

RECORDING REQUESTED BY:  
AND WHEN RECORDED MAIL TO:

DAVID L. GIANELLI  
GIANELLI NIELSEN  
A Professional Law Corporation  
1014 16<sup>th</sup> St.  
Modesto, CA 95354

MAIL TAX STATEMENTS TO:

PHILLIP STINE  
P. O. Box 239  
Waterford, CA 95386

DOUGLAS COUNTY, NV

2021-970709

Rec:\$40.00  
Total:\$40.00

07/12/2021 02:32 PM

GIANELLI & NIELSON

Pgs=4



00138476202109707090040041

KAREN ELLISON, RECORDER

APN: Portion of 42-254-23  
Address: Ridge Club Drive, Stateline, Nevada

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF CALIFORNIA       )  
  )  
COUNTY OF STANISLAUS    )

I, PHILLIP H. STINE, being of legal age, being first duly sworn, depose and say:

That MYRNA SUE STINE, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as MYRNA S. STINE, named as a party in that certain Grant, Bargain, Sale Deed dated January 17, 1995, executed by HARICH TAHOE DEVELOPMENTS, a Nevada general partnership to PHILLIP H. STINE and MYRNA S. STINE, Husband and Wife as Joint Tenants with Right of Survivorship and recorded as Document Number 355183 in Book 0195, Page 3821 on January 30, 1995 in the Official Records of Douglas County, Nevada, covering the following described real property in the County of Douglas, State of Nevada, and more particularly described as follows:

An undivided 1/51<sup>st</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50<sup>th</sup> interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 23 as shown and defined on said map; 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 in the Declaration of Annexation of The Ridge Tahoe Phase Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said

Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-23

Dated: JUL 07 2021

Phillip H. Stine  
PHILLIP H. STINE

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                )

Subscribed and sworn to (or affirmed) before me on this 7<sup>th</sup> day of July, 2021, by PHILLIP H. STINE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Stacy Mellow  
Notary Public



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### HEALTH SERVICES AGENCY

# STANISLAUS COUNTY

## PUBLIC HEALTH DIVISION

PAGE 1 OF 2

3052020214449

CERTIFICATE OF DEATH

3202050004146

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) MYRNA		2. MIDDLE SUE		3. LAST (Family) STINE	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 01/03/1938		5. AGE Yrs. 82	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX F
8. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER [REDACTED]-9702	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SDP* (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 09/17/2020	8. HOUR (24 Hour) 1745
13. EDUCATION—Highest Level/Degree (See worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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) WHITE					
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED BOOK KEEPER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE		19. YEARS IN OCCUPATION 60
20. DECEDENT'S RESIDENCE (Street and number, or location) 999 RESERVOIR ROAD					
21. CITY WATERFORD		22. COUNTY/PROVINCE STANISLAUS	23. ZIP CODE 95386	24. YEARS IN COUNTY 82	25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME, RELATIONSHIP ALEX VANDERSTOOL, NEPHEW			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 133, WATERFORD, CA 95386		
28. NAME OF SURVIVING SPOUSE/SDP—FIRST PHILLIP		29. MIDDLE HARTMAN	30. LAST (BIRTH NAME) STINE		
31. NAME OF FATHER/PARENT—FIRST HENRY		32. MIDDLE -	33. LAST PERRY	34. BIRTH STATE NM	
35. NAME OF MOTHER/PARENT—FIRST OBERA		36. MIDDLE -	37. LAST (BIRTH NAME) LEE	38. BIRTH STATE NM	
39. DISPOSITION DATE mm/dd/yyyy 10/03/2020		40. PLACE OF FINAL DISPOSITION ACACIA MEMORIAL PARK 801 SCENIC DRIVE, MODESTO, CA 95350			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT SALAS BROTHERS FUNERAL CHAPEL		45. LICENSE NUMBER FD782	46. SIGNATURE OF LOCAL REGISTRAR ▶ JULIE VAISHAMPAYAN, MD	47. DATE mm/dd/yyyy 09/23/2020	
101. PLACE OF DEATH PARAMOUNT COURT SENIOR LIVING					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3791 CROWELL ROAD		106. CITY TURLOCK	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) Cerebrovascular accident					
108. DEATH REPORTED TO CORONER? Time Interval Between Death and Death (WKS) 0 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CORONAVIRUS DISEASE 2019, DYSPHAGIA, ATRIAL FIBRILLATION, ALZHEIMER'S DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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 (A) 08/25/2020 Decedent Last Seen Alive mm/dd/yyyy (B) 09/17/2020		115. SIGNATURE AND TITLE OF CERTIFIER ▶ CENTI SANDY YOUNAN M.D.		116. LICENSE NUMBER A76793	117. DATE mm/dd/yyyy 09/22/2020
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CENTI SANDY YOUNAN M.D. 600 COFFEE RD, MODESTO, CA 95355					
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. 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		F	G	H	I
FAX AUTH.#		CENSUS TRACT	*010001004670092*		

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

JULIE VAISHAMPAYAN, MD, MPH  
LOCAL REGISTRAR OF VITAL STATISTICS

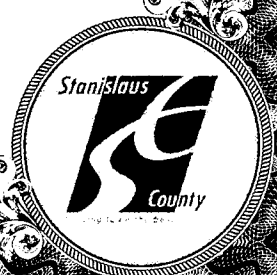
10/06/2020



000824934

This copy is not valid unless prepared on an engraved border display seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASTANISOL

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### HEALTH SERVICES AGENCY STANISLAUS COUNTY

PUBLIC HEALTH DIVISION

PAGE 2 OF 2

#### PHYSICIAN/CORONER'S AMENDMENT

3052020214449

STATE FILE NUMBER

1.1

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3202050004146

LOCAL REGISTRATION NUMBER

BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

#### PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST MYRNA	1B. MIDDLE SUE	1C. LAST STINE	2. SEX F
	3. DATE OF EVENT—MM/DD/CCYY 09/17/2020	4. CITY OF EVENT TURLOCK	5. COUNTY OF EVENT STANISLAUS	

#### PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
108A	0	C20002610
LIST ONE ITEM PER LINE		

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER EARL GAARDE	10. DATE SIGNED—MM/DD/CCYY 09/24/2020	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEPUTY CORONER	
	12. ADDRESS—STREET and NUMBER 921 OAKDALE ROAD	13. CITY MODESTO	14. STATE CA	15. ZIP CODE 95355

STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 09/24/2020
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24Ae (REV. 1/08)

1.1

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DATE ISSUED

*Julie Vain*  
JULIE VAINSHAMPAYAN, MD, MPH  
LOCAL REGISTRAR OF VITAL STATISTICS

10/06/2020



000824935

This copy is not valid unless prepared on original border, copy, seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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