

APN: 1319-30-618-004

Escrow No. TSVVTS19183502

Recording Requested By:  
**Stewart Vacation Ownership**

Mail Tax Statement to:  
Tahoe Summit Village  
P.O. Box 4719  
Stateline, NV 89449

When Recorded Mail to:  
TSI Title and Escrow  
P.O. Box 7197  
Stateline, NV 89449

AFFIDAVIT – DEATH OF JOINT TENANT  
(Title of Document)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

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)



Signature

Aleta Hannum

Printed Name

This document is being (re-)recorded to correct document # 370792, and is correcting The Legal Description for the property. The original Legal Description shows the Unit No. for the property as Unit No. C and should have shown it as Unit No. D.

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fee applies)

This cover page must be typed.

EXHIBIT "A"  
LEGAL DESCRIPTION

ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 1: AN UNDIVIDED 1/51ST INTEREST IN AND TO THAT CERTAIN CONDOMINIUM DESCRIBED AS FOLLOWS: (i) AN UNDIVIDED 1/9TH INTEREST, AS TENANTS-IN-COMMON, IN AND TO LOT 28 OF TAHOE VILLAGE UNIT NO. 2, THIRD AMENDED MAP, RECORDED FEBRUARY 26, 1981, AD DOCUMENT NO. 53845, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

EXCEPT THEREFROM UNITS 1 TO 9; (ii) UNIT NO. ~~C~~<sup>D</sup>, AS SHOWN AND DEFINED ON SAID LAST MENTIONED MAP, UNIT TYPE A.

PARCEL 2: A NON-EXCLUSIVE RIGHT TO USE THE REAL PROPERTY KNOWN AS THE COMMON AREA ON THE OFFICIAL MAP OF TAHOE VILLAGE UNIT NO. 2, RECORDED MARCH 29, 1974 AS DOCUMENT NO. 72495, RECORDS OF SAID COUNTY AND STATE, FOR ALL THOSE PURPOSES PROVIDED FOR IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1973 AS DOCUMENT NO. 69063 IN BOOK 973 PAGE 812 OF OFFICIAL RECORDS AND I THE MODIFICATION RECORDED JULY 2, 1976 AS DOCUMENT NO. 1472 IN BOOK 776 PAGE 87 OF OFFICIAL RECORDS.

PARCEL 3: THE EXCLUSIVE RIGHT TO USE SAID UNIT AND THE NONEXCLUSIVE RIGHT TO USE THE REAL PROPERTY REFERRED TO IN SUBPARAGRAPH (A) OF PARCEL ONE AND PARCEL TWO ABOVE DURING (1) ONE "USE PERIOD" WITHIN THE SWING "SEASON", AS SAID QUOTED TERMS ARE DEFINED IN THE DECLARATION.

THE ABOVE DESCRIBED EXCLUSIVE AND NON-EXCLUSIVE RIGHTS MAY BE APPLIED TO ANY AVAILABLE UNIT IN THE PROJECT, DURING SAID USE PERIOD WITHIN SAID SEASON.

APN 41-240-04

RECORDING REQUESTED BY

AFTER RECORDING MAIL TO

TSI TITLE AND ESCROW

P.O. BOX 7197

STATELINE, NV 89449

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT — DEATH OF JOINT TENANT

ALL  
PTN.

State of California,

County of \_\_\_\_\_ } ss.

MARY A. CRIPPES

, of legal age, being first duly sworn, deposes and says:

That \_\_\_\_\_, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN J. CRIPPES SR.

named as one of the parties in that certain DEED dated JULY 13, 1984, executed by TAHOE SUMMIT VILLAGE TIME SHARE DEVELOPERS, A JOINT VENTURE

to JOHN J. CRIPPES SR. AND MARY A. CRIPPES, HUSBAND AND WIFE

as joint tenants, recorded as Instrument No. 103902 on JULY 20, 1984, in Book 984, Page 916, of OFFICIAL RECORDS Records of DOUGLAS

County, ~~California~~ NEVADA, covering the following described property situated in the said County, State of ~~California~~ NEVADA:

SEE ATTACHED EXHIBIT "A" ATTACHED AND MADE A PART HEREOF

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 500.00

*Mary A. Crippes*  
MARY A. CRIPPES

Subscribed and Sworn to before me

this 1st day of September 19 90

*Vicki R. Lopez* (Sign)  
Notary Public Commissioned for said County and State

VICKI R. LOPAZ  
Comm. #993820  
NOTARY PUBLIC - CALIFORNIA  
STANISLAUS COUNTY  
Comm. Expires May 2, 1997

370792

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APN 41-240-04

370792

BK0995PG2909

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

4300-04596

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
112 DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR			
	John		J.	Crippes, Sr.		July 20, 1986		0540			
	3. SEX	4. RACE/ETHNICITY		5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS		
	Male	Cauc./Germ.-Eng.		NO	August 14, 1923		62 YEARS	MONTHS	DAYS		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER						
SD	Lawrence Crippes - IA			Barbara Schiele - IA							
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)					
USA	1940 TO 1960		[REDACTED] 1052		Married	Mary A. Gobbe					
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS					
Postal Worker		16		U.S. Post Office		Mail Service					
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.		19C. CITY OR TOWN					
	3837 Glengrove Way			503309		San Jose					
PLACE OF DEATH	19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP						
	Santa Clara		CA		Mary A. Crippes (wife) 3837 Glengrove Way San Jose, CA 95121						
	21A. PLACE OF DEATH		21B. COUNTY								
VA Medical Center		Santa Clara									
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN								
3801 Miranda Avenue			Palo Alto								
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?			
	(A) Respiratory Arrest						10 Min.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	No		
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.						(B) Carcinoma of the Lung	1 Yr.	No		
							(C)		No		
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
1627 Emphysema											
PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER				
	I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)			LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		Benjamin Hsu M.D.	7/21/86	Intern			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS						BENJAMIN HSU, M.D., 3801 Miranda Ave., Palo Alto, CA.					
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR			
CORONER'S USE ONLY	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)					35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE					
Burial		July 25, 1986	Oak Hill Memorial Park - San Jose, CA			7582 Samuel A. Mosqueda					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR					
Oak Hill Funeral Home			991	Stephen A. Coray M.D.		JUL 23 1986					
STATE REGISTRAR	A.	B.	C.	D.	E.	F.					

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

STEPHEN A. CORAY, M.D.  
LOCAL REGISTRAR OF VITAL STATISTICS  
July 25, 1986

CERTIFICATION FEE: \$5.00

SEAL

BY: *Esther Stewart*  
DEPUTY REGISTRAR OF VITAL STATISTICS  
SANTA CLARA COUNTY HEALTH DEPARTMENT  
SAN JOSE, CALIFORNIA

370792  
BK0995PG2910

COPY

REQUESTED BY  
**TSI TITLE & ESCROW**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 SEP 20 A9:19

LINDA SLATER  
RECORDER

\$ 10.00 PAID KJ DEPUTY

**370792**

**BK0995P6291L**

COPY

Certified Copy

The foregoing instrument is a full, true and correct copy of the original on file in the office of the County Recorder of Douglas County, State of Nevada. Per NRS 239b.030 Sec.5 the SSN may be redacted, but in no way affects the legality of the document.

- Witnessed my hand this 2<sup>nd</sup>

- day of December 2019

- By: Shawnae Starren  
Deputy Recorder