DOUGLAS COUNTY, NV

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STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

APN: 1319-30-519-024

Escrow No. 500243801-TS/AH

Recording Requested By: Stewart Vacation Ownership

Mail Tax Statement to: Ridge View P.O.A. P.O. Box 5790 Stateline, NV 89449

When Recorded Mail to: Mildred J. Lawrence 12573 East Highway 26 Stockton, CA 95215

This cover page must be typed.

# AFFIDAVIT – DEATH OF JOINT TENANT (Title of Document)

| (Only use if applicable)   |  |  |  |  |  |  |  |  |
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| The undersigned hereby affirms that the document submitted for recording contains personal |  |  |  |  |  |  |  |  |
| information as required by law: (check applicable)   |  |  |  |  |  |  |  |  |
| X Affidavit of Death of Joint Tenant – NRS 440.380(1)(A) & NRS 40.525(5)                   |  |  |  |  |  |  |  |  |
| Judgment – NRS 17.150(4)   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Military Discharge – NRS 419.020(2)  |  |  |  |  |  |  |  |  |
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| Signature  |  |  |  |  |  |  |  |  |
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| This document is being (re-)recorded to correct document #, and is                         |  |  |  |  |  |  |  |  |
| correcting   |  |  |  |  |  |  |  |  |
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| This page added to provide additional information required by NRS 111.312 Sections 1-2.    |  |  |  |  |  |  |  |  |
| (Additional recording fee applies)   |  |  |  |  |  |  |  |  |

## RECORDING REQUESTED BY STEWART VACATION OWNERSHIP

WHEN RECORDED MAIL TO: Mildred J. Lawrence 12573 East Highway 26 Stockton, CA 95215

RECORDERS USE ONLY

### AFFIDAVIT - DEATH OF JOINT TENANT

ASSESSOR'S PARCEL NO. 1319-30-519-024

STATE OF NEVADA

SS.

COUNTY OF DOUGLAS

MILDRED J. LAWRENCE, of legal age, being duly sworn, deposes and says

That **SAM L. LAWRENCE**, the decedent mentioned in the attached Certificate of Death, is the same person as **MILDRED J. LAWRENCE** named as one of the parties in that certain Grant Deed dated November 28, 1986 executed by SAIDA of NEVADA, a Nevada Corporation, to **SAM L. LAWRENCE** and **MILDRED J. LAWRENCE**, husband and wife as joint tenants with right of survivorship, recorded as Document No. 146815, on December 16, 1986 of Official Records of Douglas County, Nevada, covering the property situated in Douglas County, State of Nevada:

See Exhibit 'A' attached hereto and incorporated herein by this reference.

Dated: 6.13.19

Mildred J. Lawrence

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 Gragu Subscribed and sworn to (or affirmed) before me on this 13day of June, 2019, by MILDRED J. LAWRENCE proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. LINDA VAN DUSEN Notary Public - California San Joaquin County Commission # 2287797 enda Vair Duser My Comm. Expires Jun 4, 2023 Signature (Seal)

