

APN: 1319-30-618-004

Escrow No. 20233950

Recording Requested By:  
**Vacation Ownership Title Agency**

Mail Tax Statement to:  
Tahoe Summit Village  
P.O. Box 4719  
Stateline, NV 89449

When Recorded Mail to:  
Michael Robins-Jhon and  
Arlin E. Robins-Jhon  
1545 S.W. 199<sup>th</sup> Ct.  
Aloha, OR 97003-2056

AFFIDAVIT – DEATH OF JOINT TENANT  
(Title of Document)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death of Joint Tenant – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Aleta Hannum Signature

Aleta Hannum Printed Name

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

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fee applies)

This cover page must be typed.



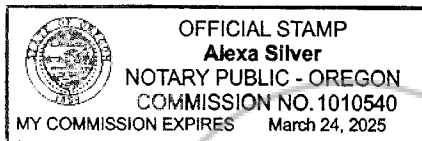
State of Oregon

County of *washington*

Signed and sworn to before me  
on 29 day of March, 2023.

By: MICHAEL ROBINS-JHON and ARLIN E. ROBINS-JHON

Signature: *Alexa Silver*  
Notary Public



*COOPER*

**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH**

23302

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK



**TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

STATE FILE  
NUMBER

NAME OF DECEDENT:  
As shown on report of physician

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

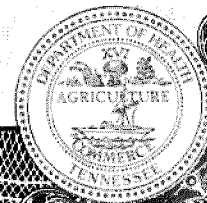
PHYSICIAN OR MEDICAL  
EXAMINER EXECUTING  
CERTIFICATE MUST  
COMPLETE AND SIGN

1. DECEDENT'S NAME (First, Middle, Last) <b>John William Irwin</b>				2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>January 17, 2005</b>
4. SOCIAL SECURITY NUMBER (of Decedent) <b>-2170</b>	5a. AGE - LAST BIRTHDAY (Year) <b>79</b>	5b. UNDER 1 YEAR MO. DAY	5c. UNDER 1 DAY HOUR MIN.	6. DATE OF BIRTH (Month, Day, Year) <b>7-4-1925</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Marissa, IL</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No					
9. FACILITY NAME (If not institution, give street and number) <b>Alexian Village of Tennessee</b>					
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>			11. SURVIVING SPOUSE (If wife, give maiden name) <b>Martha Wallace</b>		12. DEEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Director</b>
13a. RESIDENCE - STATE <b>Tennessee</b>		13b. COUNTY <b>Hamilton</b>	13c. CITY, TOWN OR LOCATION <b>Chattanooga</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>100 James Blvd., S-517</b>
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE <b>37377</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>2</b>			17. FATHER'S NAME (First, Middle, Last) <b>Francis Irwin</b>		
18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Margaret Stuntz</b>			19. INFORMANT'S NAME (Type/Print) <b>Martha Irwin</b>		
19a. RELATIONSHIP TO DECEASED <b>Wife</b>			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>100 James Blvd., S-517 Signal Mountain, TN 37377</b>		
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input checked="" type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Vanderbilt School of Medicine</b>		20c. LOCATION - City or Town, State <b>Nashville, TN</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR		21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER		21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME					22b. LICENSE NUMBER OF FUNERAL HOME
23. REGISTRAR'S SIGNATURE <i>Reaver Barrett</i>			24. DATE FILED (Month, Day, Year) <b>February 3, 2005</b>		
25. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.					
25a. SIGNATURE AND TITLE OF PHYSICIAN <i>Terry Melvin</i>		25b. LICENSE NUMBER <b>TN021952</b>	25c. DATE SIGNED (Month, Day, Year) <b>1/24/05</b>		
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) <b>Terry Melvin, M.D., 4355 Hwy 58, Suite 101, Chattanooga, TN 37416</b>					

I hereby certify the above to be a true and correct copy of the document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.  
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

*Reaver Barrett*  
Reaver Barrett  
Local Registrar  
Hamilton County Health Department

Date Issued  
**FEB 15 2005**



**CERTIFICATION OF VITAL RECORD**

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

3052014221769

### CERTIFICATE OF DEATH

3201407006675

STATE FILE NUMBER

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO CORRECTIONS, WHITEOUTS OR ALTERATIONS  
(S-1 SURV 3/09)

