

Return Mailing Address and
RECORDING REQUESTED BY:

Betty J.Hopkins
3890 El Nido Ranch Rd.
Lafayette, CA 94549

MAIL TAX STATEMENT TO:

The Ridge Sierra
P.O. Box 859
Sparks, NV 89432



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH - JOINT TENANTS

APN: 1319-30-542-015 LN/B-3

Betty J. Hopkins is of legal age, being first duly sworn deposes and states under penalty of perjury under the laws of the State of Nevada, County of Douglas:

1. MICHAEL R.HOPKINS AKA MICHAEL REYNAUD HOPKINS is the person referenced in the attached certified copy of the Certificate of Death who died on June 18, 2017 in Lafayette, CA.
2. MICHAEL R. HOPKINS AKA MICHAEL REYNAUD HOPKINS is the same person who was named a Grantee in a certain Nevada Corporation Grant deed dated May 22, 1987, and executed by Grantor Harlesk Management Inc. to Michael R. Hopkins and Betty J. Hopkins, husband and wife, as Joint Tenants, was recorded June 10, 1987 document/file 156252 book 687 page 1355 records of Douglas County, Nevada, is commonly known as The Ridge Sierra, City of Stateline, Douglas County, State of Nevada, legally described as follows:

EXHIBIT A (attached)

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS 440.380(1)(a).

I declare under penalty of perjury under the law of the State of California that the foregoing is true and correct.

IN WITNESS WHEREOF, I set my hand this 15 day of May, 2020.

Betty J. Hopkins
Affiant
Betty J. Hopkins
Print name

Construe all terms with the appropriate gender and quantity required by the sense of this instrument.

Subscribed and sworn to on this _____ day of _____, in the year _____, before me, _____,

by _____.

See attached
Notary Public

Print name _____
My commission expires: _____

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

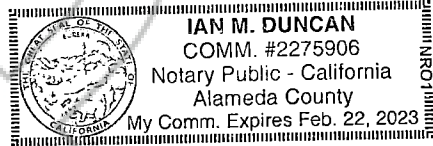
County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this 15 day of May

2020 by Betty J. Hopkins

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

Ian M. Duncan
Signature of Notary Public



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Off of death -
(Title or description of attached document)

Joint Tenants
(Title or description of attached document continued)

Number of Pages _____ Document Date 5/15/20

Additional information _____

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

LEGAL DESCRIPTION

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

A timeshare estate comprised of:

PARCEL 1:

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

- (a) An undivided 1/8th interest as tenants in common, in and to the Common Area of Lot 3 of Tahoe Village Unit No. 3, as shown on map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada.
- (b) Unit No. 012 as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2:

A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Areas as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3:

An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and 2 above, during one "Use Week" within the "PRIME use season" as that term is defined in the First Amended Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No. 134786, Official Records, Douglas County, State of Nevada (the CC&R'S"). The above-described exclusive and non-exclusive rights may be applied to any available unit the The Ridge Sierra project during said "Use Week" in the above referenced "use season" as more fully set forth in the CC&R'S.

REQUESTED BY
FIRST NEVADA TITLE COMPANY
 IN OFFICIAL RECORDS OF
 DOUGLAS COUNTY, NEVADA

'87 JUN 10 P3:00

SUZANNE STANFORD
 RECORDS P.
 \$6.00 PAID *Bl* DEPUTY

156252

BOOK 687 PAGE 1355

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052017127469

CERTIFICATE OF DEATH

3201707003777

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES / HANDWRITING ON ALTERATIONS (S-1 REV 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MICHAEL		2. MIDDLE REYNAUD		3. LAST (Family) HOPKINS	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/25/1940	5. AGE Yrs. 77	6. UNDER ONE YEAR Months Days Hours Minutes	8. SEX M
9. BIRTH STATE/FOREIGN COUNTRY MISSOURI		10. SOCIAL SECURITY NUMBER 3516	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	12. MARITAL STATUS/SOP (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 06/18/2017
13. EDUCATION - Highest Level/Degree (see instructions on back) MASTER'S		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) AFRICAN AMERICAN, CAUCASIAN		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED GRADUATE SENIOR ADMINISTRATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 33	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3890 EL NIDO RANCH ROAD					
21. CITY LAFAYETTE		22. COUNTY/PROVINCE CONTRA COSTA	23. ZIP CODE 94549	24. YEARS IN COUNTY 50	25. STATE/FOREIGN COUNTRY CALIFORNIA
26. INFORMANT'S NAME, RELATIONSHIP BETTY JEAN HOPKINS, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3890 EL NIDO RANCH ROAD, LAFAYETTE, CA 94549		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST BETTY		29. MIDDLE JEAN	30. LAST (BIRTH NAME) BLOOM		
31. NAME OF FATHER/PARENT - FIRST ABNER		32. MIDDLE W.	33. LAST HOPKINS	34. BIRTH STATE MISSOURI	
35. NAME OF MOTHER/PARENT - FIRST HELEN		36. MIDDLE M.	37. LAST (BIRTH NAME) REYNAUD	38. BIRTH STATE MISSOURI	
39. DISPOSITION DATE mm/dd/yyyy 06/27/2017		40. PLACE OF FINAL DISPOSITION QUEEN OF HEAVEN CEMETERY 1965 RELIEZ VALLEY ROAD, LAFAYETTE, CA 94549			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1833	46. SIGNATURE OF LOCAL REGISTRAR WILLIAM WALKER M.D.		47. DATE mm/dd/yyyy 06/23/2017
101. PLACE OF DEATH OWN RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hosp.A <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3890 EL NIDO RANCH ROAD		106. CITY LAFAYETTE	
107. CAUSE OF DEATH Enter in chain of events --- diseases, injuries or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or aneurysm laceration without showing the etiology. DO NOT ABBREVIATE. (A) MYOCARDIAL INFARCTION					
108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. EXAMBY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <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 DIABETES MELLITUS 2, HYPERLIPIDEMIA, HYPERTENSION, CHRONIC KIDNEY DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN IT 107 OR 112? (If yes, list type of operation and date) NO				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 mm/dd/yyyy 05/13/2010		115. SIGNATURE AND TITLE OF CERTIFIER RONALD HTAY-AUNG YANG M.D.		116. LICENSE NUMBER A56410	
Decedent Last Seen Alive mm/dd/yyyy 06/01/2017		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RONALD HTAY-AUNG YANG M.D. 320 LENNON LANE, WALNUT CREEK, CA 94598			
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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Civil not law 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 Hour)					
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	129. FINGER PRINT OR OTHER IDENTIFYING QUALITY (e.g., FINGER PRINT OR OTHER IDENTIFYING QUALITY)	FAX AUTH.#	CENBUS TRACT
						010001003593123		

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 06/27/2017 *mf*

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer



001224543

William Walker MD
 WILLIAM WALKER, MD
 COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

C A C O N T R A C O S T A