

A.P.N.: Portion of 1319-30-643-058

When Recorded Mail To:

JENNIFER M. MAHE, ESQ.

Mahe Law, Ltd.

707 North Minnesota Street, Suite D

Carson City, NV 89703

Mail Tax Statements To:

Edward L. Joslin

4635 Portrait Lane

Millstadt, IL 62260



00167931202309964230040045

SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

EDWARD L. JOSLIN, the spouse of the deceased joint tenant, LELIA S. JOSLIN, does hereby swear under penalty of perjury that the assertions of this affidavit are true and correct and declares the following:

1. LELIA S. JOSLIN, died in St. Clair County, Illinois, on November 10, 2021. A certified copy of the Certificate of Death of LELIA S. JOSLIN is attached to this Affidavit as Exhibit "1" and incorporated herein by this reference.

2. EDWARD L. JOSLIN and LELIA S. JOSLIN acquired title to real property as joint tenants with right of survivorship in that certain Grant, Bargain, Sale Deed recorded with the Douglas County Recorder's Office as Document No. 316044, on August 26, 1993. The legal description of the real property is as follows:

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 50 as

shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week every other year in odd-numbered years in accordance with said Declarations.

3. At the time of death of LELIA S. JOSLIN, title to the real property described herein continued to be held by EDWARD L. JOSLIN and LELIA S. JOSLIN, as joint tenants. As a result of the death of LELIA S. JOSLIN and the joint tenancy form of title, the real property described herein is now owned by EDWARD L. JOSLIN, a single man.

Dated this 5th day of MAY, 2023.


EDWARD L. JOSLIN

STATE OF ILLINOIS)
 : ss.
COUNTY OF St. Clair)

On May 5th, 2023, personally appeared before me, a notary public, EDWARD L. JOSLIN, personally known (or proved) to me to be the persons whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing Affidavit of Death of Joint Tenant.


NOTARY PUBLIC

Official Seal
DeShon Jerome Caldwell
Notary Public State of Illinois
My Commission Expires 1/17/2027

EXHIBIT "1"

