David J. Montgomery

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

**Printed Name** 

**DOUGLAS COUNTY, NV** 

\_\_\_\_\_, and is correcting

APN 1318-03-212-029

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Mark E. Myers Esq. The Grunsky Law Firm PC 240 Westgate Drive Watsonville, CA 95076

(Space above this line for Recorder's Use)

## **AFFIDAVIT--DEATH OF JOINT TENANT**

STATE OF CALIFORNIA )
COUNTY OF SANTA CRUZ )

David J. Montgomery, of legal age, being first duly sworn, deposes and says:

That Lynda P. Montgomery, also known as Lynda Ponchione Montgomery the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lynda P. Montgomery, named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 3, 2013, executed by David J. Montgomery and Lynda P. Montgomery, Co-Trustees of the Montgomery Family Trust dated January 23, 1997, to David J. Montgomery and Lynda P. Montgomery, husband and wife, as joint tenants, recorded as Document No. 823159 on May 8, 2013, in the Official Records of Douglas County, California, covering property situated at 135 Tahoe Drive, Zephyr Cove, Nevada, being Assessor's Parcel No. 1318-03-212-029, and more particularly described as follows:

Lot 195 as shown on the map of SKYLAND SUBDIVISION NO 3, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 24, 1960, as Document No. 15653.

DATED: December 14, 2021

DAVID! MONTGOMERY

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

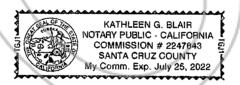
County of SANTA CRUZ

Subscribed and sworn to (or affirmed) before me on this 14<sup>th</sup> day of December, 2021, by DAVID J. MONTGOMERY, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Notary Public

Seal



MAIL TAX STATEMENTS TO: David J. Montgomery 100 Spring Valley Road Watsonville, CA 95076

