RECORDING REQUESTED BY:

DOUGLAS JOSEPH DUGAL

AND WHEN RECORDED MAIL TO:

DOUGLAS JOSEPH DUGAL 2008 SHARILYN DRIVE MODESTO, CA 95355 DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

DENNIS DU GAL

2020-958735 12/22/2020 11:05 AM

Pgs=3



KAREN ELLISON, RECORDER

APN: 42-180-11

SPACE ABOVE THIS LINE I SULLE

AFFIDAVIT – TERMINATION OF JOINT TENANCY (DEATH OF A JOINT TENANT)

STATE OF CALIFORNIA)) SS. COUNTY OF STANISLAUS)

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

- 1. TERRI LOUISE DUGAL is the decedent mentioned in the attached certified copy of Certificate of Death, who died on OCTOBER 3, 2020, at MODESTO, CALIFORNIA.
- 2. I am the surviving spouse of Decedent and was married to Decedent on the date of death.
- 3. Decedent and I are the same persons who are named as grantees in that certain deed dated SEPTEMBER 23, 2014, executed by DENNIS JOSEPH DUGAL AND TERRI LOUISE DUGAL to ANGELLA DAWN HIRSCHKORN, DENNIS JOSEPH DUGAL, JENNIFER LEE OWEN AND TERRI LOUISE DUGAL as joint tenants, recorded on SEPTEMBER 23, 2014, as Instrument No. 0849744, Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit "A" attached hereto and incorporated herein:

Dated: DENNIS JOSEPH DUGAL

ACKNOWLEDGMENT

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 Stanislaus)

On <u>Licenter</u>, 2020, before me, Cheryl N. Garey, Notary Public, personally appeared DENNIS JOSEPH DUGAL who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

! certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Cheryl N Garey Notary Public

(Seal



An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 32 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 101 through 120 (inclusive) as shown on Tahoe Village Unit 3, Fifth Amended Map, recorded October 29, 1981, as Document 61612, as corrected by Certificate of Amendment recorded No. November 23, 1981, as Document No. 62661; and (B) Unit No. shown and defined on said last mentioned map as corrected by said Certificate of Amendment; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No.096758, as amended, and as described in The Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declaration; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the "Season" as defined in and in accordance with said Declaration.