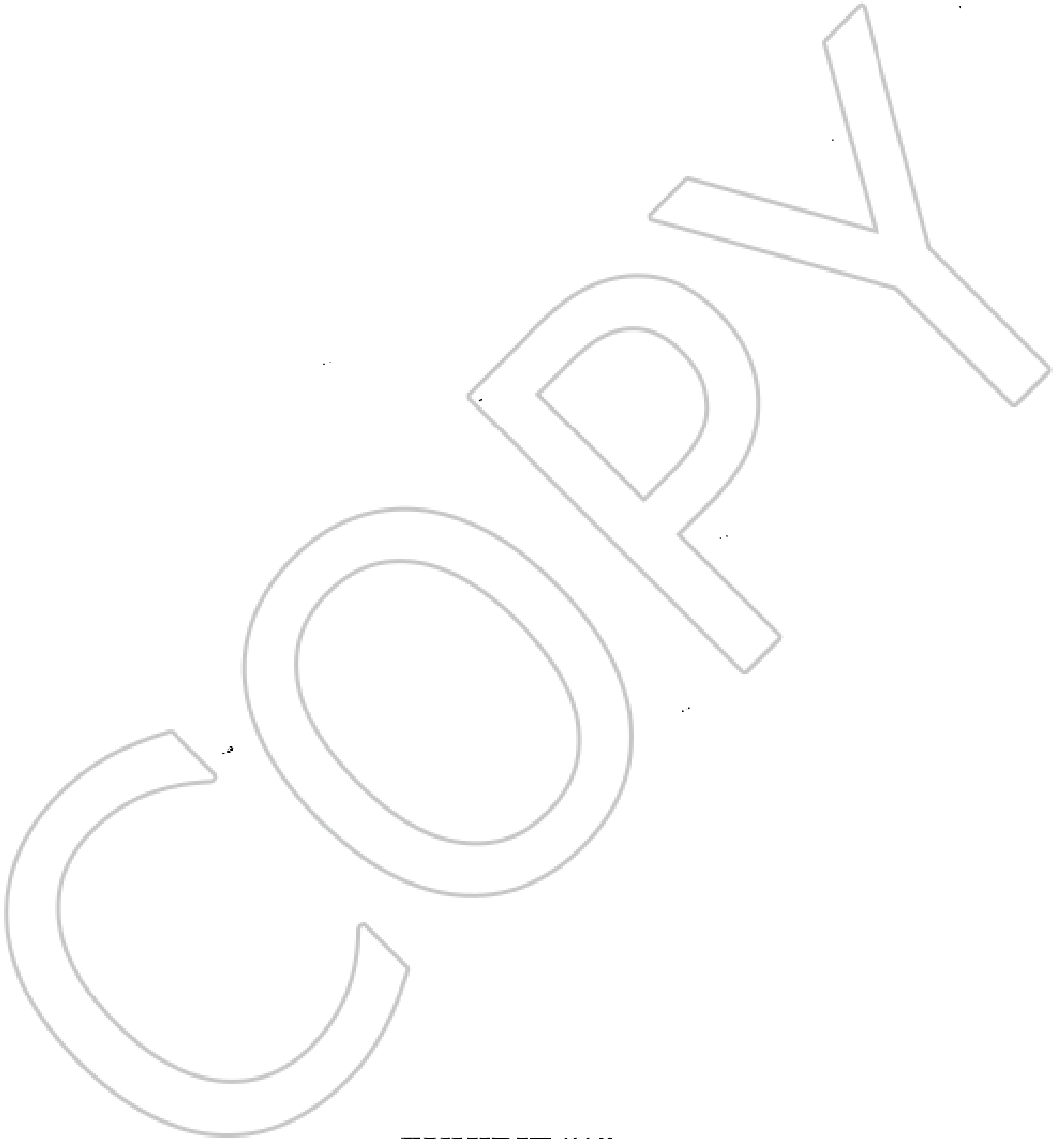


EXHIBIT "1"

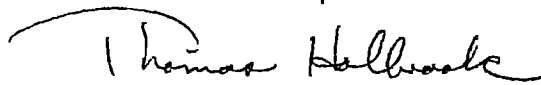
CERTIFICATION OF DEATH RECORD

ST CLAIR COUNTY BELLEVILLE, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0100064 MEDICAL EXAMINER'S CASE NUMBER 211111-103 DATE ISSUED 4/10/2023

DECEDENT'S LEGAL NAME LELIA S JOSLIN				SEX FEMALE	DATE OF DEATH NOVEMBER 10, 2021										
COUNTY OF DEATH ST CLAIR		AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH APRIL 27, 1964												
CITY OR TOWN BELLEVILLE			HOSPITAL OR OTHER INSTITUTION NAME MEMORIAL HOSPITAL												
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT															
BIRTHPLACE LEXINGTON, KY	SOCIAL SECURITY NUMBER [REDACTED]-9914	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EDWARD L JOSLIN	EVER IN U.S. ARMED FORCES? NO											
RESIDENCE 4635 PORTRAIT LN		APT NO	CITY OR TOWN MILLSTADT	INSIDE CITY LIMITS? YES											
COUNTY ST CLAIR	STATE IL	ZIP CODE 62260	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OWEN LEE LAKES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JANICE SHELL											
INFORMANT'S NAME EDWARD L JOSLIN		RELATIONSHIP HUSBAND	MAILING ADDRESS 4635 PORTRAIT LN, MILLSTADT, IL, 62260												
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION LFH CREMATORY	LOCATION - CITY OR TOWN AND STATE DUPO, IL	DATE OF DISPOSITION NOVEMBER 12, 2021											
FUNERAL HOME LEESMAN FUNERAL HOME, 7 E. MILL ST, MILLSTADT, IL, 62260															
FUNERAL DIRECTOR'S NAME BRUCE E LEESMAN				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015224											
LOCAL REGISTRAR'S NAME THOMAS HOLBROOK				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 12, 2021											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%; text-align: center;">PART I</td> <td style="width: 60%;">GUNSHOT WOUND TO THE HEAD</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">Due to (or as a consequence of)</td> </tr> <tr> <td style="text-align: center;">b</td> <td style="text-align: center;">Due to (or as a consequence of)</td> </tr> <tr> <td style="text-align: center;">c</td> <td style="text-align: center;">Due to (or as a consequence of)</td> </tr> </table>						CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	GUNSHOT WOUND TO THE HEAD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	a	Due to (or as a consequence of)	b	Due to (or as a consequence of)	c	Due to (or as a consequence of)
CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	GUNSHOT WOUND TO THE HEAD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
	a	Due to (or as a consequence of)													
	b	Due to (or as a consequence of)													
	c	Due to (or as a consequence of)													
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I				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 SUICIDE											
DATE OF INJURY NOVEMBER 10, 2021	TIME OF INJURY 08:42 PM	PLACE OF INJURY 4635 PORTRAIT LANE MILLSTADT, IL 62260		INJURY AT WORK? NO											
LOCATION OF INJURY 4635 PORTRAIT LANE, MILLSTADT, IL, 62260															
DESCRIBE HOW INJURY OCCURRED UNRESPONSIVE AT 4635 PORTRAIT LANE MILLSTADT, IL 62260 WITH A SELF INFLICTED GUNSHOT WOUND TO THE HEAD.				IF TRANSPORTATION INJURY, SPECIFY											
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED NOVEMBER 10, 2021	TIME OF DEATH 09:39 PM											
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED NOVEMBER 12, 2021											
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CALVIN DYE, 10 PUBLIC SQUARE, BELLEVILLE, IL, 62220				PHYSICIAN'S LICENSE NUMBER											

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.


 Thomas Holbrook
 St. Clair County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK