

APN# 1318-26-107-086



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Katherine Goh

Address: 3065 Tiffany Lane

City/State/Zip: Colton, CA 92324

Mail Tax Statements to:

Name: Katherine Goh

Address: 3065 Tiffany Lane

City/State/Zip: Colton, CA 92324

Affidavit of Death

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]  
Signature

Katherine Goh  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Affidavit of Death

STATE Of Illinois

APN: 1318-26-101-006

COUNTY OF Cook

I, Benjamin D'Souza, residing at 621 Beloit Ave., Forest Park, Illinois 60130, being of legal age,

Depose and say that:

Rosaline D. D'Souza, 621 Beloit Ave, Forest Park, Il 60130 died on September 28, 2018 as evidenced by a certified copy of the Certificate of Death attached hereto;

The decedent owned the following property as joint tenants with a right to survivor, described in the real property deed attached hereto and incorporated herein;

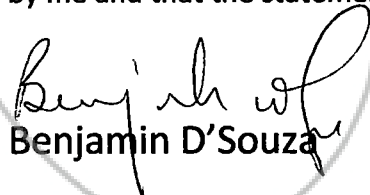
I am the successor to the estate of the decedent and the decedent's interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

No proceeding is being or has been conducted in Illinois for administration of the decedent's estate;

All expenses and unsecured debts of decedent, if existed, have been paid in full.

**Oath of Affirmation:**

I certify under penalty of perjury under Illinois law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

  
Benjamin D'Souza

09/02/2022  
Date

KINGSBURY CROSSING LEGAL DESCRIPTION

INTERVAL NUMBER: 3306-12

HOA NUMBER: 471142242

SEASON: X HIGH \_\_\_\_\_ LOW

USE: ANNUAL

THE LAND SITUATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, AND DESCRIBED AS FOLLOWS:

PARCEL A:

AN UNDIVIDED [ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTHS (1/3213)] INTEREST AS A TENANT-IN-COMMON IN THE FOLLOWING DESCRIBED REAL PROPERTY (THE "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 MSAP FOR JOHN E. MICHAELSON 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 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 (KINGSBURY CROSSING) RECORDED FEBRUARY 16, 1983 IN BOOK 283, PAGE 1341 AS DOCUMENT NO. 076233, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA, AS AMENDED (THE "DECLARATION"), TOGETHER WITH THE RIGHT TO GRANT SAID EASEMENTS TO OTHERS.

ALSO EXCEPTING THEREFROM THE NON-EXCLUSIVE RIGHTS TO USE THE "COMMON AREAS" AS DEFINED IN THE DECLARATION.

PARCEL B:

THE EXCLUSIVE RIGHT AND EASEMENT TO USE AND OCCUPY AN "ASSIGNED UNIT" AND THE "COMMON FURNISHINGS" THEREIN, TOGETHER WITH THE NON-EXCLUSIVE RIGHT TO OCCUPY THE "COMMON AREAS" IN PARCEL A ABOVE DURING A PROPERLY RESERVED "USE WEEK", DURING THE "SEASON" IDENTIFIED ABOVE, ON AN [ANNUAL] BASIS, AS DESIGNATED ABOVE, PROVIDED THAT SUCH USE PERIODS ARE FIRST RESERVED IN ACCORDANCE WITH THE DECLARATION AND THE "RULES AND REGULATIONS", AS EACH OF SAID TERMS ARE DEFINED IN THE DECLARATION REFERRED TO ABOVE.

PARCEL C:

ALL RIGHTS OF MEMBERSHIP IN KINGSBURY CROSSING OWNERS ASSOCIATION, A NEVADA NON-PROFIT CORPORATION ("ASSOCIATION"), WHICH ARE APPURTENANT TO THE INTERESTS DESCRIBED IN PARCELS A AND B UNDER THE DECLARATION AND BYLAWS OF THE ASSOCIATION.

EXHIBIT "A"

**VERIFICATION ON OATH OR AFFIRMATION WITH AFFIANT STATEMENT**

State of Illinois } ss.  
County of Cook

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

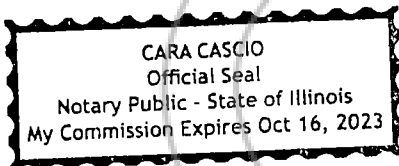
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
*Signature of Document Signer No. 1*                      *Signature of Document Signer No. 2 (if any)*

Subscribed and sworn to (or affirmed) before me  
this 2 day of Sept, 2022, by  
Day                      Month                      Year

Benjamin D Souza  
Name of Signer No. 1

None  
Name of Signer No. 2 (if any)

[Signature]  
Signature of Notary Public



Place Notary Seal/Stamp Above

Any Other Required Information  
(Residence, Expiration Date, etc.)

**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: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

# CERTIFICATION OF DEATH RECORD

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0079136

DATE ISSUED 10/4/2018

DECEDENT'S LEGAL NAME ROSALINE D D'SOUZA			SEX FEMALE	DATE OF DEATH SEPTEMBER 28, 2018																																
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 69 YEARS		DATE OF BIRTH JANUARY 17, 1949																																
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME HORIZON HOSPICE AND PALLIATIVE CARE																																	
PLACE OF DEATH HOSPICE FACILITY																																				
BIRTHPLACE INDIA		SOCIAL SECURITY NUMBER [REDACTED] 3207	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BENJAMIN D'SOUZA	EVER IN U.S. ARMED FORCES? NO																															
RESIDENCE 621 BELOIT AVE			APT NO	CITY OR TOWN FOREST PARK	INSIDE CITY LIMITS? YES																															
COUNTY COOK	STATE IL	ZIP CODE 60130	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN PINTO		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIE ALVARES																															
INFORMANT'S NAME BENJAMIN D'SOUZA			RELATIONSHIP SPOUSE		MAILING ADDRESS 621 BELOIT AVE, FOREST PARK, IL, 60130																															
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION OCTOBER 05, 2018																															
FUNERAL HOME WOODLAWN FUNERAL HOME, 7750 W. CERMAK RD, FOREST PARK, IL, 60130																																				
FUNERAL DIRECTOR'S NAME JAYME LEMONS				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016858																																
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR OCTOBER 2, 2018																																
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"><b>CAUSE OF DEATH</b></td> <td style="width: 10%;">PART I</td> <td style="width: 55%;">CEREBRAL HERNIATION</td> <td rowspan="5" style="width: 10%; text-align: center; vertical-align: middle;"><b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b></td> <td style="width: 10%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a</td> <td>_____</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><small>Due to (or as a consequence of)</small></td> <td></td> </tr> <tr> <td></td> <td>b</td> <td>_____</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><small>Due to (or as a consequence of)</small></td> <td></td> </tr> <tr> <td></td> <td>c</td> <td>INTRAPARENCHYMAL HEMORRHAGE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><small>Due to (or as a consequence of)</small></td> <td></td> <td></td> </tr> </table>						<b>CAUSE OF DEATH</b>	PART I	CEREBRAL HERNIATION	<b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b>		IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a	_____				<small>Due to (or as a consequence of)</small>			b	_____				<small>Due to (or as a consequence of)</small>			c	INTRAPARENCHYMAL HEMORRHAGE					<small>Due to (or as a consequence of)</small>		
<b>CAUSE OF DEATH</b>	PART I	CEREBRAL HERNIATION	<b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b>																																	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a	_____																																		
		<small>Due to (or as a consequence of)</small>																																		
	b	_____																																		
		<small>Due to (or as a consequence of)</small>																																		
	c	INTRAPARENCHYMAL HEMORRHAGE																																		
		<small>Due to (or as a consequence of)</small>																																		
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I HYPERTENSION				WAS AN AUTOPSY PERFORMED? NO																																
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																																
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				MANNER OF DEATH NATURAL																																
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?																															
LOCATION OF INJURY																																				
DESCRIBE HOW INJURY OCCURRED					IF TRANSPORTATION INJURY, SPECIFY																															
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN		WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:30 PM																															
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 02, 2018																																
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KENNETH NGUYEN, 710 S PAULINA ST, CHICAGO, ILLINOIS, 60612					PHYSICIAN'S LICENSE NUMBER 036-143878 <b>0456633</b>																															

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE