

DOUGLAS COUNTY, NV

2019-930711

Rec:\$35.00

\$35.00

Pgs=4

06/21/2019 08:19 AM

TRICOM MANAGEMENT, INC.

KAREN ELLISON, RECORDER

APN: 1318-26-101-006

RECORDING REQUESTED BY:
FRAN LOISELLE

WHEN RECORDED MAIL TO:
FRAN LOISELLE
506 DIAMOND HILLS DR.
RIO VISTA, CA 94571

Reference No.: 470727873
3308-11

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

State of: CALIFORNIA

County of: SOLANO

SS:

The undersigned, FRAN LOISELLE, of legal age, being first duly sworn, deposes and says:

That RAY LOISELLE AKA RAYMOND CHESTER LOISELLE is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain **GRANT, BARGAIN, SALE DEED**, executed to **RAY LOISELLE AND FRAN LOISELLE, HUSBAND AND WIFE, AS JOINT TENANTS**, recorded on **July 31, 2000**, as Instrument No. **2000-0496829**, Book **700**, Page **5247**, Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit "A" attached hereto and made a part hereof.

Dated: June 10, 2019

FRAN LOISELLE
FRAN LOISELLE

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)
) SS:
COUNTY OF SOLANO)

Subscribed and sworn to (or affirmed) before me on this 10th day of JUNE, 2019, by FRAN LOISELLE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Eileen F. Griffin

Identification Used: Dennis Perrin



EXHIBIT "A"
Legal Description

The land situated in the State of Nevada, County of Douglas, and described as follows:

AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST as tenant in common in the following described real property:

A portion of the North one-half (½) of the Northwest one-quarter (¼) of Section 26, Township 13 North, Range 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.

Except from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

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 the Declaration of Timeshare 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 County 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, and 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 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("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, conditions, restrictions, limitations, easements, rights-of-way of record.

CC&R/Interval #: 3308-11

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO
 HEALTH AND SOCIAL SERVICES DEPARTMENT

3052018245555

CERTIFICATE OF DEATH

3201848003140

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REVISE 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RAYMOND		2. MIDDLE CHESTER		3. LAST (Family) LOISELLE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 03/20/1945		5. AGE Yrs. 73		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 9955		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) MARRIED		7. DATE OF DEATH mm/dd/yyyy 12/03/2018		8. HOUR (24 Hours) 1456	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		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 - 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 REALTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		19. YEARS IN OCCUPATION 10	
20. DECEDENT'S RESIDENCE (Street and number, or location) 506 DIAMOND HILLS DRIVE					
21. CITY RIO VISTA		22. COUNTY/PROVINCE SOLANO		23. ZIP CODE 94571	
24. YEARS IN COUNTY 4		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP FRANCES J. LOISELLE, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, number, city or town, state and zip) 506 DIAMOND HILLS DRIVE, RIO VISTA, CA 94571			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST FRANCES		29. MIDDLE JOY		30. LAST (BIRTH NAME) HAEFLIGER	
31. NAME OF FATHER/PARENT - FIRST JOSEPH		32. MIDDLE RAY		33. LAST LOISELLE	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT - FIRST ROSE		36. MIDDLE ANN	
37. LAST (BIRTH NAME) SLABOSZEWSKI		38. BIRTH STATE IL			
39. DISPOSITION DATE mm/dd/yyyy 12/07/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF FRANCES J. LOISELLE 506 DIAMOND HILLS DRIVE, RIO VISTA, CA 94571			
41. TYPE OF DISPOSITION(S) CR/R ES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA		45. LICENSE NUMBER FD1603		46. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS, MD, MPH	
47. DATE mm/dd/yyyy 12/07/2018					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DOK <input type="checkbox"/> RESPIRE <input type="checkbox"/> NURSING Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 506 DIAMOND HILLS DRIVE		106. CITY RIO VISTA	
107. CAUSE OF DEATH 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARREST		Time Interval Between Onset and Death IMM		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 (B) STOMACH ADENOCARCINOMA		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) NONE				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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: 02/26/2015 Decedent Last Seen Alive: 11/07/2018		115. SIGNATURE AND TITLE OF CERTIFIER VOLTAIRE FRANCIS PAJE M.D.		116. LICENSE NUMBER A81780	
117. DATE mm/dd/yyyy 12/06/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JESSAME ANN SORIANO M.D. 4501 SAND CREEK RD, ANTIOCH, CA 94531			
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"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <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 SOLANO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

By *[Signature]*, Deputy, DATE ISSUED **12/10/2018**



BELA MATYAS, MD, MPH
 HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