Moda26179/Assets/afftJT-Nevada



## **COUNTY OF SANTA CRUZ**

SANTA CRUZ, CALIFORNIA

3052021261698			CERTIFICATE OF DEATH STATE OF CALFORMA OUTS OR ALTERATIONS VS-11 REV 2000)					3202144001561							
	STATE FILE NUMBER  1. NAME OF DECEDENT-FIRST (Given)		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERA VS-11 (REV 3/06)				ONS LOCAL REGISTE  3. LAST (Family)				ATION NUMBER				
DECEDENT'S PERSONAL DATA	LYNDA			PONCHIONE			MONTGOMERY			\					
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)						4 DATE OF BIRTH mm/dtl/ccyy 5. AGE 07/13/1956 65						Hours Minutes 6 SEX		
	9, BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY -6180	NUMBER 11, EV	ER IN U.S. ARMED F	ORCES?	12, MARITAL S' MARRI	TATUS/SRI ED	DP* (at Time of Death	10/	21/2021		06	OUR (24 Hours) 600		
DENT	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR	5. WAS DECEDENT HISPANIC. YES	ALATINOVAYSPANISH?	(If yes, see worksheet o		8, DECEDENT	'S RACE	- Up to 3 races i	nay be li	sted (see works	heat on bac	k)			
DECE	17. USUAL OCCUPATION - Type of work	RETIRED				STRY (e.g., grocery store, road construction, em				mptoyment agency, etc.) 19. YEARS IN OCCUPATION					
	HOMEMAKER OWN HOME 42 20. DECEDENT'S RESIDENCE (Street and number, or location)														
USUAL RESIDENCE	100 SPRING VALLEY							ar marraneous country							
	WATSONVILLE	OUNTY/PROVINCE NTA CRUZ	NTA CRUZ			23 ZIP CODE 24, YEARS IN COL 95076 45			25. STATE/FOREIGN COUNTRY CA						
										5076	7/4				
SE/SRDP AND INFORMATION	28. NAME OF SURVIVING SPOUSE/SR	29. MIDDLE	30. LAST (BIRTH NAME) MONTGOMERY			1									
	DAVID  31. NAME OF FATHER/PARENT-FIRST	J.	_	MON 33.LAST	IIGO	MERY	34. BRTH S			RTH STATE					
	CHARLES	-	<b>N</b>	PONCHIONE				ITALY							
SPOUS	35. NAME OF MOTHER/PARENT-FIRST	SUSANNE		37. LAST (BIRTH NAME) LUSSON			- /	38. BIRTH STATE FRANCE							
AB A	30 DISDOSTRON DATE IMPRINTED AD PLACE OF FINAL DISPOSITION & A A DISDOSTRON DATE IN THE TITLE OF														
FUNERAL DIRECTOR/ LOCAL REGISTRAR	10/22/2021 41. TYPE OF DISPOSITION(S)	42. 8	42. SIGNATURE OF EMBALMER							43. LICENSE NUMBER					
	CREMATE/BURIAL  44. NAME OF FUNERAL ESTABLISHME		► NOT EMBALMED  45 LICENSE NUMBER   46, SIGNATURE OF LOCAL REGISTRAR						47. DATE mm/dd/ccyy						
	44, NAME OF FUNERAL ESTABLISHME BENITO & AZZARO I CHAPEL	ENS FD	799						10/22/2021						
, t	102 IF HOSPITAL SPECIFY ONE  103 IF OTHER THAN HOSPITAL, SPECIFY ONE  104 IF OTHER THAN HOSPITAL, SPECIFY ONE  105 IF OTHER THAN HOSPITAL, SPECIFY ONE  106 IF OTHER THAN HOSPITAL, SPECIFY ONE  107 IF OTHER THAN HOSPITAL, SPECIFY ONE  108 IF OTHER THAN HOSPITAL, SPECIFY ONE  109 IF OTHER THAN HOSPITAL, SPECIFY ONE  100														
PLACE OF DEATH	104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) SANTA CRUZ , 100 SPRING VALLEY ROAD								106. CITY WATSONVILLE						
CAUSE OF DEATH	107, CAUSE OF DEATH  Enter the chan of events diseases injuries, or complications that decotly caused death, DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or verticular fortilities of whiteverties are cardiac arrest.							-	Tamé incerval Between 108, DEATH REPORTED TO CORONER? Onsot and Death YES X NO						
	IMMEDIATE CAUSE W CARDIAC ARREST (Final disease or Condition resulting									MINS RETERRAL VIMBER					
	In death) (B) GLIOBLASTOMA MULTIFORME							-	Bn VDC		X YES NO				
	Sequentially, list conditions, if any, leading to cause on Une A. Enter UNDERLYING									(CT) 110. AUTOPSY PERFOR					
	UNDERLYING CAUSE (disease or Injury that Injury that (D)								(01)		YES X NO				
	resulting in death) LAST		ING CAUSE GIVEN IN 107						YES NO						
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 187 TYPE 2 DIABETES MELLITUS														
and the same of	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN TIEM 107 DR 1127 (IF year, ISL Type of operation and data) RIGHT TEMPORAL LOBE RESECTION 01/15/2016, CAVERNOUS SINUS LESION RESECTION  1124 IF FEMALE PRECULATIN LAST YEARY 08/30/2021														
PHYSICIAN'S CERTIFICATION	114.1 CERTIFY THAT TO THE BEST OF MY KN AT THE HOUR, DATE, AND PLACE STATED FR	OM THE CAUSES STATED.	115, SIGNATURE AND			/			T			117. DATI	E mm/dd/ccyy		
	Decedent Attended Sinco (A) mm/dd/ccyy (B)	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■					PATZ, MD  CHATS NAME, MAILING ADDRESS, ZIP CODE MARY KOSI					G83228   10/22/2021 			
CERI CERI	08/21/2006 10/	ANTA CRUZ, CA 95062								110110					
CORONER'S USE ONLY	119, I CERTIFY THAT IN MY OPINION DEATH MANNER OF DEATH Natural	Accident Homicide	Suicide	Pending Discussion	Could not to determine	e 120. I	YES [	NO [	unk	121. INJUHY U	Alt, mnydd	Decyy 12.	2, HOUR (24 Hours)		
	123. PLACE OF INJURY (e.g., home, c.	123, PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)													
	124, DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)														
CONER	125, LOCATION OF INJURY (Street and number, or location, and city, and zip)														
ë															
1	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ceyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CO									JUNUNEH					
ST	ATE A B	E	1/14/11/11/11	FAX AUTH.						,	10	CENSUS TRACT			
W				1 terminana	erana ar iz iili ji	245555576	Seltin en	mention Hall	!						



CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SANTA CRUZ COUNTY RECORDER.

Sean Saldavia SEAN SALDAVIA COUNTY RECORDER

November 17, 2021