATE (mm/dd/yyyy) 11/09/2016	
118. 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"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. TYPE AT ENDING PHYSICIAN'S NAME: (WORKING ADDRESS, ZIP CODE) DONALD ADEMA D.O.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE (mm/dd/yyyy)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE (mm/dd/yyyy)		124. HOUR (24-hour)			
124. DESCRIBE HOW INJURY OCCURRED (6 words which included "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		F		G	
				FAX AUTH.#		CENSUS TRACT	

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma J. Wooten, M.D.

DATE ISSUED: November 22, 2016

WILMA J. WOOTEN, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS
County of San Diego



CASANDIELO