

THE UNDERSIGNED HEREBY AFFIRMS THAT  
THIS DOCUMENT DOES CONTAIN A SOCIAL  
SECURITY NUMBER AS REQUIRED BY  
LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

**APN: 1319-30-616-019**

WHEN RECORDED MAIL TO:

SUSAN L. NESPOLI  
183 Fiddler Avenue  
Winchester, VA 22603

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

### AFFIDAVIT OF DEATH

SUSAN L. NESPOLI being first duly sworn, deposes and says:

1. ANTHONY V. NESPOLI died on December 29, 2020 and a certified copy of his Death Certificate is attached hereto as Exhibit "A".
2. That at the date of his death, said ANTHONY V. NESPOLI was an owner with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

SEE EXHIBIT "B" ATTACHED

3. That said joint tenancy was created by a Deed dated July 30, 2004 and recorded on August 5, 2004 as File No. 620718, in the Douglas County Recorder's Office.
4. That upon the death of ANTHONY V. NESPOLI, the Affiant became the sole owner of the above-described property as her sole and separate property.

*Susan L. Nespole*  
Signature, SUSAN L. NESPOLI

Commonwealth of Virginia )  
County of Frederick )

The foregoing instrument was subscribed and sworn before me on September 17, 2021, by SUSAN L. NESPOLI who personally appeared before me, a Notary Public, and executed the above document.

*Wendy D. Robinson*  
NOTARY PUBLIC

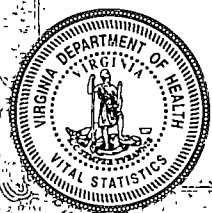
WENDY D. ROBINSON  
NOTARY PUBLIC  
Commonwealth of Virginia  
Reg. #7751694  
My Commission Expires Mar. 31 2025

