RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Amy L. Horowitz, Esq. Almaden Law Group 6501 Crown Boulevard, Ste. 200 San Jose, California 95120

Mail Tax Statements to:

Dorothy Ann Balling 1277 Shelby Creek Lane San Jose, CA 95120

APN: 05-211-27-1

DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 AMY L. HOROWITZ

07/17/2020 11:02 AM

1772020 11.02 AW

2020-949329

Pas=3



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH

Surviving Spouse Succeeding to Title to Community Property
Under NRS 111.365

STATE OF CALIFORNIA) COUNTY OF SANTA CLARA)

Dorothy Ann Balling, of legal age, being first duly sworn, deposes and states:

That Kenneth G. Balling, the decedent mentioned in the attached certified copy of Certificate of Death, who died July 25, 1994, in Zephyr Cove, County of Douglas, State of Nevada, is the same person as Kenneth G. Balling, named as one of the parties in that certain Grant, Bargain, Sale Deed recorded as Document Number 118600 on June 14, 1985, book 685, at pages 1032-33, records of Douglas County, Nevada, and executed by the grantors, Ernest William Bercsa and Edith Elizabeth Bercsa, Husband and Wife, to the grantees Kenneth G. Balling and Dorothy Ann Balling, Husband and Wife, as Community Property, covering the real property commonly known as 600 E. Hwy 50 #27, City of Zephyr Cove, County of Douglas, State of Nevada, more particularly described as:

PARCEL NO. 1

Unit No. 27, as shown on the Official Plat of PINEWILD, A CONDOMINIUM, filed for record in the Office of the County Recorder, Douglas County, Nevada, on June 26, 1973, as Document No. 67150.

Assessment Parcel No. 05-211-27-1

PARCEL NO. 2

The exclusive right to the use and possession of those certain patio areas adjacent to said unit designated as "Restricted Common Area" on the Subdivision Map referred to in Parcel No. 1, above.

PARCEL NO. 3

An undivided interest as tenants in common in and to that portion of the real property described on the Subdivision Map referred to in Parcel No. 1, above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, A Condominium, Project, recorded

March 11, 1974, in Book 374 of Official Records, at Page 193, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1, above and excepting unto Grantor non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the common areas defined and set forth in said Declaration of Covenants, Conditions and Restrictions.

PARCEL NO. 4

Non-exclusive easements appurtenant to Parcel No. 1, above, for ingress and egress utility services, support encroachments, maintenance and repair over the Common Area defined and set forth in the Declaration of Covenants, Conditions and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3, above.

That Kenneth G. Balling was married to Dorothy Ann Balling at the time of the death of the decedent.

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 and that this affidavit was executed at San Jose, California.

Dated: 7-9-2020

Dorothy And Balling, Surviving Spouse

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 SANTA CLARA)

Subscribed and sworn to (or affirmed) before me on this $\underline{q^{-1}}$ day of $\underline{)}$ day of $\underline{)}$ 2020, by Dorothy Ann Balling, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

AMY L. HOROWITZ

Notary Public – California

Santa Clara County

Commission # 2232247

My Comm. Expires Feb 24, 2022



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

Γ	_		CERTIFICATE OF	DEATH	\ -
TYPE OR PRINT (DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
IN PERMANENT BLACK INK	Kenne		BALLING	2 July 25, 1994	3a Douglas
DECEDENT	_{зь} Zephyr Cove	3c #27 Pin		If Hosp, or Inst. Indic Rm Inpatient (Speci 3e.	rate DOA, OP/Emer SEX 4 Male
	RACE—(e.g., While, Black, American Indian, etc) (Specify) 5. White	Was Decedent of Hispanic O specify Mexican, Cuban, Puei 6.	igin? Specify ☐ yes M no If yes, AGE— to Rican, etc. AGE—Birthd 7a.	By (Years) MOS • DAYS HOURS •	
IF DEATH OCCUPRED IN INSTITUTION	STATE OF BIRTH (If not U.S.A., name country) 9a California	CITIZEN OF WHAT COUNT	grade completed.	ighest MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVINING SPOUSE (if wite, give maden name) Dorothy A. Wiande
SEE HANDGOOK REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER -9860	USUAL OCCUPATION (G Working Life, Even if Reti	ive Kind of Work Dane Dunng Most of red)	KIND OF BUSINESS OR INDUSTRY	12, Dorothy A. Wiante
RESIDENCE ITEMS	RESIDENCE—STATE CO	ידאֿעכ	CITY, TOWN, OR LOCATION	14b Flumbing STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
DADEVITO	FATHER-NAME Pirst	b. Douglas	Last MOTHER—A	15d.#27 Pinewil	d 15e Last
PARENTS	16. Edward INFORMANT—NAME (Type or Print)	Joseph	Balling 17	Haze I	Lillian Gardner
	BURIAL CREMATION REMOVAL OTHER CREATE AND ADDRESS OF THE LOCAL CREMATION REMOVAL OTHER CREATE AND ADDRESS OF THE LOCAL CREMATION REMOVAL OTHER CREATE AND ADDRESS OF THE LOCAL CREMATION REMOVAL OTHER CREATE AND ADDRESS OF THE LOCAL CREATE AND ADDRESS OF T				
DISPOSITION	19a Removal/Buria	L 196 F:	itzHenry's Funeral		City of Town State Cson City, Nevada
	FUNERAL DIRECTOR—SIGNATURE (Or Person Action as Telephone) 20	FÜNERALICENSE 20b. #		FFACILITY FITZHERTY'S Fur Imonds Drive, Carson	
CERTIFIER	Z 21. To the best of my knowledge due to the cause(s) stated.	e, death occurred at the time, da	te and place and	22a. On the basis of examination and ir in at the time, date and place and rue to	
	DATE SIGNED (Mo., Day, DAY, DAY, DATE SIGNED (Mo., DAY, DAY, DAY, DAY, DAY, DAY, DAY, DAY,	(c.) HOUR OF DE	ATH Part Par		BOUR OF DEATH
	ALL NAME OF ATTENDING PH	YSICIAN IF OTHER THAN CERT	FIER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr)	22c. 0430 PRONOUNCED DEAD (Hour)
	NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EXAMINER	I, OR CORONER). (Type or Print.)	22e. AT 0430
CONDITIONS	REGISTRAR //	eg Hubbard P.O.	BOX 218, Minden,	Nevada 89423 EGISTRAR (Mo., Day, Yr.) DEATH DUE TO C	23b 7262 3T
IF ANY WHICH GAVE RISE TO IMMEDIATE	248. (Signature) CELLIC 25 IMMEDIATE CAUSE (ENTER	CLU SONE CAUSE PER LINE FO	101 24b.	25-19962AC YES [NO M Interval between onset and dea
CAUSE STATING THE UNDERLYING CAUSE LAST	THE FART (a) Cardiac Arrest				
L	(b)				Interval between onset and death
0.U0=0=	DUE TO, OR AS A CON	SEQUENCE OF			interval between onset and death
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I Hyperfension Dishotos Molitical				
\	ACC . SUICIDE, HOM , UNDET , DAT OR PENDING INVEST.	E OF INJURY (Mo, Cay, Yr.) HOL		26 NO	27 YES
1	28a. 28b.	28c. CE OF INJURY—At home, larm, st. building, etc. (Spo	M 28d eet factory office LOCATION crit/)	STREET ON A F.D. No. Cr	TY OR TOWN STATE
_	28e 28I		28g		-1
				vanne 1	9/086019
	This is to co	ertify that the above is	a true and correct copy 2/2	By:	W. Marine

of the certificate on file in this office.

Date Issued: JUL 2 5 1994 Deputy Registrar

WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT