

A.P.N.: 1318-26-101-006
File No: 471021281

When Recorded return to, and mail Tax Statements to:

Marlene Dong
19 Crestline Ave
Daly City, CA 94015

AFFIDAVIT - TERMINATING JOINT TENANCY

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

That **Elmer T. Dong**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Elmer T. Dong** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated 07/14/1984 executed by The Bank of California, N.A. and Douglas County Title Co., Inc to **Elmer T. Dong and Marlene Dong, husband and wife**, as joint tenants, recorded as **Document No. 106678, Book: 984 Page: 1199** on 09/14/1984 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST as tenant in common in the following described real property:

A portion of the North one-half (1/2) of the Northwest one-quarter (1/4) 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.

Except 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 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 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. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("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-of-way of record.

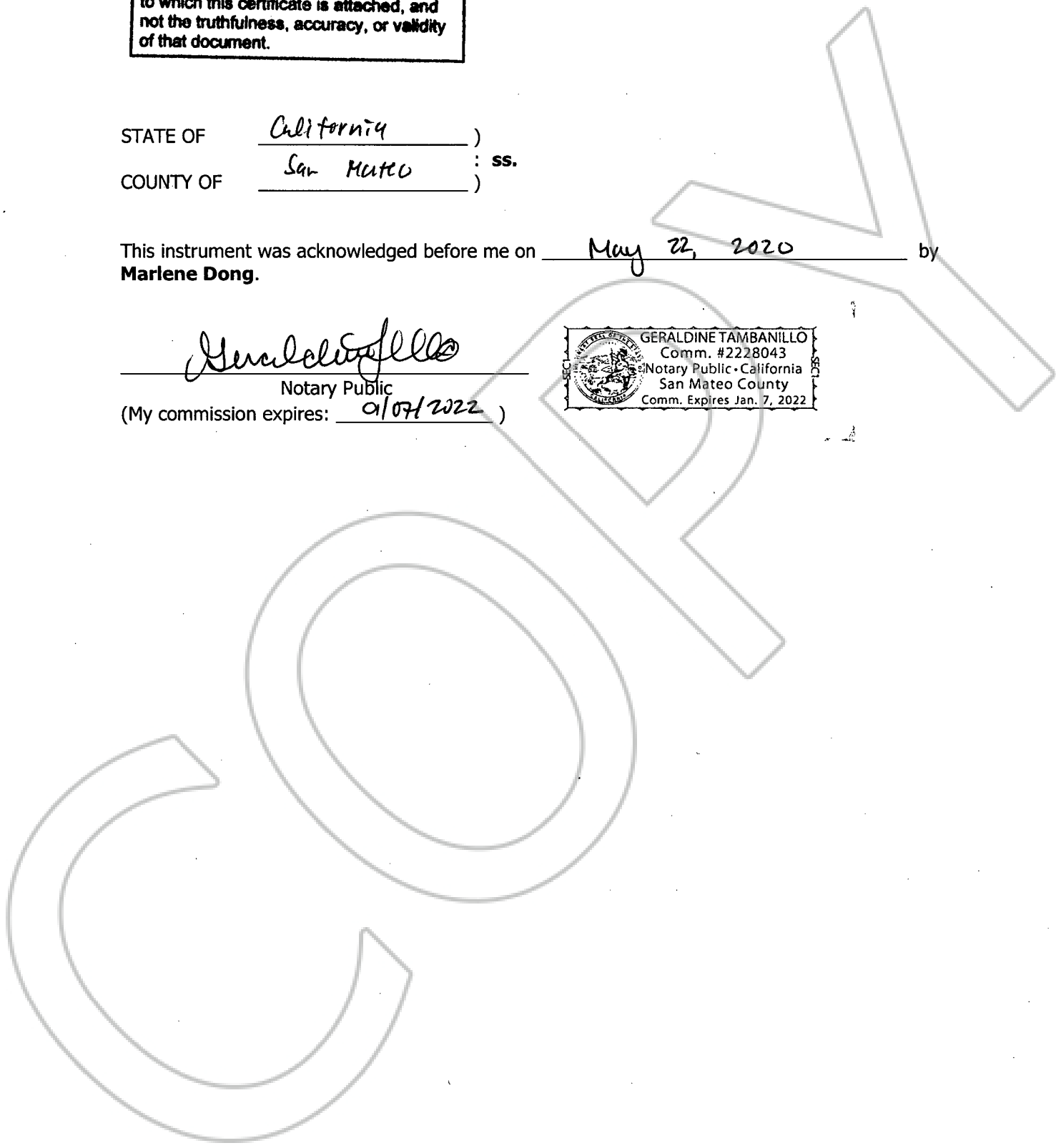
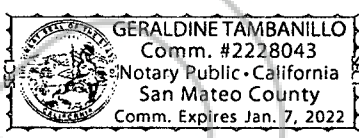
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Marlene Dong 5/22/2020
Marlene Dong Date

STATE OF California)
COUNTY OF San Mateo) : ss.

This instrument was acknowledged before me on May 22, 2020 by **Marlene Dong**.

Geraldine Tambanillo
Notary Public
(My commission expires: 01/07/2022)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052020037064

CERTIFICATE OF DEATH

3202041000663

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) ELMER		2 MIDDLE T.		3 LAST (Family) DONG	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) ELMER TOM DONG		4 DATE OF BIRTH mm/dd/yyyy 03/23/1932		5 AGE Yrs 87	
9 BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10 SOCIAL SECURITY NUMBER [REDACTED]-1432		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARRIAGE STATUS/REG* (at Time of Death) MARRIED		7 DATE OF DEATH mm/dd/yyyy 02/15/2020		8 HOUR (24 Hour) 2335	
13 EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CHINESE	
17 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED PRINTER		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19 YEARS IN OCCUPATION 17	
20 DECEDENT'S RESIDENCE (Street and number, or location) 19 CRESTLINE AVENUE					
21 CITY DALY CITY		22 COUNTY/PROVINCE SAN MATEO		23 ZIP CODE 94015	
24 YEARS IN COUNTY 48		25 STATE/FOREIGN COUNTRY CALIFORNIA			
26 INFORMANT'S NAME, RELATIONSHIP MARLENE DONG, SPOUSE			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 19 CRESTLINE AVENUE, DALY CITY, CA 94015		
28 NAME OF SURVIVING SPOUSE/SPOOP-FIRST MARLENE		29 MIDDLE -		30 LAST (BIRTH NAME) LUM	
31 NAME OF FATHER/PARENT-FIRST YING		32 MIDDLE -		33 LAST DONG	
34 BIRTH STATE CHINA		35 NAME OF MOTHER/PARENT-FIRST SHEE		36 MIDDLE -	
37 LAST (BIRTH NAME) WONG		38 BIRTH STATE CHINA			
39 DISPOSITION DATE mm/dd/yyyy 02/25/2020		40 PLACE OF FINAL DISPOSITION CYPRESS LAWN MEMORIAL PARK 1370 EL CAMINO REAL, COLMA, CA 94014			
41 TYPE OF DISPOSITION(S) CR/BU		42 SIGNATURE OF EMBALMER ALEXANDRA PETRINI		43 LICENSE NUMBER EMB9094	
44 NAME OF FUNERAL ESTABLISHMENT CYPRESS LAWN FUNERAL HOME		45 LICENSE NUMBER FD 1797		46 SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW, MD	
47 DATE mm/dd/yyyy 02/24/2020					
101 PLACE OF DEATH RESIDENCE - HOSPICE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/CP <input type="checkbox"/> DOA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY SAN MATEO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 19 CRESTLINE AVENUE		106 CITY DALY CITY	
107 CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ALZHEIMER'S DEMENTIA		108 DEATH REPORTED TO CORONER? (Time Interval Between Onset and Death) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 UNDERLYING CAUSE (Disease or injury that included the events resulting in death) LAST		111 AUTOPTYSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 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					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED (A) Decedent Assisted Suicide (B) Decedent Lost Spec. Above 05/13/2019 02/15/2020		115 SIGNATURE AND TITLE OF CERTIFIER MY-NGHI LO, M.D.		116 LICENSE NUMBER A74808	
117 DATE mm/dd/yyyy 02/19/2020		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MY-NGHI LO, M.D. 1200 EL CAMINO REAL, SOUTH SAN FRANCISCO, CA 94080			
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"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy	
122 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122 HOUR (24 Hours)			
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 RECORD
 STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

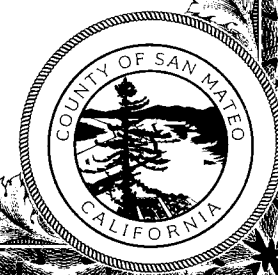
DATE ISSUED 02/24/2020 Ivonne Torres

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



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Scott Morrow MD
 SCOTT MORROW, MD
 HEALTH OFFICER AND REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE