

APN: 1319-30-616-011

Escrow No. 20212829

Recording Requested By:  
**Vacation Ownership Title Agency**

Mail Tax Statement to:  
Tahoe Summit Village  
P.O. Box 4719  
Stateline, NV 89449

When Recorded Mail to:  
Marjo W. Johnson  
21966 Dolores St., Apt. 358  
Castro Valley, CA 94546

AFFIDAVIT – DEATH OF JOINT TENANT  
(Title of Document)

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

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

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

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Aleta Hannum Signature

Aleta Hannum Printed Name

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

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fee applies)

This cover page must be typed.

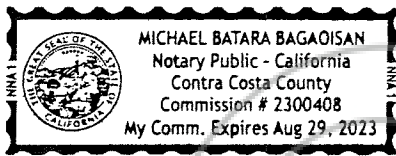


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this 14  
day of September, 2021, by Michael & Bagoisan, Public Notary  
MARJO W. JOHNSON

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



(Seal)

Signature

A handwritten signature in black ink, appearing to read "Michael &amp; Bagoisan", written over a horizontal line.

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052019204946

**CERTIFICATE OF DEATH**

3201901007307

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 (REV. 3/05))				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>NOEL</b>		2. MIDDLE -		3. LAST (Family) <b>THOMPSON</b>			
AKA, ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy <b>01/23/1928</b>		5. AGE Yrs. <b>91</b>		6. SEX <b>F</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>3196</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) <b>SRDP</b>	
13. EDUCATION— Highest Level/Degree (see worksheet on back) <b>MASTER'S</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) <b>CAUCASIAN</b>			
17. USUAL OCCUPATION— Type of work for most of life. DO NOT USE RETIRED <b>TEACHER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>SCHOOL DISTRICT</b>		19. YEARS IN OCCUPATION <b>32</b>			
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>21966 DOLORES ST. #122</b>							
21. CITY <b>CASTRO VALLEY</b>		22. COUNTY/PROVINCE <b>ALAMEDA</b>		23. ZIP CODE <b>94546</b>		24. YEARS IN COUNTY <b>64</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>							
26. INFORMANT'S NAME, RELATIONSHIP <b>MARJO JOHNSON, SRDP</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>21966 DOLORES ST. #122, CASTRO VALLEY, CA 94546</b>					
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>SRDP MARJO</b>		29. MIDDLE -		30. LAST (BIRTH NAME) <b>JOHNSON</b>			
31. NAME OF FATHER/PARENT—FIRST <b>THURMAN</b>		32. MIDDLE <b>J.</b>		33. LAST <b>THOMPSON</b>		34. BIRTH STATE <b>ND</b>	
35. NAME OF MOTHER/PARENT—FIRST <b>GWENEVERE</b>		36. MIDDLE -		37. LAST (BIRTH NAME) <b>SHERWIN</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/ccyy <b>10/14/2019</b>		40. PLACE OF FINAL DISPOSITION <b>SCATTER AT SEA OFF THE COAST OF MARIN COUNTY, CA</b>					
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY OF NORTHERN CALIFORNIA</b>		45. LICENSE NUMBER <b>FD1397</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ ERICA PAN, MD</b>		47. DATE mm/dd/ccyy <b>10/14/2019</b>	
101. PLACE OF DEATH <b>GOLDEN VALLEY ELDERLY LIVING</b>		102. IF HOSPITAL, SPECIFY ONE <input 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 checked="" type="checkbox"/> Other			
104. COUNTY <b>ALAMEDA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>19979 STANTON AVENUE</b>				106. CITY <b>CASTRO VALLEY</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. <b>(A) CEREBROVASCULAR ACCIDENT</b> <b>(B) HYPERTENSION</b> <b>(C)</b> <b>(D)</b>		Time Interval Between Onset and Death <b>YEARS</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>VASCULAR DEMENTIA</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) <b>NO</b>						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/ccyy <b>(A) 09/11/2019</b> Decedent Last Seen Alive: mm/dd/ccyy <b>(B) 10/09/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ CHARLESTON ALAN CONE M.D.</b>		116. LICENSE NUMBER <b>G76085</b>		117. DATE mm/dd/ccyy <b>10/11/2019</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>CHARLESTON ALAN CONE M.D.</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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy		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/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	
				*010001004336025*			

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CAALAMED01

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

001267160

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **OCT 16 2019**Erica Pan MD  
INTERIM HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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:

A Time Share interest comprised of the following:

PARCEL ONE:

An undivided 1/51<sup>st</sup> interest in and to that certain condominium estate described as follows:

- (a) Condominium Unit No. 11 (now known as 611), Building B as set forth in the condominium map of Lot 33, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records of Douglas County, State of Nevada, during ONE (1) "Use Period" within the SWING "Season" (also known as Interval 5) as defined in the Declaration of Time Share Covenants, Conditions and Restrictions originally recorded on April 5, 1983 as Document No. 78473, and as re-recorded May 24, 1983 as Document No. 80819, Official Records of Douglas County, State of Nevada, and the Declaration of Time Share Covenants, Conditions and Restrictions recorded on October 24, 1983 as Document No. 89976 and as amended by the First Amendment to Declaration of Time Share Covenants, Conditions and Restrictions recorded on November 10, 1983 as Document No. 090832, Official Records of Douglas County, State of Nevada. (Commonly known as Legacy Control Number 331705)
- (b) An undivided 1/11<sup>th</sup> interest in and to the common area designated, depicted and described in the condominium map of Lot 33, Building B, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981 as Document No. 53850, Official Records of Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL TWO:

A non-exclusive right to use the "Special Common Area" as defined, and for the purposes and on the terms and conditions set forth, in that certain Declaration of Annexation (Tahoe Summit Village) and Grant, Bargain and Sale Deed recorded May 27, 1987 in Book 587 at Page 2664 as Document No. 155368, Official Records of Douglas County, State of Nevada during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL THREE:

A non-exclusive right to use the real property known as Common Area on the Official Map of Tahoe Summit Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, Official Records of Douglas County, State of Nevada, as amended and modified, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973 as Document No. 63681, Official Records of Douglas County, State of Nevada, and as amended by instruments recorded with said County and State on September 28, 1973 as Document No. 69063 in Book 973, Page 812 and July 2, 1976 as Document No. 01472 in Book 776, Page 87 of Official Records of Douglas County, State of Nevada during and for the "Use Period" set forth in subparagraph (a) above.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said Use Period within said Season.