## **SAN JOAQUIN COUNTY**

**PUBLIC HEALTH SERVICES** STOCKTON, CALIFORNIA

|                                 | 3052018216939  | CERT   | IFICATE OF DEAT<br>STATE OF CALIFORNIA<br>Y/ NO ERASURES, WHITEOUTS OR A<br>VS-11/EREV 3/061   | TH TERATIONS   | 1  | 320183900                                | A Ame   |                                       |  |
|---------------------------------|--|--|--|--|--|--|---|---------------------------------------|--|
|                                 | STATE FILE NUMBER  1. NAME OF DECEDENT - FIRST (Given)   | 2. MIDDLE  | VS-11e(REV 3/06)   | 3. LAST (Fan   | tily)  | LOCAL REGISTRATIC                        | N NUMBER  | 4043<br>7,509                         |  |
| DATA                            | SAMMIE  AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE   |  | LAWRENCE    4. DATE OF BIRTH :mm/dd/ccyy   5. AGE Y:s.   |  |  | IF UNDER 24 HOURS                        |   |                                       |  |
| SONAL                           | SAMMIE LEON LAWRENCE JE<br>8. BIRTH STATE/FOREIGN COUNTRY. 162.SOCIALS   | The second secon | 10/22/1  | 948<br>Marital Status/Srdi   | 70 Moni  | DAYS  DATE OF DEATH mm/                  | Hours Minut   | OUR (24 Hours)                        |  |
| DECEDENT'S PERSONAL             | CALIFORNIA   | 8516 X YES   | NO UNK M   | ARRIED   | 1  | 0/25/2018                                | 06  | 337                                   |  |
| CEDEN                           | 14.E.UCATION - (fighest Level/Degree   147.5. WAS DECEDENT HISPANICALATINO(A)/SPANISH7 (if yes, see worksheet on basis).  SOME COLLEGE   WES   WHITE   16. DECEDENT'S RACE - Up to 3 races may be listed date worksheet on basis.  WHITE   |  |  |  |  |  |   |                                       |  |
| 8                               | 17. USUAL OCCUPATION – Type of work for most of life. DO   | L/   | KIND OF BUSINESS OR INDUS<br>VW ENFORCEMI  |  | re, road construction,   | employment agency, e                     | tc.) 19. YEARS  | SIN'OCCUPATION<br>O                   |  |
|                                 | 20. DEGEDENT'S RESIDENCE (Street and number-or location).  12573 E. HIGHWAY 26   |  |  |  |  |  |   |                                       |  |
| USUAL                           | 21. CITY<br>STOCKTON   |  |  | . The state of the |  |  | 25. STATE/FOREIGN COUNTRY:  |                                       |  |
| FOR-                            | 28. INFORMANT'S NAME, RELATIONSHIP  27. INFORMANT'S MAILING ADDRESS, Bitnet and rumber, or jurid rouble rumber, or jurid roubl |  |  |  |  | Nan                                      | 17.7.2  |                                       |  |
| NO NO                           | 28. NAME OF SURVIVING SPOUSE/SRDP"-FIRST   | 29, MIDDLE   |  | 30. LAST (BIRTH NAM  | The state of the s | AWAY ISSUE                               | di.   |                                       |  |
| RDP AN                          | MILLIE 31. NAME OF FATHER/PARENT-FIRST   | J.<br>32, MDDLE  |  | SOLA<br>33. last   |  |  | 34. BIF   | RTH STATE                             |  |
| DUSE/S                          | SAMMIE  35. NAME OF MOTHER/PARENT-FIRST  | LEON<br>36. MIDDLE   | The state of the s | LAWRENC<br>37, LAST (BIRTH NAM   | *** *** ******   |  |   | SOURI<br>RTH STATE                    |  |
| SPOUS                           | HELEN  39. DISPOSITION DATE: min/dd/coyy:   40. PLACE OF FIR   | -<br>val disposition HARMONY   |  | HUGHES   |  |  | PA  | 1200 P                                |  |
| DIRECTOR/<br>EGISTRAR           | 10/31/2018 18110 N.  | TRETHEWAY RD., L   | OCKEFORD, CA   | 4 95237  |  |  | 43. LICENSE   |                                       |  |
| IAL DIRI                        | BU   | <b>→</b> LUIS  | URE OF EMBALMER<br>S CLAUDIO   |  |  | 50                                       | EMB92   | 263                                   |  |
| FUNE!                           | 44. NAME OF FUNERAL ESTABLISHMENT<br>CASA BONITA FUNERAL HOM   | 1E #5. LICENS  | F NUMBER 46. SIGNATURE<br>→ KISME  | OF LOCAL REGISTRA<br>T BALDWIN   | 1 11   | <i>5</i> 0                               | 47. DATE mr   |                                       |  |
| CE OF                           | RESIDENCE  |  | 102 IF HO  | SPITAL, SPECIFY ON<br>ER/OP  |  | ER THAN HOSPITAL, Nursing Home/LT        |   | int's Other                           |  |
| PLACE                           |  | ADDRESS OF LOCATION WHERE FOL<br>HIGHWAY 26  | JND (Street and number, or local   | ation)   |  | STOCKT                                   | ON  |                                       |  |
| 3.74                            | as cardiac arrest, re  | events — diseases, injuries, or complication<br>expiratory arrest, or ventricular fibrillation with  | thout showing the eticlogy. DO N   | OT ABBREVIATE.   | events such  | Time Interval Between<br>Onset and Death | 108, DEATH REPOR  | TIED TO CORONER?                      |  |
