

APN: 07-130-19-8

When Recorded Mail to:

Neal C. Falk, Esq
990 Ironwood Drive
Minden NV 89423

Mail Tax Statements to:

Teresa Edwards
2059 Camden Ave #197
San Jose, CA 95124



SHAWNYNE GARREN, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to NRS 239B.030, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of CALIFORNIA)
 : ss.
County of Santa Clara

Comes now, Teresa Edwards, affiant herein, being of lawful age and sound mind and having been duly sworn upon her oath, states:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.
2. The real property described in that certain Grant Bargain and Sale Deed recorded on October 30, 1984 as Document No. 109393 in Book 1084 at Page 3609 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada, (the "Deed") was conveyed to John K. Edwards and Reita F. Edwards, husband and wife as joint tenants with rights of survivorship.

3. John K. Edwards (Decedent) died on December 21, 2021. A certified copy of Decedent's death certificate is attached hereto and incorporated herein by reference.

4. At the time of the Decedent's death, he was the record owner, of certain real property which property is described in a Grant Bargain and Sale Deed.

5. The real property which is the subject of the Grant Bargain and Sale Deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

See Exhibit A

APN: 07-130-19-8

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions remainders, rents, issues or profits thereof.

Pursuant to NRS §111.312, this legal description was previously recorded on October 30, 1984 as Document No. 109393 in Book 1084 at Page 3609, in the Official Records of Douglas County.

DATED this 28 day of January 2023.


Teresa Edwards

SUBSCRIBED and SWORN to before me
this 28 day of January 2023.

SEE CA NOTARY ATTACHMENT

Notary Public



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 Clara

Subscribed and sworn to (or affirmed) before me on

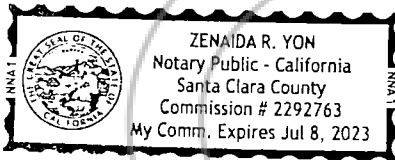
this 28 day of January, 2023, by
Date Month Year

(1) Teresa K. Edwards

n/a

(and (2) _____),

Name(s) of Signer(s)



Place Notary Seal and/or Stamp Above

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

Signature Zenaida R. Yon
Signature of Notary Public

OPTIONAL

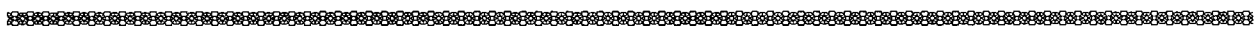
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Death of Joint Tenant

Document Date: 1/28/2023 Number of Pages: 2

Signer(s) Other Than Named Above: n/a



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

3052021318360

CERTIFICATE OF DEATH

3202143011796

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, CORRECTIONS OR ALTERATIONS VS-11 (REV 3/08)</small>				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOHN		2. MIDDLE K		3. LAST (Family) EDWARDS			
4. DATE OF BIRTH mm/dd/yyyy 12/27/1939		5. AGE Yrs. 81		6. SEX M			
8. BIRTH STATE/FOREIGN COUNTRY ID		10. SOCIAL SECURITY NUMBER 8640		11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? #1 (yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TROUBLESHOOTER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) UTILITY				19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 5197 ALAN AVE							
21. CITY SAN JOSE		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 95124		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP MICHAEL EDWARDS, SON				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5197 ALAN AVE, SAN JOSE, CA 95124			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST REITA		29. MIDDLE FRANCIS		30. LAST (BIRTH NAME) GEARY			
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE HAROLD		33. LAST EDWARDS		34. BIRTH STATE UNK	
35. NAME OF MOTHER/PARENT - FIRST DORTHA		36. MIDDLE MAE		37. LAST (BIRTH NAME) WARD		38. BIRTH STATE MO	
39. DISPOSITION DATE mm/dd/yyyy 12/28/2021		40. PLACE OF FINAL DISPOSITION GRANGEVILLE CEMETERY 916 N. FLORENCE ST, GRANGEVILLE, ID 83530					
41. TYPE OF DISPOSITION(S) TRANSIT/BURIAL		42. SIGNATURE OF EMBALMER WILHELMINA ELIZABETH RYBICKI				43. LICENSE NUMBER EMB8487	
44. NAME OF FUNERAL ESTABLISHMENT BAY AREA MORTUARY SERVICES		45. LICENSE NUMBER FD1829		46. SIGNATURE OF LOCAL REGISTRAR SARA H. CODY, MD		47. DATE mm/dd/yyyy 12/28/2021	
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL-SAN JOSE				102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality) 250 HOSPITAL PKWY				106. CITY SAN JOSE	
107. CAUSE OF DEATH CARDIAC ARREST		108. TIME INTERVAL BETWEEN ONSET AND DEATH 21-05168				109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		111. TIME INTERVAL BETWEEN ONSET AND DEATH 21-05168				112. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST COVID-19 PNEUMONIA		114. TIME INTERVAL BETWEEN ONSET AND DEATH 21-05168				115. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, DIABETES MELLITUS TYPE 2, RENAL FAILURE							
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO						118. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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. (A) mm/dd/yyyy (B) mm/dd/yyyy 12/19/2021 12/21/2021		115. SIGNATURE AND TITLE OF CERTIFIER JAN PHUNG KATO, MD		116. LICENSE NUMBER A80921		117. DATE mm/dd/yyyy 12/22/2021	
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"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		118. TYPE OF PHYSICIAN'S VISIT VAHIDEH HASHEMI, MD		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 12/21/2021	
122. 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/yyyy		128. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	

