

APN# 1318-26-101-06



00138562202109707840060062

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Paralegal Service Center of Ramona

Address: 1039 D Street, Suite 9

City/State/Zip: Ramona CA 92065

Mail Tax Statements to:

Name: Kingsbury Crossing c/o Tricom Management, Inc

Address: 4025 E. La Palma Ave Suite 101

City/State/Zip: Anaheim, CA 92807-1764

AFFIDAVIT - DEATH OF JOINT TENANT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Helene Armand

Signature

Helene Armand

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

PARALEGAL SERVICE CENTER OF
RAMONA
1039 D STREET STE. 9
RAMONA, CA 92065

AND MAIL TAX STATEMENTS
TO:

CLUB TAHOE C/O TRICOM
MANAGEMENT
4025 E. LA PALMA AVE, STE 101
ANAHEIM, CA 92807

Interval 4303-38

AFFIDAVIT – DEATH OF JOINT TENANT

STELLA ALLEN, the Affiant, being of legal age, and being first duly sworn, deposes and says:

1. That JANICE MARY DELLAFOSSE, is the decedent mentioned in the attached State of California, County of San Mateo, Certificate of Death, who died on June 20, 1991.
2. That JANICE MARY DELLAFOSSE is the same person as JANICE DELLAFOSSE named as a Grantee in that certain Grant Bargain and Sale Deed dated January 29, 1995, executed by C.J. Featherston, Vice President and Trust Officer of The Bank of California, N.A. by Margery M. Joy, Trust Officer, as Grantors to HOWARD DELLAFOSSE & JANICE DELLAFOSSE, as Grantees, recorded on February 7, 1985 as Instrument No. 113361, Book 285, Page 413, Official Records of Douglas County, Nevada describing the following real property in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

In Witness whereof, I have set my hand this 22nd day of June, 2021.


STELLA ALLEN, Declarant

EXHIBIT "A"

KINGSBURY CROSSING – LEGAL DESCRIPTION

The land referred to herein is situated in the

STATE OF NEVADA

COUNTY OF DOUGLAS

and is described as follows:

AN UNDIVIDED "ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST AS A TENANT-IN-COMMON IN THE FOLLOWING DESCRIBED REAL PROPERTY (THE "REAL PROPERTY"):

A PORTION OF THE NORTH ONE-HALF OF THE NORTHWEST ONE-QUARTER 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. MICHELSON AND WALTER COX, RECORDED FEBRUARY 03, 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 OF JOHN E. MICHELSON AND WALTER COX, RECORDED FEBRUARY 10, 1978, IN BOOK 278, OF OFFICIAL RECORDS, AT PAGE 591, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 17578.

EXCEPTING FROM THE REAL PROPERTY THE EXCLUSIVE RIGHT TO USE AND OCCUPY ALL OF THE DWELLING UNITS AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" AND SUBSEQUENT AGREEMENTS THERETO AS HEREINAFTER REFERRED TO.

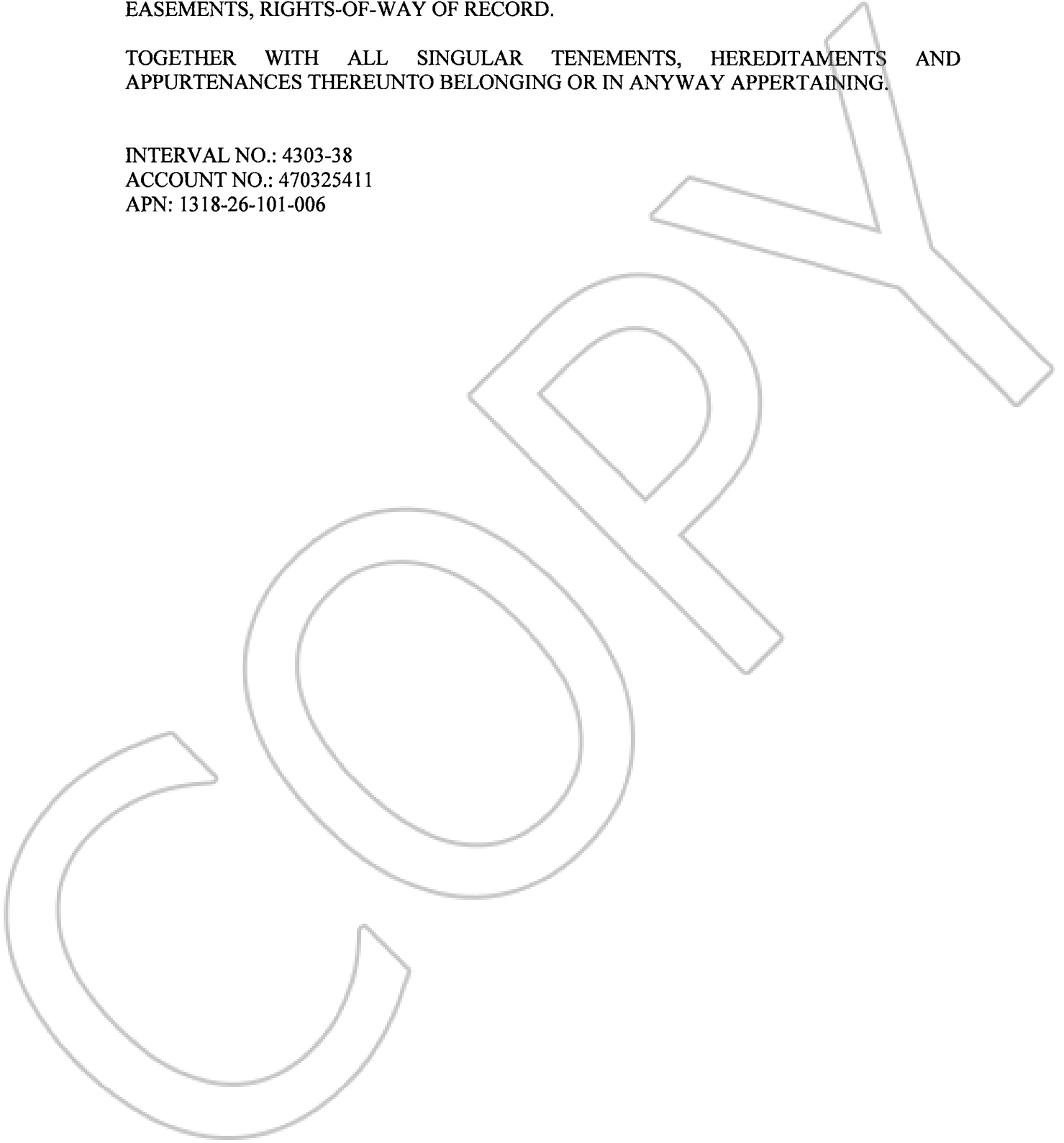
ALSO EXCEPTING FROM THE REAL PROPERTY AND RESERVING TO GRANTOR, ITS SUCCESSORS AND ASSIGNS, ALL THOSE CERTAIN EASEMENTS REFERRED TO IN PARAGRAPHS 2.5, 2.6 AND 2.7 OF THE DECLARATION OF TIMESHARE USE AND AMENDMENTS THERETO TOGETHER WITH THE RIGHT TO GRANT SAID EASEMENTS TO OTHERS.