3132827 COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

**Exhibit A**

DATE RECORD FILED <b>JANUARY 4, 2021</b>						STATE FILE NUMBER <b>20-077863</b>								
1. FULL NAME OF DECEDENT (first) <b>ANTHONY</b>			(middle) <b>VINCENT</b>			(last) <b>NESPOLI</b>			(suffix)					
2. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED		3. DATE OF DEATH <b>DECEMBER 29, 2020</b>		4. DATE OF BIRTH <b>JULY 15, 1945</b>		5. AGE Years <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 DAY Hours _____ Minutes _____				
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) <b>NEW YORK</b>			8. SOCIAL SECURITY NUMBER <b>████████-1249</b>			IF NO SSN, CHECK APPROPRIATE BOX NONE <input type="checkbox"/> NOT OBTAINABLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>					
9. STREET ADDRESS (INCLUDE HOUSE AND OR APT. # OR ROUTE NO.) <b>183 FIDDLER AVENUE</b>						10. CITY OR TOWN OF RESIDENCE <b>WINCHESTER</b>			INSIDE CITY OR TOWN LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) <b>FREDERICK COUNTY</b>						12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE <b>VIRGINIA</b>			12a. ZIP CODE <b>22603</b>					
13. RACE OF DECEDENT (CHECK ONE OR MORE) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> KOREAN <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) _____ <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN (SPECIFY) _____ <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (SPECIFY) _____														
14. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> UNKNOWN														
15. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> ELEMENTARY/SECONDARY (0-12) _____ <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input checked="" type="checkbox"/> YEARS OF COLLEGE <b>2</b> <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN														
16. CITIZEN OF WHAT COUNTRY <b>UNITED STATES OF AMERICA</b>				17. USUAL OR LAST OCCUPATION <b>SERVICE MANAGER</b>				18. KIND OF BUSINESS OR INDUSTRY <b>TELECOMMUNICATIONS</b>						
19. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN				20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) <b>SUSAN LIZABETH NESPOLI</b>										
21. FULL NAME OF DECEDENT'S FATHER OR PARENT I (first, middle, last, suffix) (maiden name, if any) <b>ANTHONY NESPOLI</b>				21a. GENDER <b>MALE</b>		22. FULL NAME OF DECEDENT'S MOTHER OR PARENT II (first, middle, last, suffix) (maiden name, if any) <b>MARIE COLONNA</b>				22a. GENDER <b>FEMALE</b>				
23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION <b>SPOUSE</b>						24. FULL NAME OF INFORMANT OR NAME OF SOURCE <b>SUSAN LIZABETH NESPOLI</b>								
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <b>WINCHESTER MEDICAL CENTER, INC.</b>						25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL DOA <input type="checkbox"/> OUT PAT. EMER RM <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/>								
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY) _____														
27. CITY OR TOWN OF DEATH <b>WINCHESTER</b>			28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH <b>1840 AMHERST ST.</b>			28a. ZIP CODE <b>22601</b>			28b. COUNTY OF DEATH (if independent city, leave blank)					
29. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT / MAUSOLEUM <input checked="" type="checkbox"/> CREMATION / INCINERATION <input type="checkbox"/> CREMATION WITH BURIAL <input type="checkbox"/> CREMATION WITH ENTOMBMENT / MAUSOLEUM <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)														
30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY <b>OMPS FUNERAL SERVICE, INC.</b>														
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY <b>1600 AMHERST STREET</b>			31a. CITY / COUNTY <b>WINCHESTER</b>			31b. STATE <b>VIRGINIA</b>			31c. ZIP CODE <b>22601</b>			31d. COUNTRY		
32. SIGNATURE OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE) <b>/S/ JOSHUA M. FAULKNER</b>						32a. LICENSE NO. <b>0502901257</b>		32b. NAME OF FUNERAL HOME OR FACILITY <b>OMPS FUNERAL SERVICE INC.</b>						
33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN <b>JOSHUA M. FAULKNER</b>						33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code) <b>1600 AMHERST ST WINCHESTER VIRGINIA 22601</b>								
34. TIME OF DEATH: To the best of my knowledge, death occurred at <b>07:43</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND														
35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) <b>COVID 19</b> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) _____ DUE TO (OR AS A CONSEQUENCE OF) (C) _____ DUE TO (OR AS A CONSEQUENCE OF) (D) _____ DUE TO (OR AS A CONSEQUENCE OF)										INTERVAL BETWEEN ONSET AND DEATH				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.														
36. WAS THE MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input type="checkbox"/> UNKNOWN					
38. IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREGNANT WITHIN PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if decedent's age is 0-5 or 75 years)														
39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING				40. WAS THIS A MILITARY DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				40a. IF MILITARY DEATH, SELECT MANNER OF DEATH NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>						
ITEMS 41 TO 47 IN THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS														
41. DATE OF INJURY		42. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		43. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.)								
45. LOCATION OF INJURY - STREET ADDRESS (INCLUDE HOUSE AND OR APT. # OR ROUTE NO.)				45a. CITY / COUNTY		45b. STATE		45c. ZIP CODE		45d. COUNTRY				
46. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY) _____														
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED														
48. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH <b>/S/ JOSHUA LYNN LONG</b>						48a. TITLE <input checked="" type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> DOCTOR OF OSTEOPATHY (D.O.) <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/> OTHER _____			48b. DATE SIGNED: <b>JANUARY 4, 2021</b>					
49. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH <b>JOSHUA LYNN LONG</b>						49a. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH <b>1840 AMHERST ST. WINCHESTER VIRGINIA 22601</b>			49b. MEDICAL LICENSE NO. <b>0102204724</b>					
50. ARE YOU A DESIGNEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		51. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN				51a. ADDRESS OF AUTHORIZING PHYSICIAN								



This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED

*Janet M Rainey*  
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32-1-272, Code of Virginia, as amended.

VS 15C

EXHIBIT "B"

Tahoe Summit Village, Condominium Unit No. 19, 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, and more particularly described as follows:

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. 19, 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 "Use Period" within the SUMMER "Season" as defined in the Declaration of Time Share Covenants, Conditions and Restrictions, originally recorded on April 5, 1983 as Document No. 78473, and as rerecorded May 24, 1983 as Document No. 80819 in the Official Records, Douglas County, State of Nevada, and the Declaration of Time Share Covenants, Conditions and Restrictions recorded on October 24, 1983 as Document No. 89975 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 in the Official Records of Douglas County, State of Nevada.

(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 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 2854 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 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 N. 01472 in Book 776, Page 87 of Official Records 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.

A Portion of APN 41-290-10  
1319-30-616-019