



**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 SAN DIEGO ) ss.

Subscribed and sworn to (or affirmed) before me on this 27<sup>th</sup> day of July, 2020, by JUDY A. EDWARDS, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

Signature Kiran B. Misra



## EXHIBIT "A"

### LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

#### PARCEL NO. 1:

Lot 105, as shown on the official plat of PINEWILD UNIT NO. 2, A CONDOMINIUM, filed for record in the office of the County Recorder, Douglas County, Nevada, on October 23, 1973, as Document No. 69660.

Assessment Parcel No. 05-212-54

#### PARCEL NO. 2:

The exclusive right to the use and possession of those certain patio areas adjacent to said units 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 as such interest is set forth in Book 377, at Page 417 thru 421, 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, and Supplement to Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, A Condominium Project, recorded March 9, 1977, in Book 377 of Official Records at Page 411, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above, and excepting non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as 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 Areas as 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.

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

#### CERTIFICATE OF DEATH

3201937004620

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (V-1 (REV. 2/05))		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>GEORGE</b>		2. MIDDLE <b>GERALD</b>		3. LAST (Family) <b>EDWARDS</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>07/18/1941</b>		5. AGE Yrs <b>77</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED] 1891</b>		6. SEX <b>M</b>	
13. EDUCATION - Highest Level/Cegree (See worksheet on back) <b>DOCTORATE</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARRIAGE STATUS/SFPD* (at time of death) <b>MARRIED</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MEDICAL DOCTOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>HEALTHCARE INDUSTRY</b>		7. DATE OF DEATH mm/dd/yyyy <b>03/10/2019</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>6860 TANZANITE DRIVE</b>		21. CITY <b>CARLSBAD</b>		8. HOUR (24 Hours) <b>1730</b>	
22. COUNTY/PROVINCE <b>SAN DIEGO</b>		23. ZIP CODE <b>92009</b>		24. YEARS IN COUNTY <b>47</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state and zip) <b>6860 TANZANITE DRIVE, CARLSBAD, CA 92009</b>		19. YEARS IN OCCUPATION <b>31</b>	
28. INFORMANT'S NAME, RELATIONSHIP <b>JUDY EDWARDS, WIFE</b>		29. NAME OF SURVIVING SPOUSE/SRDP* - FIRST <b>JUDY</b>		30. MIDDLE <b>ANNE</b>	
31. NAME OF FATHER/PARENT - FIRST <b>GEORGE</b>		32. MIDDLE <b>GOODWIN</b>		33. LAST <b>EDWARDS</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>DORIS</b>		36. MIDDLE <b>ISABELL</b>		34. BIRTH STATE <b>MN</b>	
37. LAST (BIRTH NAME) <b>BROWN</b>		38. BIRTH STATE <b>MN</b>		39. DISPOSITION DATE mm/dd/yyyy <b>03/14/2019</b>	
40. PLACE OF FINAL DISPOSITION <b>RESIDENCE JUDY EDWARDS 6860 TANZANITE DRIVE, CARLSBAD, CA 92009</b>		41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>ACCU-CARE CREMATION &amp; FUNERALS</b>		45. LICENSE NUMBER <b>FD1528</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>WILMA J WOOTEN, MD MPH</b>	
47. DATE mm/dd/yyyy <b>03/14/2019</b>		101. PLACE OF DEATH <b>SCRIPPS MEMORIAL HOSPITAL ENCINITAS</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY <b>SAN DIEGO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>354 SANTA FE DRIVE</b>	
106. CITY <b>ENCINITAS</b>		107. CAUSE OF 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) <b>ACUTE RESPIRATORY FAILURE</b> (B) <b>NON-SMALL CELL CARCINOMA OF THE LUNG STAGE 4</b>		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input type="checkbox"/>	
109. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Date of Death: <b>03/10/2019</b> Time of Death: <b>1730</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>DON PAUL HAMMI M.D.</b>		116. LICENSE NUMBER <b>A90555</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME: MAILING ADDRESS: ZIP CODE <b>03/06/2019 03/10/2019 SCRIPPS MEMORIAL HOSPITAL 354 SANTA FE DRIVE, ENCINITAS, CA 92024</b>		118. TYPE ATTENDING PHYSICIAN'S NAME: MAILING ADDRESS: ZIP CODE <b>03/06/2019 03/10/2019 SCRIPPS MEMORIAL HOSPITAL 354 SANTA FE DRIVE, ENCINITAS, CA 92024</b>		117. DATE mm/dd/yyyy <b>03/12/2019</b>	
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? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)		122. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		127. DATE mm/dd/yyyy		128. TYPE NAME TITLE OF CORONER / DEPUTY CORONER	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		127. DATE mm/dd/yyyy		128. TYPE NAME TITLE OF CORONER / DEPUTY CORONER	
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		010001004149296		CENSUS TRACT	

County of San Diego - Health & Human Services Agency - 3851 Roscamans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

*Wilma J. Wooten, M.D.*

DATE ISSUED: 3/19/2019 WILMA J. WOOTEN, M.D., M.P.H.  
REGISTRAR OF VITAL RECORDS  
County of San Diego



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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