A portion of APN: 42-180-11



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4170841			CERTIFICATE OF DEATH		2020021725		
TYPE OR	1a DECEASED-NAME (FIRST,MI	DDIE I AST STIEFTY				STATE FILE NUMBER	
PRINT IN PERMANENT	Terri Louise		DUGAL:		2 DATE OF DEATH (Mo/Day/Year) 3a, COUNTY OF DEATH		EATH
DI 4 016 11114					October 03, 202	20 Carsor	n City
	36 CITY, TOWN, OR LOCATION (OF DEATH (3c. HOSPITAL Inumber)	OR OTHER INSTITUTION -	Name(If not either, give	street an 3e If Hosp or Inst. Inpatient(Specify)	indicate DOA,OP/Emer Rm.	4. SEX
DECEDENT	Carson City.	. C	arson Tahoe Regional		I Intensi	ve Care Unit (ICU)	Female
DEGEDERA	5 RACE (Specify)		ispanic Origin? Specify	7a. AGE-Last birthday	7b. UNDER 1 YEAR 7c. UN	DER 1 DAY 8 DATE OF BIRTI	H (Mo/Day/Yr)
	₩hìt	:e	No - Non-Hispanic	(Years) 68	MOS DAYS HOUR	S MINS June 30	1952
IF DEATH	9a STATE OF BIRTH (If not US/CA	, 9b CITIZEN OF WI	AT COUNTRY 10 EDUCATI	ON 11. MARITAL STATU		SPOUSE'S NAME (Last name prior to fi	rst marriage)
IF DEATH OCCURRED IN INSTITUTION SEE	name country) Washington	united S	itates 16	Marrie	d D	ennis Joseph DUG	AL .
HANDBOOK REGARDING	13 SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b KIND OF BUSINESS OR INDUSTRY Ever in						in US Armed
COMPLETION OF RESIDENCE	NURSE					ICAL Force	s? No
ITEMS	15a, RESIDENCE - STATE 15	b. COUNTY	15c. CITY, TOWN OR LC	CATION 15d. STR	EET AND NUMBER	15e i	NSIDE CITY S (Specify Yes
ـــــ	California	Stanislaus	Modesto	2008	Sharilyn Dr.	or No	Yes
DADENTO	16 FATHER/PARENT - NAME (Fit				ARENT - NAME (First Midd	ile Last Suffix)	
PARENTS		Fred C MALOY			Bonnie Jane	SWAINSTON	N
	18a. INFORMANT- NAME (Type or	Print)	18b MAILING ADD	RESS (Street or R I	D No, City or Town, State,		1
	Dennis Joseph DUGAL 2008 Sharilyn Dr. Modesto, California 95355						1996
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME						State
DISPOSITION				Cremation Servic	es .	Carson City Nevada 8	39701
	20a FUNERAL DIRECTOR - SIGN	ATURE (Or Person Acting	as Such) 20b FUNERAL	DIRECTOF 20c. NAM	E AND ADDRESS OF FACIL		
	JOHN LAWRENCE LICENSE NUMBER Autumn Funerals & Cremations FD304 1575 N Lompa In Carron City, NV, 89701						
		RE AUTHENTICATED	FD30	14	1575 N Lompa Lr	n Carson City NV 89701	
TRADE CALL	TRADE CALL - NAME AND ADDRE						
	باد صنف درد دیا در دید میشد با این ا	ledge, death occurred at the	ne time, date and place and du			estigation, in my opinion death occu	rred
	to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED and the time, date and place and due to the cause(s) stated (Signature & Title)						
CERTIFIER	21b DATE SIGNED (Mo/Da October 03, 2020		JR OF DEATH	= 22b DATE	SIGNED (Mo/Day/Yr)	22c HOUR OF DEATH	* :
	요분 21d. NAME OF ATTENDING	3 PHYSICIAN IF OTHER 1	HAN CERTIFIER	8 8 22d. PRO	NOUNCED DEAD (Mo/Day/Y	(r) 22e PRONOUNCED DE	AD AT (Hour)
				۴۷			
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Amanda M Grìffith DO 1600 Medical Pkwy Carson City, NV 89703 DO1685						
	24a REGISTRAR (Signature)					DO168	
REGISTRAR	24a NEGISTRAN (Signature)	WEGIEVT				DEATH BUE TO COLUMN	
			STOREY	24b DATE RECEIVE (Mo/Day/Yr)	767	C. DEATH DUE TO COMMUNICA	
	OF HAMEDIATE CALLOR	SIGNATURE AUTH	ENTICATED	(Mo/Day/Yr) Oct	ober 05, 2020	YES NO [X
CAUSE OF	25 IMMEDIATE CAUSE	SIGNATURE AUTH	ENTICATED SE PER LINE FOR (a), (b), A	(Mo/Day/Yr) Oct	767		X
CAUSE OF DEATH	PART 1 (a) Acute Hype	SIGNATURE AUTH (ENTER ONLY ONE CAUS OXEMIC RESpirat	ENTICATED SE PER LINE FOR (a), (b), A	(Mo/Day/Yr) Oct	767	YES NO Interval between o	X Inset and death
DEATH	PART I (a) Acute Hype	SIGNATURE AUTH (ENTER ONLY ONE CAUS OXEMIC RESPIRAT A CONSEQUENCE OF	ENTICATED SE PER LINE FOR (a), (b), A	(Mo/Day/Yr) Oct	ober 05, 2020	YES NO [X Inset and death
DEATH CONDITIONS IF ANY WHICH	DUE TO, OR AS A Spiration	SIGNATURE AUTH (ENTER ONLY ONE CAUG EXEMIC RESPIRAT A CONSEQUENCE OF Pneumonia	ENTICATED SE PER LINE FOR (a), (b), A	(Mo/Day/Yr) Oct	767	YES NO Interval between o	X Inset and death
DEATH CONDITIONS IF ANY WHICH	PART I (a) Acute Hype DUE TO, OR AS A (b) Aspiration	SIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC Respirat A CONSEQUENCE OF Pneumonia A CONSEQUENCE OF	ENTICATED SE PER LINE FOR (a), (b), A	(Mo/Day/Yr) Oct	ober 05, 2020	YES NO Interval between o	xinset and death
DEATH CONDITIONS IF ANY WHICH	PART I (a) Acute Hype DUE TO, OR AS A (b) Aspiration	SIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC RESPIRAT A CONSEQUENCE OF Pneumonia A CONSEQUENCE OF COPHAIOPATHY	ENTICATED SE PER LINE FOR (a), (b), A	(Mo/Day/Yr) Oct	ober 05, 2020	YES NO Interval between of Interval between Int	inset and death
DEATH CONDITIONS IF ANY WHICH	Acute Hype DUE TO, OR AS (b) Aspiration DUE TO, OR AS (c) Hepatic Er DUE TO, OR AS Alcoholic A	SIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC RESPIRAT A CONSEQUENCE OF PNEUMONIA A CONSEQUENCE OF CEPHAIOPATHY A CONSEQUENCE OF.	ENTICATED SE PER LINE FOR (a), (b), A	(Mo/Day/Yr) Oct	ober 05, 2020	YES NO Interval between o	inset and death
DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	DUE TO, OR AS, (b) Aspiration DUE TO, OR AS, (b) Aspiration DUE TO, OR AS, (c) Hepatic Er DUE TO, OR AS, (d) Alcoholic F	SIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC RESPIRAT A CONSEQUENCE OF Pneumonia A CONSEQUENCE OF ICEPHAIOPATHY A CONSEQUENCE OF. Hepatitis	ENTICATED SE PER LINE FOR (a), (b), AI ORY Failure	(Mo/DayYr) Oct	ober 05, 2020	YES NO Interval between of Interval between In	mset and death mset and death mset and death mset and death
DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	DUE TO, OR AS, (b) Aspiration DUE TO, OR AS, (b) Aspiration DUE TO, OR AS, (c) Hepatic Er DUE TO, OR AS, (d) Alcoholic F	SIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC RESPIRAT A CONSEQUENCE OF PROUMONIA A CONSEQUENCE OF CEPHALOPATIONS ONDITIONS-CONDITIONS-CONDITIONS	ENTICATED SE PER LINE FOR (a), (b), A	(Mo/DayYr) Oct	ober 05, 2020	YES NO Interval between of	miset and death
DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	PART I (a) Acute Hypo DUE TO, OR AS A Aspiration DUE TO, OR AS A (b) Hepatic Er DUE TO, OR AS A (c) Hepatic Er DUE TO, OR AS A (d) Alcoholic H PART II OTHER S'GNIFICANT CO Ulcerative Esophagitis; Ur	EIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC RESPIRAT A CONSEQUENCE OF Pneumonia A CONSEQUENCE OF NCEPHAIOPATHY A CONSEQUENCE OF HEPATITIONS-Conditions conknown Etiology	SEPER LINE FOR (a), (b), AI ONY Failure	(Mo/DayYr) Oct	ober 05, 2020	YES NO Interval between of	miset and death
DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	PART I (a) Acute Hypo DUE TO, OR AS / (b) Aspiration DUE TO, OR AS / Hepatic Er DUE TO, OR AS / Alcoholic H PART II OTHER S'GNIFICANT C' Ulcerative Esophagitis; Ur 288 ACC SUICIDE HOM UNDET	SIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC RESPIRAT A CONSEQUENCE OF PROUMONIA A CONSEQUENCE OF CEPHALOPATIONS ONDITIONS-CONDITIONS-CONDITIONS	SEPER LINE FOR (a), (b), AI ONY Failure	(Mo/Day/Yr) Oct	ober 05, 2020	YES NO Interval between of	mset and death mset and death mset and death mset and death
DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	PART I (a) Acute Hypo DUE TO, OR AS A Aspiration DUE TO, OR AS A (b) Hepatic Er DUE TO, OR AS A (c) Hepatic Er DUE TO, OR AS A (d) Alcoholic H PART II OTHER S'GNIFICANT CO Ulcerative Esophagitis; Ur	EIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC RESPIRAT A CONSEQUENCE OF Pneumonia A CONSEQUENCE OF NCEPHAIOPATHY A CONSEQUENCE OF HEPATITIONS-Conditions conknown Etiology	SEPER LINE FOR (a), (b), AI ONY Failure	(Mo/Day/Yr) Oct	cause given in Part 1	YES NO Interval between of	miset and death
DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Acute Hype DUE TO, OR AS A Spiration DUE TO, OR AS Hepatic Er DUE TO, OR AS (c) DUE TO, OR AS (d) Alcoholic Hepatic Expansion DUE TO, OR AS (d) PART II OTHER S'GNIFICANT COUICE TO THE STORY OR PENDING INVEST (Specify)	SIGNATURE AUTH (ENTER ONLY ONE CAUSE OXEMIC RESPIRAT A CONSEQUENCE OF Pneumonia A CONSEQUENCE OF ICEPHAIOPATHY A CONSEQUENCE OF. Hepatitis ONDITIONS-Conditions conknown Etiology 286 DATE OF INJURY (Ma/Db)	SEPER LINE FOR (a), (b), AI ONY Failure	(Mo/DayYr) Oct ND (c)) ulting in the underlying RY 28d DESCRIBE H	cause given in Part 1	PES NO Interval between of	miset and death

000834523



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

10/8/2020

For Shapel



