

Recording requested by (name):  
Mark Warren, Shelly McGavin

When recorded, mail to  
and mail tax statements to:  
2724 Westville Trail  
Cool, Ca. 95614



KAREN ELLISON, RECORDER

Recorder's Use Only

**AFFIDAVIT – DEATH OF JOINT TENANT**

Assessor's Parcel No.: 471210101

Rose-Marie Stockton of legal age, being first duly sworn, deposes and says:

Gary Stockton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gary Stockton, named as one of the parties in that certain deed dated Nov. 23, 1983, and executed by

Bank of California to

Rose-Marie & Gary Stockton,

as Joint Tenants, recorded on June 1st 1983 as Instrument No 081511 in Book/Reel

683, Page/Image 1069, of the Official Records of Douglas County,

NV California, covering the following described property situated in Douglas County, California: NV

SEE EXHIBIT "A"

Dated Dec. 11, 2019

Rose-Marie Stockton  
(Signature of declarant)

Rose-Marie Stockton  
(Type or print name of declarant)

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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.

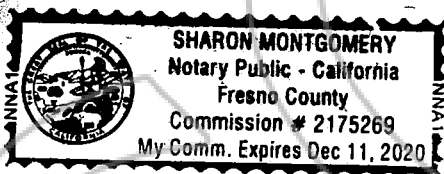
State of California  
 County of FRESNO

Subscribed and sworn to (or affirmed) before me  
 on this 11 day of DECEMBER, 2019,  
 by \_\_\_\_\_  
 Date Month Year

(1) ROSE-MARIE STOCKTON

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence  
to be the person(s) who appeared before me.



Signature Sharon Montgomery  
 Signature of Notary Public

Seal  
 Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: DEATH OF AFFIDAVIT-JOINT TENANT Document Date: 12-11-19

Number of Pages: 1 Signer(s) Other Than Named Above: \_\_\_\_\_

GRANT BARGAIN AND SALE DEED

This indenture witnesseth, that BANK OF CALIFORNIA, N.A., a national banking association, and DOUGLAS COUNTY TITLE CO., INC., a Nevada corporation, as Co-Trustees of the Kingsbury Crossing Trust, in consideration of \$10.00 and other valuable consideration, the receipt of which is hereby acknowledged, does hereby grant, bargain and sell to Gary G. Stockton and Rose-Marie Stockton, husband and wife as Joint Tenants

the following real property in the County of Douglas, State of Nevada:

An undivided one-three thousand two hundred and thirteenth (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" 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 said 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. 084425 (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.

This deed is made and accepted subject to the condition subsequent as set forth in Paragraph 9.2(b) of said Declaration of Timeshare Use.

When recorded mail to:

Capri Resorts, Inc.  
P.O. Box 5446  
Stateline, NV 89449

Mail Tax Statements to:

Kingsbury Crossing  
Owners Association  
P.O. Box 5446  
Stateline, NV 89449

091449

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF FRESNO**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FRESNO, CALIFORNIA**

**CERTIFICATE OF DEATH**

3201010004837

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		3. LAST (Family)	
GARY		STOCKTON	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
GRANT		06/08/1936	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes	
		74	
6. SEX		8. HOUR (24 Hours)	
M		2031	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		5404	
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	
13. EDUCATION - highest Level/Degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
BACHELOR		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
		WHITE	
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.)	
PHARMACIST		MEDICAL	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, or location)	
25		6144 N. BRIARWOOD LN.	
21. CITY		22. COUNTY/PROVINCE	
FRESNO		FRESNO	
23. ZIP CODE		24. YEARS IN COUNTY	
93711		74	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		ROSE MARIE STOCKTON, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SRDP—FIRST	
6144 N. BRIARWOOD LN., FRESNO, CA 93711		ROSE MARIE	
29. LAST (BIRTH NAME)		30. MIDDLE	
DEVEZE		-	
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE	
NORMAN		GRANT	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
STOCKTON		CA	
35. NAME OF MOTHER/PARENT—FIRST		36. MIDDLE	
FRANCES		-	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
HANSEN		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
10/08/2010		RESIDENCE ROSE MARIE STOCKTON 6144 N. BRIARWOOD LN., FRESNO, CA 93711	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		FAREWELL	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1629		EDWARD L. MORENO, MD	
47. DATE mm/dd/yyyy		10/08/2010	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
PRIVATE RESIDENCE		IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Hearing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Decedent's <input checked="" type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
FRESNO		36101 N. CRESSMAN RD.	
106. CITY		108. CITY	
TOLLHOUSE		TOLLHOUSE	
107. CAUSE OF DEATH		109. DEATH REPORTED TO CORONER(S) (Time interval between Onset and 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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE.		109. DEATH REPORTED TO CORONER(S) (Time interval between Onset and Death)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. DEATH REPORTED TO CORONER(S) (Time interval between Onset and Death)	
A. HEART ATTACK		UNK. 10-10-050	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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	
113. 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? <input type="checkbox"/> YES <input 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.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent's Attended Since Decedent's Last Seen Alive		DINA IBRAHIM M.D.	
(A) mm/dd/yyyy (B) mm/dd/yyyy		116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
04/09/2008 09/08/2010		C51181 10/08/2010	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. SIGNATURE AND TITLE OF REGISTRAR	
DINA IBRAHIM M.D. 7257 N. FRESNO ST., FRESNO, CA 93720		EDWARD L. MORENO, MD	
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	
010001001608526			

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF FRESNO

\* 000890261 \*

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

**OCT 22 2010**

DATE ISSUED \_\_\_\_\_

*Edward L. Moreno, MD*  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE