

RECORDING REQUESTED BY:

David P. Uccelli
Attorney at Law

WHEN RECORDED, MAIL TO:

Jack C. Portale
c/o David P. Uccelli, Esq.
50 Woodside Plaza #312
Redwood City, CA 94061-2500



00099573201909362710040045

KAREN ELLISON, RECORDER

AP: 1318-26-101-006

AFFIDAVIT OF DEATH OF JOINT TENANT

[Exempt From Reassessment or Transfer Tax - NRS 375.090: there is no consideration for this transfer / Inter-spousal Transfer -Termination of Joint Tenancy]


JACK C. PORTALE, being first duly sworn, declares:

ALICIA E. PORTALE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALICIA E. PORTALE, named as one of the grantees in the Grant, Bargain, Sale Deed executed by WOODY G. CARY, Managing Agent of Kingsbury Crossing Owners Association, a Nevada Non-profit Corporation and recorded on June 11, 2007 as document 0702699 in the Official Records of Douglas County, State of Nevada, regarding the following property situated in the City of Stateline, bounded and described in Exhibit "A" attached hereto and made a part hereof. Together with all and singular the tenements, hereditaments and appurtenances thereto belonging or in anyway appertaining.

A.P.N.: 1318-26-101-006 Legally described as set forth in Exhibit "A" hereto.

By operation of law, as the surviving joint tenant, decedent's spouse JACK C. PORTALE became the sole owner of the above-described real property upon the death of decedent.

The affiant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at Day City, CA on Sept. 25, 2019.



JACK C. PORTALE individually and as sole
Surviving Trustee of the JACK C. PORTALE and
ALICIA E. PORTALE TRUST dated September
22, 1998

MAIL TAX STATEMENTS TO: Tricom Management
1300 North Kellogg Drive, Suite B
Anaheim CA 92807
Attn: Accounting Department

JURAT

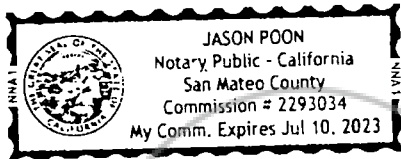
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California

County of San Mateo

Subscribed and sworn to (or affirmed) before me on the 25th day of Sept., 2019, by Jack C. Portale, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)



Signature

A handwritten signature in black ink, appearing to read "Jason Poon", written over a horizontal line.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

REDWOOD CITY, CALIFORNIA

3052018196375

CERTIFICATE OF DEATH

3201841003473

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-11605 0-02)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
ALICIA		E.		PORTALE	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs	
		01/19/1933		85	
		IF UNDER ONE YEAR		IF UNDER 24 HOURS	
		Months Days		Hours Minutes	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?	
CA		-4812		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS/SDRP (at Time of Death)		7 DATE OF DEATH mm/dd/yyyy		8 HOUR (24 Hour)	
MARRIED		09/21/2018		1904	
13 EDUCATION - Highest Level/Degree (see worksheet on back)		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
MASTER'S		<input checked="" type="checkbox"/> YES SPANISH <input type="checkbox"/> NO		CHEROKEE, SPANISH, FRENCH	
17 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19 YEARS IN OCCUPATION	
TEACHER		PRIVATE EDUCATION		36	
20 DECEDENT'S RESIDENCE (Street and number, or location)					
313 E. MOLTKE STREET					
21 CITY		22 COUNTY/PROVINCE		23 ZIP CODE	
DALY CITY		SAN MATEO		94014	
24 YEARS IN COUNTY		25 STATE/FOREIGN COUNTRY			
45		CA			
26 INFORMANT'S NAME, RELATIONSHIP			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
JACK PORTALE, HUSBAND			313 E. MOLTKE STREET, DALY CITY, CA 94014		
28 NAME OF SDRP/VIKING SPOUSE/SDRP - FIRST		29 MIDDLE		30 LAST (BIRTH NAME)	
JACK		CONSTANTINE		PORTALE	
31 NAME OF FATHER/PARENT - FIRST		32 MIDDLE		33 LAST	
PETER		JOSEPH		ACOSTA	
34 BIRTH STATE		35 NAME OF MOTHER/PARENT - FIRST		36 MIDDLE	
CO		SUSAN		-	
37 LAST (BIRTH NAME)		38 BIRTH STATE			
AMADOR		UNKNOWN			
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION			
09/28/2018		HOLY CROSS CEMETERY 1500 MISSION ROAD, COLMA, CA 94014			
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER		43 LICENSE NUMBER	
BU		DELL CRANE		EMB7239	
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
GARDEN CHAPEL FUNERAL DIRECTORS		FD805		SCOTT MORROW, MD	
47 DATE mm/dd/yyyy		48 SIGNATURE OF LOCAL REGISTRAR			
09/28/2018		SCOTT MORROW, MD			
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE	
KAISER FOUNDATION HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		100 CITY	
SAN MATEO		1200 EL CAMINO REAL		SOUTH SAN FRANCISCO	
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.		108 DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		W HEALTH CARE ASSOCIATED PNEUMONIA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Secondary, list conditions, if any, leading to course on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		B PERITONITIS		109 BIOPSY PERFORMED?	
		C NECROTIC BOWEL		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		D INCARCERATED HERNIA		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					
114 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)				113A IF FEMALE, PREGNANT IN LAST YEAR?	
EX-LAP & HERNIA REPAIR - 08/30/18, EX-LAP & SMALL INTESTINE SEGMENTAL RESECTION - 09/09/18.				<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		115 SIGNATURE AND TITLE OF CERTIFIER		116 LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive		ARCHANA JAYAKUMAR, M.D.	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		A115670	
08/30/2018		09/21/2018		09/27/2018	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		ARCHANA JAYAKUMAR, M.D.			
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK?			
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122 INJURY DATE mm/dd/yyyy		122 HOUR (24 Hour)	
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
COUNTY OF SAN MATEO, STATE OF CALIFORNIA

Mark Church
MARK CHURCH
Assessor-County Clerk-Recorder

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder.

By ANGIE MOLINA, Deputy DATE ISSUED **SEP 03 2019**

CASANMAT02 This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

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

An undivided one-three thousand two hundred and thirteenths (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, 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.

EXCEPTING 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" as amended 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; amended by an instrument recorded April 20, 1983, in Book 483, at Page 1021 as Document No. 78917; amended by an instrument recorded July 20, 1983, in Book 783, at Page 1688 as Document No. 84425; amended by an instrument recorded October 14, 1983, in Book 1083, at Page 2572 as Document No. 89535; amended by an instrument recorded August 31, 1987, in Book 887, at Page 3987 as Document No. 161309; amended by an instrument recorded November 30, 1987, in Book 1187, at Page 3946 as Document No. 167429; and amended by an instrument recorded March 25, 1996, in Book 0396, at Page 3827 as Document No. 383937, Official Records of the County of Douglas, State of Nevada ("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 and rights-of-way of record.

A PORTION OF APN: 1318-26-101-006