

APN# 1318-26-101-006



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: 3305-14  
APN: 1318-26-101-006

**AFFIDAVIT – DEATH OF JOINT TENANT**

**ELIZABETH GAYLE SCHMIDT**, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:

1. That **JERRY LELAND WYATT**, is the decedent mentioned in the attached State of Arizona, Certificate of Death, who died on January 10, 2010.
2. That **JERRY LELAND WYATT** is the same person as **JERRY L. WYATT** named as a Grantee in that certain Grant Bargain and Sale Deed dated January 7, 1986, executed by **R.E. ELLIOTT**, Trust Officer and by **TIMOTHY L. LAVOVE**, Trust Officer, as Grantors to **JERRY L. WYATT** and **GAYLE S. WYATT**, as Grantees, recorded on January 9, 1986, as Instrument No. 129236, Book 186, Page 594, 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 13<sup>th</sup> day of Sept, 2021.

*Elizabeth Gayle Schmidt*  
ELIZABETH GAYLE SCHMIDT, 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.: 3305-14**  
**APN: 1318-26-101-006**

COPY

**CERTIFICATION OF VITAL RECORD**

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

**STATE OF ARIZONA**

2010 FEB 15 PM 12:35

**STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH**

State File No. 102-2010-000661

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>JERRY LELAND WYATT</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>JANUARY 10, 2010</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER <b>0874</b>	6. DATE OF BIRTH <b>11-02-1948</b>	7. AGE <b>61</b>	8. MONTHS <b>UNDER 1 YEAR</b>	9. DAYS <b>UNDER 1 DAY</b>
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) <b>39692 S MOUNTAIN SHADOW DR</b>		15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH <b>SADDLEBROOKE 85739</b>		16. COUNTY OF DEATH <b>PINAL</b>	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>GRAHAM, TEXAS</b>		18. MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>JANICE LEA HENDRICKSON</b>	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS <b>39692 S MOUNTAIN SHADOW DR</b>		21. CITY AND COUNTY <b>SADDLEBROOKE, PINAL</b>		22. STATE <b>ARIZONA</b>	23. ZIP CODE <b>85739</b>
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)  <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN		27. IF AMERICAN INDIAN, OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:	
28. OCCUPATION <b>GENERAL CONTRACTOR</b>		24. EVER IN THE U.S. ARMED FORCES? <b>NO</b>			
29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>LELAND WAYNE WYATT</b>		30. MOTHER'S NAME (FIRST, MIDDLE & LAST NAME PRIOR TO FIRST MARRIAGE) <b>ELIZABETH ADELE KEATON</b>			
31. INFORMANT'S NAME <b>JANICE LEA WYATT</b>		32. RELATIONSHIP <b>SPOUSE</b>			
34. NAME AND ADDRESS OF FUNERAL FACILITY <b>VISTOSO MEMORIAL CHAPEL 2285 E. RANCHO VISTOSO BLVD ORO VALLEY, AZ</b>		33. INFORMANT'S MAILING ADDRESS <b>39692 S MOUNTAIN SHADOW DR SADDLEBROOKE ARIZONA 85739</b>		35. FUNERAL DIRECTOR <b>LORI A CAMPBELL, FUNERAL DIRECTOR</b>	
37. METHOD(S) OF DISPOSITION <b>CREMATION</b>		36. LICENSE NUMBER <b>F1269</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY <b>VISTOSO MEMORIAL CHAPEL CREMATORY, ORO VALLEY, ARIZONA</b>	
		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY <b>NONE</b>			
<b>CAUSE OF DEATH PART I</b>					
IMMEDIATE CAUSE OF DEATH <b>ISCHEMIC HEART DISEASE</b>	40. A.	41. APPROXIMATE INTERVAL <b>UNKNOWN</b>		42. B.	
DUE TO OR AS A CONSEQUENCE OF:	44. C.	43. APPROXIMATE INTERVAL		44. C.	
DUE TO OR AS A CONSEQUENCE OF:	46. D.	45. APPROXIMATE INTERVAL		46. D.	
<b>CAUSE OF DEATH PART II</b>					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE <b>PULMONARY THROMBOEMBOLUS, BLUNT FORCE TRAUMA, HYPERTROPHIC CARDIOVASCULAR DISEASE</b>		49. INJURY? <b>YES</b>	50. INJURY AT WORK? <b>NO</b>	51. MANNER OF DEATH <b>ACCIDENT</b>	52. TIME OF DEATH <b>0800</b>
		53. WAS AN AUTOPSY PERFORMED? <b>YES</b>		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <b>YES</b>	
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
<input type="checkbox"/> Certifying Physician/Nurse Practitioner - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>BRUCE O. PARKS, M.D.</b>		56. DATE CERTIFIED <b>02-04-2010</b>	
57. CERTIFIER'S ADDRESS <b>2825 E DISTRICT STREET TUCSON, AZ 85714</b>		58. NAME OF REGISTRAR <b>KANDI HARRIS</b>		59. DATE REGISTERED <b>01-19-2010</b>	

Date Issued: 02-08-2010

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*Patricia Adams*

**PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR**

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

**Arizona  
Department of  
Health Services**

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

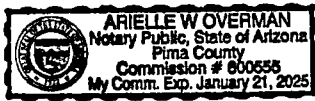
FEB 15 '10 JMP

**CERTIFICATE  
NOTARIAL ACKNOWLEDGEMENT**

State of Arizona

County of Pima

On this 13<sup>th</sup> day of September, 2021, before me personally appeared Elizabeth Gayle Schmidt, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above/attached document.



*Arielle W Overman*  
Notary Public

Arielle W Overman  
Print name

1/21/2025  
My commission expires

This certificate is attached to the following document:

Description of the document: Affidavit - Death of Joint Tenant, to remove a deceased owner of Time Share

Document title: Affidavit - Death of Joint Tenant

Document type: \_\_\_\_\_

Number of pages: 5 Date: Sept 13, 2021

Additional signers: only one, Elizabeth Gayle Schmidt.