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. 084425 ("DECLARATION"), DURING A "USE PERIOD" WITHIN THE **HIGH** SEASON WITHIN THE "OWNER'S USE YEAR", AS DEFINED IN THE DECLARATION, TOGETHER WITH A NON-EXCLUSIVE RIGHT TO USE THE COMMON AREAS AS DEFINED IN THE DECLARATION.

SUBJECT TO ALL COVENANTS, CONDITIONS, RESTRICTIONS, LIMITATIONS,
EASEMENTS, RIGHTS-OF-WAY OF RECORD.

TOGETHER WITH ALL SINGULAR TENEMENTS, HEREDITAMENTS AND
APPURTENANCES THEREUNTO BELONGING OR IN ANYWAY APPERTAINING.

INTERVAL NO.: 4303-38
ACCOUNT NO.: 470325411
APN: 1318-26-101-006



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 Solano

Subscribed and sworn to (or affirmed) before me on this 22 day of June,
2021 by Stella Irene Allen

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Tierra R. Cameron

Signature

(Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit Death of Joint Tenant

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional information _____

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
 REDWOOD CITY, CALIFORNIA

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

3-91-41 002294

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Janice	1B. MIDDLE Mary	1C. LAST (FAMILY) Dellafosse	2A. DATE OF DEATH—MO., DAY, YR. June 20, 1991
4. RACE White	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO., DAY, YR. July 3, 1936	7. AGE IN YEARS 54
8. STATE OF BIRTH LA	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Aaron Richard	10B. STATE OF BIRTH LA
12. MILITARY SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 5469	14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE OF WIFE, ENTER MAIDEN NAME Howard Dellafosse
16A. USUAL OCCUPATION Homemaker	16B. USUAL KIND OF BUSINESS OR INDUSTRY Homemaking	16C. USUAL EMPLOYER Self-employed	16D. YEARS IN OCCUPATION 35
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 511 Perry Ave	18B. CITY Pacifica	18C. ZIP CODE 94044	
19A. PLACE OF DEATH Seton Medical Center	19B. IF HOSPITAL, SPECIFY ONE IP, ER/OP, DOA ER	19C. COUNTY San Mateo	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Howard Dellafosse (Husband) 511 Perry Ave Pacifica, CA 94044
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, D, AND C) IMMEDIATE CAUSE (A) Cardiac Arrest ▶ 10 min.		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES C-6355A <input type="checkbox"/> NO	
DUE TO (B) Cardiomyopathy ▶ 6 mo.		23. WAS DISPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)		24. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Hypertension		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO	
27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR Oct. 23, 1990; May 20, 1991	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Ann Omachi, MD	27C. CERTIFIER'S LICENSE NUMBER 6043405	27D. DATE SIGNED 6-21-91
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER ▶	28B. DATE SIGNED	29. MANNER OF DEATH—specify one: natural, accidental, suicide, homicide, pending investigation or cause not determined	30A. PLACE OF INJURY
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	30D. HOUR	31. HOUR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
34A. DISPOSITION(S) CR/BU	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Cypress Lawn Mem Park, Colma, CA	34C. DATE MO., DAY, YEAR Jun 22 91	34D. SIGNATURE OF EMBALMER Not embalmed
35A. SIGNATURE OF FUNERAL DIRECTOR Bradley P. Gilbert M.D.	35B. LICENSE NO. 982	35C. SIGNATURE OF LOCAL REGISTRAR Wm	35D. REGISTRATION DATE 6-21-91
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Chapel by the Sea Mortuary	36B. LICENSE NO. 982	36C. SIGNATURE OF LOCAL REGISTRAR Wm	36D. REGISTRATION DATE 6-21-91
STATE REGISTRAR	A.	B.	C.
	D.	E.	F.
			CENSUS TRACT 612902

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



CERTIFIED COPY OF VITAL RECORDS
 COUNTY OF SAN MATEO, STATE OF CALIFORNIA

Mark Church
 MARK CHURCH
 Assessor-County Clerk-Recorder

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder.

ANGIE MOLINA
 Deputy DATE ISSUED

MAY 04 2021

This copy not valid unless prepared on engraved border displaying date, seal, and signature of Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

