

A portion of A.P.N. 1319-30-724-009  
(fka 042-261-08)

WHEN RECORDED RETURN TO:

Ryan R. Moser, Esq.  
Aguirre Riley, P.C.  
4745 Caughlin Parkway, Suite 100  
Reno, NV 89519

MAIL TAX STATEMENTS TO:

Mark J. Burriss, Craig M. Burriss  
and Brian T. Burriss  
2990 West Moana Lane  
Reno, NV 89509

The undersigned hereby affirms that this document,  
including any exhibits, submitted for recording does  
not contain the social security number of any person  
or persons. (Per NRS 239B.030)

AFFIDAVIT OF TERMINATION OF JOINT TENANT

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF WASHOE        )

BRIAN T. BURRISS, of legal age, being duly sworn, deposes and says:

1. That JERALD WOOD BURRISS, the Decedent mentioned in the attached certified copy of Certificate of Death, died on February 28, 2005 and was, until his death, and is the same person as JERALD W. BURRISS, named as one of the parties in that certain Joint Tenancy Deed by and between JERALD W. BURRISS and SANDRA K. BURRISS, husband and wife, MARK J. BURRISS, a married man as his sole and separate property, CRAIG M. BURRISS, a single man, and BRIAN T. BURRISS, a single man, altogether as joint tenants with right of survivorship, and not as tenants in common, of official records of Douglas County, State of Nevada, Document Number 385770, concerning the real property situate in the County of Douglas, State of Nevada.

2. That SANDRA KURTZ BURRISS, the Decedent mentioned in the attached certified copy of Certificate of Death, died on September 19, 2013 and was, until her death, and is the same person as SANDRA K. BURRISS, named as one of the parties in that certain Joint Tenancy Deed by and between JERALD W. BURRISS and SANDRA K. BURRISS, husband and wife, MARK J. BURRISS, a married man as his sole and separate property, CRAIG M. BURRISS, a single man, and BRIAN T. BURRISS, a single man, altogether as joint tenants with right of survivorship, and not as tenants in common, of official records of Douglas County, State of Nevada, Document Number 385770, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

The Ridge Tahoe, Tower Building, Prime Season, Week #34-008-37-01, Stateline, NV 89449.

SEE EXHIBITS "A" AND "B" ATTACHED HERETO AND MADE A PART HEREOF BY THIS REFERENCE.

Legal description obtained from Joint Tenancy Deed, Book 0496, Pages 3459 through 3461, Document No. 385770, recorded April 19, 1996, in the Official Records of Douglas County, Nevada.

3. That this affidavit is executed and recorded for the purposes of terminating the interest of JERALD W. BURRISS and SANDRA K. BURRISS in and to the hereinabove described real property.

DATED this 4 day of January, 2019.

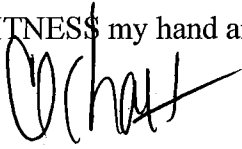


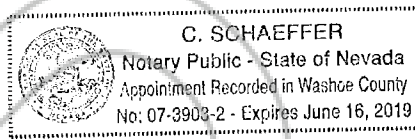
BRIAN T. BURRISS  
2990 West Moana Lane  
Reno, NV 89509

State of Nevada )  
 ) ss.  
County of Washoe )

On January 4, 2019, before me, C. Schaeffer,  
personally appeared BRIAN T. BURRISS, personally known to me or proved to me on the  
basis of satisfactory evidence to be the person whose name is subscribed to the within  
instrument and acknowledged to me that he executed the same in his authorized capacity,  
and that by his signature on the instrument the person or the entity upon behalf of which  
the person acted, executed the instrument.

WITNESS my hand and official seal.





\_\_\_\_\_  
Signature of Notary

*COPIES*

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

ERNEST J. DRONENBURG, JR.  
ASSESSOR/RECORDER/COUNTY CLERK

#### CERTIFICATE OF DEATH

3 200537 003107

STATE F&E NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Only)		3. LAST (Family)	
JERALD		BURRISS	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
WOOD		02/10/1921	
5. AGE Yrs. Months Days		6. SEX	
84		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
02/28/2005		0855	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
IOWA		-6680	
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level Degree (See instructions on back)		14. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc)	
BUSINESS OWNER		SERVICE STATIONS	
17. YEARS IN OCCUPATION		18. YEARS IN OCCUPATION	
25		25	
19. DECEDENT'S RESIDENCE (Street and number or location)		20. DECEDENT'S RESIDENCE (Street and number or location)	
8393 CLIFFRIDGE LN		8393 CLIFFRIDGE LN	
21. CITY		22. COUNTY/PROVINCE	
LA JOLLA		SAN DIEGO	
23. ZIP CODE		24. YEARS IN COUNTY	
92037		48	
25. STATE/FOREIGN COUNTRY		26. STATE/FOREIGN COUNTRY	
CA		CA	
27. INFORMANT'S NAME, RELATIONSHIP		28. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
SANDRA K BURRISS-WIFE		8393 CLIFFRIDGE LN LA JOLLA CA 92037	
29. NAME OF SURVIVING SPOUSE - FIRST		30. MIDDLE	
SANDRA		REA	
31. NAME OF FATHER - FIRST		32. MIDDLE	
THOMAS		WOOD	
33. NAME OF MOTHER - FIRST		34. MIDDLE	
ZETTA		B	
35. LAST ( maiden Name)		36. LAST ( maiden Name)	
KURTZ		BURRISS	
37. LAST (maiden)		38. LAST (maiden)	
O'DELL		O'DELL	
39. BIRTH STATE		40. BIRTH STATE	
IOWA		IOWA	
41. BIRTH STATE		42. BIRTH STATE	
IOWA		IOWA	
43. DISPOSITION DATE mm/dd/yyyy		44. PLACE OF FINAL DISPOSITION	
03/02/2005		EL CAMINO MEMORIAL PARK 5600 CARROLL CANYON RD SAN DIEGO CA 92121	
45. TYPE OF DISPOSITION(S)		46. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
47. NAME OF FUNERAL ESTABLISHMENT		48. LICENSE NUMBER	
EL CAMINO MORTUARY		ED1260	
49. SIGNATURE OF LOCAL REGISTRAR		50. DATE mm/dd/yyyy	
Nancy L. Gowan		03/02/2005	
51. PLACE OF DEATH		52. IF HOSPITAL, SPECIFY ONE	
THE SPRINGS AT PACIFIC REGENT		<input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTO <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other	
53. COUNTY		54. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SAN DIEGO		<input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTO <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other	
55. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		56. CITY	
3884 NOBEL DR		SAN DIEGO	
57. CAUSE OF DEATH		58. DEATH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE.		(A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMMEDIATE CAUSE (A)		90 DAYS	
ADULT FAILURE TO THRIVE		(B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
SEQUELAE, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PARKINSON'S DISEASE		10 YRS	
SICK SINUS SYNDROME		YRS	
ATRIAL FIBRILLATION		YRS	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. FEMALE PREMONITION IN LAST YEAR?	
UROSEPSIS, BENIGN PROSTATE HYPERTROPHY		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		115. DATE mm/dd/yyyy	
NO		02/28/2005	
116. IDENTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED.		117. TYPE AND TITLE OF CERTIFIER	
Decedent Attended Since		Blaine K Jackson MD	
Decedent Last Seen Alive		Blaine K Jackson MD	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. LICENSE NUMBER	
530 LOMAS SANTA FE DR SOLANA BEACH CA 92075		A67288	
120. MEMBER OF DEATH		121. MAILED AT WORK?	
Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause not determined <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Ex: auto which resulted in injury)		124. HOUR (24 Hours)	
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		FAX AUTH # CVC	
A B C D E		2503754	
		CENSUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk

*Ernest J. Dronenburg, Jr.*

Oct 05, 2017

Ernest J. Dronenburg, Jr.  
Assessor/Recorder/County Clerk

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

ERNEST J. DRONENBURG, JR.  
ASSESSOR/RECORDER/COUNTY CLERK

#### CERTIFICATE OF DEATH

3201337015403

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) SANDRA		3. LAST (Family) BURRISS	
2. MIDDLE KURTZ		4. DATE OF BIRTH mm/dd/yyyy 02/13/1934	
AKA. ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. Mths. Ds. 79	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 09/19/2013	
8. BIRTH STATE/FOREIGN COUNTRY		9. SOCIAL SECURITY NUMBER 9933	
10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. MARITAL STATUS/SROP (at Time of Death) WIDOWED	
12. EDUCATION—Highest Level/Degree (See worksheet on back) SOME COLLEGE		13. DECEDENT'S RACE—List to 3 races may be listed (see worksheet on back) CAUCASIAN	
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 OCCUPATION—Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PROPERTY MANAGEMENT		18. YEARS IN OCCUPATION 10	
20. DECEDENT'S RESIDENCE (Street and number, or location) 8393 CLIFFRIDGE LN			
21. CITY LA JOLLA		22. COUNTY/PROVINCE SAN DIEGO	
23. ZIP CODE 92037		24. YEARS IN COUNTY 50	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP CRAIG BURRISS, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 11031 ALDERIDGE LN, SAN DIEGO, CA 92131		28. NAME OF SURVIVING SPOUSE/SROP—FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST GEORGE		32. MIDDLE HENRY	
33. LAST KURTZ		34. BIRTH STATE IA	
35. NAME OF MOTHER/PARENT—FIRST VIVIAN		36. MIDDLE ESTHER	
37. LAST (BIRTH NAME) MCCOY		38. BIRTH STATE IA	
38. DISPOSITION DATE mm/dd/yyyy 09/26/2013		40. PLACE OF FINAL DISPOSITION EL CAMINO MEMORIAL PARK 5600 CARROLL CANYON RD, SAN DIEGO, CA 92121	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER MARILYN DE CAPRIO	
43. LICENSE NUMBER EMB8540		44. NAME OF FUNERAL ESTABLISHMENT EL CAMINO MEMORIAL - SV	
45. LICENSE NUMBER FD-1260		46. SIGNATURE OF LOCAL REGISTRAR WILMA WOOTEN, MD	
47. DATE mm/dd/yyyy 09/25/2013		101. PLACE OF DEATH BELMONT VILLAGE AT SABRE SPRINGS	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DQA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input 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) 13075 EVENING CREEK DR-SOUTH	
106. CITY SAN DIEGO		107. CAUSE OF DEATH 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) RESPIRATORY FAILURE Final disease or condition resulting in death PROGRESSIVE SUPRANUCLEAR PALSY Secondary, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B) disease or injury that initiated the events resulting in death LAST	
108. DEATH REPORTED TO CORONER? Days (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Yrs (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (E) <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) DYSPHAGIA, ATRIAL FIBRILLATION, HYPERTENSION			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE			
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. (A) mm/dd/yyyy (B) mm/dd/yyyy 10/30/2012 09/18/2013		115. SIGNATURE AND TITLE OF CERTIFIER GREGORY THOMAS ANTKOWIAK M.D.	
116. LICENSE NUMBER A78990		117. DATE mm/dd/yyyy 09/23/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GREGORY THOMAS ANTKOWIAK M.D. 530 LOMAS SANTA FE DR, SOLANA BEACH, CA 92075		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/yyyy		121. HOUR (24 hours)	
122. 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		FAX AUTH.#	
A B C D E		CENSUS TRACT	

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*Ernest J. Dronenburg, Jr.*

Oct 05, 2017

Ernest J. Dronenburg, Jr.  
Assessor/Recorder/County Clerk

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004494122

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASANDIEOR

EXHIBIT "A"

A TIMESHARE COMPRISED OF:

PARCEL ONE:

An undivided 1/51st interest in and to that certain condominium as follows:

- (A) An undivided 1/38th interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units #81 to #38 as shown and defined on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.
- (B) Unit No. 008 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modifications thereof recorded September 28, 1973, as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, - and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE use week within the "WREME season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said use week within said "use season".

## EXHIBIT "B"

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/38th interest in and to Lot 34 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 to 038 as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 008 as shown and defined on said Condominium Plan; 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. 086758, as amended, and in the Declaration of Annexation of The Ridge Tahoe recorded February 21, 1984 as Document No. 097150 and as amended by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in the same unit type conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A portion of A.P.N. 1319-30-724-009 (fka 042-261-08)