

A.P.N.: 1318-26-101-006  
File No: 471223831

When Recorded return to, and mail Tax Statements to:

WILLIAM C. WHISTON  
7529 ELDRED WAY  
SACRAMENTO, CA 95829

## AFFIDAVIT - TERMINATING JOINT TENANCY

**William C. Whiston**, of legal age, being first duly sworn, deposes and says:

That **Michele Rae Whiston**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Michele R. Whiston** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **November 14, 1984** executed by **The Bank of California, N.A., a national banking association, and Douglas County Title Co., Inc., a Nevada Corporation, as Co-Trustees of the Kingsbury Crossing Trust to William C. Whiston and Michele R. Whiston, husband and wife** as joint tenants, recorded as Document No. **110138** on **November 16, 1984** in Book **1184, Pages 1316-1317** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST as tenant in common in the following described real property:

A portion of the North one-half (1/2) of the Northwest one-quarter (1/4) 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. Michelsen and Walter Cox recorded February 3, 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 for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records, at page 591, Douglas County, Nevada, as Document No. 17578.

Except from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments 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. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the HIGH season within the "Owner's Use Year", as defined in the Declaration together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

Interval:

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.

*William C. Whiston* 7-20-22

William C. Whiston

Date

STATE OF **California** )  
 )  
 ) :ss.  
COUNTY OF **Sacramento** )

This instrument was acknowledged before me on this:

20 day of JULY, 2022

By: **William C. Whiston**

By: \_\_\_\_\_ / Its: \_\_\_\_\_

*Hiroshi S. Merritt*  
\_\_\_\_\_  
Notary Public  
(My commission expires: 06/24/2026)



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

### CERTIFICATE OF DEATH

3200034000847

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)			
Michele		Rae		Whiston			
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY	
02/06/1954		45		F		01/18/2000	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
MN		-5626		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		Married	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED	
White		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Self		12	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
Homemaker		Own Home		17			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)							
3020 Brishane Ct							
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
Sacramento		Sacramento		95825		10	
25. STATE OR FOREIGN COUNTRY		27. MAILING ADDRESS (STREET AND NUMBER OR ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
CA		3020 Brishane Ct, Sacramento, CA 95826					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)			
William		Clark		Whiston			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
Wayne		Ellsworth		Kafka		ND	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
JoAnne		Carol		Ness		MN	
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION					
01/23/2000		RES- William Whiston, 3020 Brishane Ct, Sacramento, CA 95826					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.			
CR/RES		Not Embalmed					
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY	
Russ Monroe Finalcare		FD1323		Donna Allred, M.D., J.K.		01/21/2000 ADB	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY	
Own Residence		In <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/>		Conv. Hosp. <input type="checkbox"/> Res. Care <input type="checkbox"/> Other <input type="checkbox"/>		Sacramento	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
3020 Brishane Ct		Sacramento		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
				1 yr		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
109. IMMEDIATE CAUSE		110. BIOPSY PERFORMED		111. USED IN DETERMINING CAUSE			
(A) Metastatic Lung Cancer		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
DUE TO (B)		110. AUTOPSY PERFORMED		111. USED IN DETERMINING CAUSE			
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
DUE TO (C)		111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 109			
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		None			
DUE TO (D)		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 109		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 109 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.			
		None		No			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE MM/DD/CCYY	
09/27/1999 01/10/2000		Frederick Meyers, MD		G034419		01/18/2000	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY	
2315 Stockton Boulevard Sacramento, CA 95817		Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		122. HOUR	
		Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/>		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	
				1881			

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sacramento County Clerk/Recorder.

DATE ISSUED: **MAY 27 2022**



\* 002039653 \*

*Donna Allred*  
DONNA ALLRED, COUNTY CLERK/RECORDER  
SACRAMENTO COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border displaying the date seal and signature of the County Clerk/Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