CERTIFIED COPY OF VITAL RECORDS

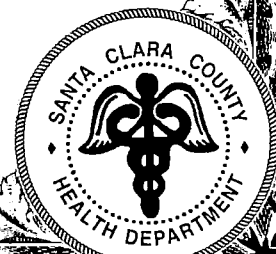
STATE OF CALIFORNIA } DATE ISSUED
 COUNTY OF SANTA CLARA } SS By **01/14/2022**
 This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.



Sara H. Cody
 SARA H. CODY
 HEALTH OFFICER AND LOCAL REGISTRAR
 OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



GRANT BARGAIN AND SALE DEED

This indenture witnesseth, that 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, in consideration of \$10.00 and other valuable consideration, the receipt of which is hereby acknowledged, does hereby grant, bargain and sell to JOHN K. EDWARDS & REITA F. EDWARDS HUSBAND AND WIFE AS JOINT TENANTS

the following real property in the County of Douglas, State of Nevada:

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. 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.

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 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 said 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.

This deed is made and accepted upon all of the covenants, conditions, restrictions, assessments, lines, easements and other matters set forth in said Declaration of Timeshare Use and amendments thereto all of which are incorporated herein by reference.

THE BANK OF CALIFORNIA, N. A. a National Banking Association, as Co-Trustee of the Kingsbury Crossing Trust

Dated: October 25, 1984

By: Kim Cacace Trust Officer

By: C.J. FEATHERSTON VICE PRESIDENT & TRUST OFFICER

DOUGLAS COUNTY TITLE CO., INC., a Nevada Corporation, as Co-Trustee of the Kingsbury Crossing Trust

Dated: October 30, 1984

By: Stephen M. Atkinson Vice President

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)) ss. COUNTY OF LOS ANGELES)

On October 25, 1984 Before me, the undersigned, a Notary Public in and for said State, personally appeared Kim Cacace personally known to me or proved to me on the basis of satisfactory evidence to be the person who executed the within instrument as the Trust Officer and C.J. Featherston personally known to me or proved to me on the basis of satisfactory evidence to be the person who executed the within instrument as the Vice Pres. & Trust Officer of the Corporation that executed the within instrument and acknowledged to me that such corporation executed the within instrument pursuant to its by-laws or a resolution of its board of directors.

WITNESS my hand and official seal. NOTARY PUBLIC E. Nishio



109393

BOOK 1084 PAGE 3609

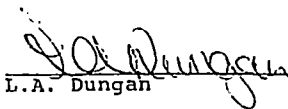
Exhibit A

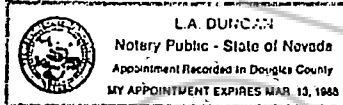
STATE OF NEVADA)
)
COUNTY OF DOUGLAS) ss.

Before me, a Notary Public, in and for said County and State, personally appeared Stephen M. Atkinson, the Vice President of Douglas County Title Co., Inc., a Nevada Corporation, said corporation being personally known to me to be one of the Co-Trustees of Kingsbury Crossing Trust, that executed the within instrument, and acknowledged to me that such corporation executed the same as such Trustee and that such Trust executed the same.

WITNESS my hand and official seal this 30th day of October, 1984.

My Commission expires: March 13, 1988


L.A. Duncan



When recorded mail to:

Capri Resorts, Inc.
P.O. Box 7049
Stateline, NV 89449

Mail Tax Statements to:

Kingsbury Crossing
Owners Association
P.O. Box 7049
Stateline, NV 89449

REQUESTED BY
DOUGLAS COUNTY TITLE
IN OFFICE OF RECORDS OF
DOUGLAS COUNTY

'94 OCT 30 P1:53

SUZANNE J. ...
RECORDED

PAID BY DEPUTY

109393

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