

APN# 1318-15-111-084



00165774202309946180080083

SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: HARRIS PERISHO RUIZ LLP

Address: 3439 Brookside Rd., #208

City/State/Zip: Stockton, CA 95219

Mail Tax Statements to:

Name: MICHAEL K. LAMOND

Address: 3920 Glen Abby Circle

City/State/Zip: Stockton, CA 95219

AFFIDAVIT OF DEATH OF TRUSTEES

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)

Signature

MICHAEL K. LAMOND

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording Requested by:
Michael K. Lamond

AND WHEN RECORDED, RETURN TO:

MOHAN HARRIS RUIZ LLP
3439 Brookside Road, Suite 208
Stockton, CA 95219

MAIL TAX STATEMENTS TO:
Michael K. Lamond
3920 Glen Abby Circle
Stockton, CA 95219

AFFIDAVIT OF DEATH OF TRUSTEES

I, MICHAEL K. LAMOND, of legal age being first duly sworn,
depose and say:

EVELYN J. LAMOND was the one of the Trustees of THE LAMOND FAMILY REVOCABLE TRUST executed on June 1, 2004, as Restated March 2, 2011. EVELYN J. LAMOND died on July 26, 2013, and she is the same EVELYN JEAN LAMOND as the decedent in the attached copy of the Certificate of Death.

DONALD E. LAMOND was also one of the Trustees of THE LAMOND FAMILY REVOCABLE TRUST executed on June 1, 2004, as Restated March 2, 2011. DONALD E. LAMOND died on March 24, 2018, and he is the same DONALD EWAN LAMOND as the decedent in the attached copy of the Certificate of Death.

JOHN D. LAMOND became the Successor Trustee of THE LAMOND FAMILY REVOCABLE TRUST executed June 1, 2004, as Restated March 2, 2011. JOHN D. LAMOND died on March 12, 2021, and he is the same JOHN DONALD LAMOND as the decedent in the attached copy of the Certificate of Death.

As a result of the deaths of EVELYN J. LAMOND, DONALD E. LAMOND and JOHN D. LAMOND, I became the Successor Trustee of the LAMOND FAMILY REVOCABLE TRUST executed June 1, 2004, as Restated March 2, 2011.

I declare that THE LAMOND FAMILY REVOCABLE TRUST executed June 1, 2004, as Restated March 2, 2011, was not revoked or terminated during EVELYN J. LAMOND, DONALD E. LAMOND or JOHN D. LAMONDS' lifetime, and that said trust is still in full force and effect.

The following described real property in the County of Douglas, State of Nevada is trust real property more particularly described as follows:

PARCEL NO. 1

Lot 132, as shown on the official Plat of PINEWILD UNIT NO. 2, A CONDOMINIUM, filed for record in the office of the County Recorder, Douglas County, Nevada, on October 23, 1973, as Document No. 69660.

APN 05-212-84-0

PARCEL NO. 2

The exclusive right to the use and possession of those certain patio areas adjacent to said units designated as “Restricted Common Area” on the Sub-division Map referred to in Parcel No. 1 above.

PARCEL NO. 3

An undivided interest as tenants in common as such interest is set forth in Book 377, at Page 417 thru 421, of the real property described on the Subdivision Map referred to in Parcel No. 1 above, defined in the Amended Declaration of Covenants, Conditions, and Restrictions of Pinewild, A Condominium project, recorded March 11, 1974, in Book 374 of Official Records at Page 193, and Supplement to Amended Declaration of Covenants, Conditions, and Restrictions of Pinewild, a Condominium Project, recorded March 9, 1977, in Book 377 of Official Records at Page 411, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above, and excepting non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in said Declaration of Covenants, Conditions and Restrictions.

PARCEL NO. 4

Non-exclusive easements appurtenant to Parcel No. 1 above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in the Declaration of Covenants, Conditions, and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3, above.

More Commonly Known As : 32 Pinewild, Zephyr Cove, NV 89448

Assessor's Parcel Number : 1315-15-111-084

and was held in the name of DONALD E. LAMOND and EVELYN J. LAMOND as Trustees of THE LAMOND FAMILY REVOCABLE TRUST, executed on June 1, 2004, as Restated March 2, 2011, as to a one-third interest only, and recorded on September 7, 2004, in the official records of Douglas County, Nevada, as Document No. 0623482, Book 0904, Page 1819.