|                                 | IMMEDIATE CAUSE (A) LUNG CANCER I (Final disease or condition resulting in death)  | WETASTATIC TO BR   | AIN AND SPINE  |  |  | YRS                                      | 2018-225  | NIJURES 53                            |  |
| <b>.</b>                        | (E) Sequentially, list conditions, if any,   | Total State  |  |  | Aw   | (BT)                                     | YES   | X NO                                  |  |
| OF DEAT                         | leading to cause (C) on the A. Enter (C) UNDERLYING CAUSE (disease or  |  | 1.25 (Agg. gardened)   |  |  | (SI)                                     | 118. AUTOPSY  | PERFORMED?                            |  |
| CAUSE                           | Injury that Initiated the events (D) resulting in death) LAST.   |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |  |  | (PQ)                                     | 111. USED IN DETE   | PAMINING CAUSE?                       |  |
|                                 | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CHRONIC OBSTRUCTIVE PUL  | O DEATH BUT NOT RESULTING IN THE<br>MONARY DISEASE   | UNDERLYING CAUSE GIVEN I   | N 107  | 1.00   |  | 100   |                                       |  |
|                                 | 113. WAS OPERATION RESPONMED FOR ANY CONDITION   | IN (TEM 107 OR 112? (If yes, list type o   | f operation and date.)   |  | 27 - 2<br>- 100 (100 M)<br>- 100 (100 M)<br>- 100 (100 M)<br>- 100 (100 M)<br>- 100 (100 M)  | 113A                                     | IF FEMALE, PREGNA   | _                                     |  |
| LON<br>NOI                      | 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCC<br>AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATE   | CURRED 115. SIGNATURE AND TITLE  | ARTICLE AND ARTICLE PARTY  |  | F  | 116, LICENSE NUM                         | BER 117, DATE   | mm/dd/ccyy:                           |  |
| YSÍCIAN                         | Oecedent Attended Since Decedent Last Seen A  (A)mm/dd/ccyy (B)mm/dd/ccyy  | NORRY LAN I  | VI.D.<br>SICIAN'S NAME, MAILING ADDI   | RESS, ZIP CODE NO  | © <b>©®</b><br>ORRY LAN  | STATE C<br>M.D.                          | T  10/25/   | 2018                                  |  |
| E E                             | 06/17/2009 10/25/2018<br>119.1 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE H  | 7777 SOUTH FE  | REEDOM ROAD CAUSES STATED.   | , FRENCH   | CAMP, CA   | 95321                                    | mm/dd/ccyy 122.   | HOUR (24 Hours)                       |  |
| ٠,                              | MANNER OF DEATH Natural Accident 123. PLACE OF INJURY (e.g., home, construction site, woo  | fornicide Scicide Pending<br>Investig  |  | YES  | NO UNK   | **************************************   | 000 at 1000 at  | 272                                   |  |
| USE ON                          | 124. DESCRIBE HOW INJURY OCCURRED (Events which is   | resulted in injury   | 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.  | TABLE TABLES   | 100 100 100 100 100 100 100 100 100 100  | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | **************************************  |                                       |  |
| CORONER'S USE ONLY              |  | 4. 20  |  | The state of   | The state of the s |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 1                                     |  |
| CORC                            | 125, LOCATION OF INJURY (Street and number, or location  | , and city, and zip)   | ######################################   |  | 7352<br>7752   | Ga.                                      |   | 2775                                  |  |
| 1                               | 126. SIGNATURE OF CORONER / DEPUTY CORONER   |  | 27. DATE :ttm/dd/ccyy  | 128. TYPE NAME, TIT  | LE OF CORONER / C  | DEPUTY CORONER                           | - 100 Maria<br>- 100 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| STA                             |  | D E  |  | 04022265*  |  | FAX AUTH.#                               | CE  | NSUS TRACT                            |  |
|                                 |  |  | 1134 A.L.  |  |  |  |   |                                       |  |
| CERTIFIED COPY OF VITAL RECORDS |  |  |  |  |  |  |   |                                       |  |

STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN

OCT 3 0 2018 DATE ISSUED:

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services

ALVARO GARZA, M.D., M.P.H.

\*000811132\*

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



### EXHIBIT "A"

(50)

A timeshare estate comprised of:

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

- (A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.
- (B) Unit No. <u>024</u> as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Winter" use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-024