LOCAL REGISTRATION NUMBER

<b>DECEDENT'S PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (Given) <b>MARTHA</b>		2. MIDDLE <b>NANCY</b>		3. LAST (Family) <b>IRWIN</b>	
	4A. ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST) <b>MARTHA NANCY WALLACE</b>				4. DATE OF BIRTH mm/dd/yyyy <b>01/08/1926</b>	
	5. AGE Yrs. <b>88</b>		6. SEX <b>F</b>		7. DATE OF DEATH mm/dd/yyyy <b>11/15/2014</b>	
<b>USUAL RESIDENCE</b>	9. BIRTH STATE/FOREIGN COUNTRY <b>IL</b>		10. SOCIAL SECURITY NUMBER <b>1487</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		14. WAS DECEDENT HISPANIC/LATIN/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP* (at Time of Death) <b>WIDOWED</b>	
	17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>NURSE</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MEDICAL</b>		15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
<b>INFO. BASE</b>	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>513 LEXINGTON AVENUE</b>					
	21. CITY <b>EL CERRITO</b>		22. COUNTY/PROVINCE <b>CONTRA COSTA</b>		23. ZIP CODE <b>94530</b>	
	24. YEARS IN COUNTY <b>5</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
<b>SPOUSE/SP AND INHERIT INFORMATION</b>	26. INFORMANT'S NAME, RELATIONSHIP <b>MICHAEL JOHN, SON</b>					
	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>513 LEXINGTON AVENUE, EL CERRITO, CA 94530</b>					
	28. NAME OF SURVIVING SPOUSE/SP—FIRST <b>MOROE</b>		29. MIDDLE <b>TYLER</b>		30. LAST (BIRTH NAME) <b>WALLACE</b>	
<b>FUNERAL DIRECTORY LOCAL REGISTRAR</b>	31. NAME OF FATHER/PARENT—FIRST <b>SELENA</b>		32. MIDDLE <b>HUDSON</b>		33. LAST (BIRTH NAME) <b>UNKNOWN</b>	
	35. NAME OF MOTHER/PARENT—FIRST <b>SELENA</b>		36. MIDDLE <b>HUDSON</b>		37. LAST (BIRTH NAME) <b>HUDSON</b>	
	38. BIRTH STATE <b>TN</b>		34. BIRTH STATE <b>UNKNOWN</b>			
<b>PLACE OF DEATH</b>	39. DISPOSITION DATE mm/dd/yyyy <b>12/05/2014</b>		40. PLACE OF FINAL DISPOSITION <b>RES: MICHAEL JOHN 513 LEXINGTON AVENUE, EL CERRITO, CA 94530</b>			
	41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
	44. NAME OF FUNERAL ESTABLISHMENT <b>SMART CREMATION</b>		45. LICENSE NUMBER <b>FD2016</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>WENDEL BRUNNER, MD</b>	
<b>CAUSE OF DEATH</b>	101. PLACE OF DEATH <b>CONTRA COSTA REGIONAL MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY <b>CONTRA COSTA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2500 ALHAMBRA AVE</b>		106. CITY <b>MARTINEZ</b>	
	107. CAUSE OF DEATH Enter the chain of events—disease, 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. <b>(A) GASTROINTESTINAL BLEEDING OF UNKNOWN ETIOLOGY</b>		108. DEATH REPORTED TO CORONER? First Interval Between Onset and Death (A) <b>DYS</b>		109. DEATH REPORTED TO CORONER? Referral Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>PHYSICIAN'S CERTIFICATION</b>	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>ALZHEIMER'S DEMENTIA</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) <b>NO</b>		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. Declarant Attested Since (A) mm/dd/yyyy <b>11/14/2014</b> (B) mm/dd/yyyy <b>11/15/2014</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>ABID AHMED M.D.</b>		116. LICENSE NUMBER <b>A130555</b>	
	118. 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"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ABID AHMED M.D. 2500 ALHAMBRA AVENUE, MARTINEZ, CA 94553</b>		117. DATE mm/dd/yyyy <b>12/04/2014</b>	
<b>CORONER'S USE ONLY</b>	121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	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		FAX AUTH.#		
				CENSUS TRACT		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF CONTRA COSTA

} SS DATE ISSUED **JAN 08 2015**



This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

*Wendel Brunner MD*  
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border-displaying seal and signature of Contra Costa County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Exhibit 'A'  
(Tahoe Summit Village)

All that parcel of land in the County of Douglas, State of Nevada, and being more particularly described as follows:

PARCEL 1: An undivided 1/51<sup>st</sup> interests in and to that certain condominium described as follows: (i) An undivided 1/9<sup>th</sup> interest, as tenants-in-common, in and to Lot 28 of Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53845, Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. D (also known as Condominium Unit No. 104), as shown and defined on said last mentioned map, Unit Type A (also known as a 2-Bedroom).

PARCEL 2: A non-exclusive right to use the real property known as The Common Area on the Official Map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions and Restrictions recorded September 28, 1973 as Document No. 69063 in Book 973 Page 812 of Official Records and in the Modification recorded July 2, 1976 as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL 3: The exclusive right to use said Unit and the nonexclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcel Two above during One (1) "Use Period" within the Winter "Season" as said quoted terms are defined in the Declaration.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said Use Period within said Season.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise pertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

A portion of APN: 1319-30-618-004

Commonly  
known as: Tahoe Summit Village, Unit No. 104, Unit Type A (also known as a 2-Bedroom), Winter Season, Legacy Key 280403, Stateline, NV 89449