I, MICHAEL K. LAMOND, now hold title to the above-described real property as Successor Trustee of THE LAMOND FAMILY REVOCABLE TRUST.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and that this was executed on December 2nd, at Stockton, California.

THE LAMOND FAMILY REVOCABLE TRUST



MICHAEL K. LAMOND, Successor Trustee

ACKNOWLEDGMENT (JURAT)

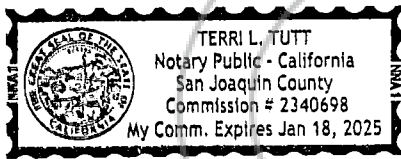
A notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF SAN JOAQUIN)SS.

Subscribed and sworn to (or affirmed) before me on December 2, 2022,
by, MICHAEL K. LAMOND, personally known to me or proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.



NOTARY SIGNATURE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052018067199

CERTIFICATE OF DEATH

3201839001306

Form containing personal data, residence, informant, spouse, funeral, place of death, cause of death, physician's certification, and coroner's use only sections.

STATE REGISTRAR A B C D E ... FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA
COUNTY OF SAN JOAQUIN
DATE ISSUED: MAR 29 2018
* 0 0 0 7 9 3 4 5 3 *
ALVARO GARZA, M.D., M.P.H.
LOCAL REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

3201339002647

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 LEGREV 3/12)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) EVELYN		2. MIDDLE JEAN		3. LAST (Family) LAMOND	
AKA ALSO KNOWN AS—include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/31/1928		5. AGE Yrs 85	
		IF UNDER ONE YEAR Months Days		IF UNDER 24 HOURS Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY CANADA		10. SOCIAL SECURITY NUMBER 9088		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 07/26/2013		8. HOUR (24 Hours) 1415	
13. EDUCATION—Highest Level/Degree PROFESSIONAL		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—(Up to 3 races may be listed (see worksheet on back)) WHITE	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HOMEMAKING		19. YEARS IN OCCUPATION 64	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1313 W. LINCOLN RD.					
21. CITY STOCKTON		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95207	
24. YEARS IN COUNTY 54		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP DONALD LAMOND, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1313 W. LINCOLN RD., STOCKTON, CA 95207			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST DONALD		29. MIDDLE EWAN		30. LAST (BIRTH NAME) LAMOND	
31. NAME OF FATHER/PARENT—FIRST JOHN		32. MIDDLE -		33. LAST COUPER	
34. BIRTH STATE SCOTLAND		35. NAME OF MOTHER/PARENT—FIRST JEAN		36. MIDDLE -	
37. LAST (BIRTH NAME) DAWSON		38. BIRTH STATE SCOTLAND			
39. DISPOSITION DATE mm/dd/yyyy 07/30/2013		40. PLACE OF FINAL DISPOSITION RES-DONALD LAMOND 1313 W. LINCOLN RD., STOCKTON, CA 95207			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT CASA BONITA FUNERAL HOME		45. LICENSE NUMBER FD2107		46. SIGNATURE OF LOCAL REGISTRAR ▶ KAREN FURST, MD	
47. DATE mm/dd/yyyy 07/30/2013		50. LOCAL REGISTRAR			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1313 W. LINCOLN RD.		106. CITY STOCKTON	
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) STROKE (B) ATRIAL FIBRILLATION Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) DIABETES MELLITUS II, CHRONIC RENAL INSUFFICIENCY		Time Interval Between Onset and Death (AT) YRS 2013-1563 (BT) YRS (CT) YRS (DT) YRS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS II, CHRONIC RENAL INSUFFICIENCY		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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. Decedent Attended Since: 04/06/2011 Decedent Last Seen Alive: 07/05/2013		115. SIGNATURE AND TITLE OF CERTIFIER ▶ DAVID CHING LIM M.D.		116. LICENSE NUMBER G63561	
117. DATE mm/dd/yyyy 07/30/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID CHING LIM M.D. 415 E HARDING WAY STE D, STOCKTON, CA 95204		119. DATE mm/dd/yyyy 07/30/2013	
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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		122. HOUR (24 Hours)			
123. 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 D E *010001002411510* FAX AUTH. # *000654233*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN JOAQUIN

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

Karen Furst, MD
KAREN FURST, MD, MPH
LOCAL REGISTRAR

DATE ISSUED: **JUL 31 2013**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

