

A. P. No. 1319-30-712-001



SHAWNYNE GARREN, RECORDER

When recorded mail to:
John L. Kubis, Trustee
3020 Shadow Hill Circle
Thousand Oaks, CA 91360

AFFIRMATION PURSUANT TO
NRS 111.312(1)(2) AND 239B.030(4)

The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

I, JOHN L. KUBIS, does hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.

2. That I am the surviving joint tenant of RUTH E. KUBIS.

3. That RUTH E. KUBIS, also known as RUTH ELIZABETH KUBIS, is now deceased, having died in Orange County, State of California, on December 23, 2019. Attached hereto is a certified copy of the Certificate of Death of RUTH ELIZABETH KUBIS, which has been duly filed with the Vital Records Section, Orange County Health Care Agency, Orange County, California. That your affiant expressly incorporates said Certificate of Death in this affidavit.


4. That during the lifetime of RUTH ELIZABETH KUBIS, she and the undersigned affiant were owners, as joint tenants with right of survivorship, under a Deed recorded September, 17, 1999, Document No. 0476773, Official Records, Douglas County, Nevada, of that certain real property situate in Douglas County, State of Nevada, more particularly described as follows:

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/1326th interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458 in Book 996 at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South $31^{\circ} 11' 12''$ East 81.16 feet; thence South $58^{\circ} 48' 39''$ West 57.52 feet; thence North $31^{\circ} 11' 12''$ West 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of $18^{\circ} 23' 51''$, an arc length of 57.80 feet the chord of said curve bears North $60^{\circ} 39' 00''$ East 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustments Map recorded as Document No. 463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each year in accordance with said Declaration.

NOTE (NRS 111.312): The above metes and bounds appeared previously in that certain deed recorded on September 17, 1999, as Document No. 0476773, Official Records, Douglas County, Nevada.

5. That by reason of the demise of the joint tenant, the undersigned affiant is the sole owner under the Deed on the above-described property.

DATED: 3/17/, 2023.



John L. Kubis

STATE OF)
) ss
COUNTY OF)

Signed and sworn to (or affirmed) before me on
_____, 2023, by JOHN L. KUBIS.

Notary Public

**See attached for
California Notary Certificate**

ACKNOWLEDGMENT

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 Ventura

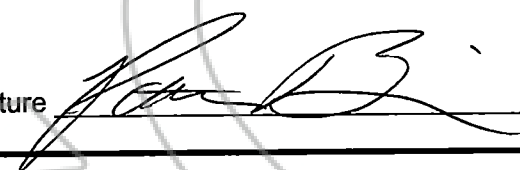
On March 17, 2023 before me, Patricia Lynn Biener Notary Public
(insert name and title of the officer)

personally appeared John Lloyd Kubis,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

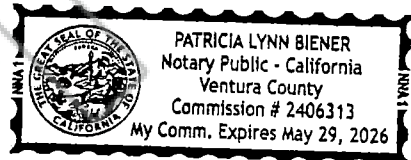
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

3052019265529

CERTIFICATE OF DEATH

3201930021048

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERNATIVES VS-1 REV 03/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) RUTH		2. MIDDLE ELIZABETH		3. LAST (Family) KUBIS	
AKA, ALSO KNOWN AS— Include all AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/24/1941		5. AGE Yrs. Mths. Ds. 77	
9. BIRTH STATE/FOREIGN COUNTRY WV		10. SOCIAL SECURITY NUMBER 6438		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
12. MARITAL STATUS/SDP (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 12/23/2019		8. HOUR (24 Hour) 1335	
13. EDUCATION— Highest Level/Degree (see worksheet on back) MASTERS		14/15. WAS DECEDENT HISPANIC/LATINO/AFRICAN-AMERICAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. 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		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 23432 CAMPESTRE		21. CITY MISSION VIEJO		22. COUNTY/PROVINCE ORANGE	
23. ZIP CODE 92691		24. YEARS IN COUNTY 40		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP ELIZABETH ZERNIK, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3020 SHADOW HILL CIRCLE, THOUSAND OAKS, CA 91360			
28. NAME OF SURVIVING SPOUSE/SDP—FIRST JOHN		29. MIDDLE LLOYD		30. LAST (BIRTH NAME) KUBIS	
31. NAME OF FATHER/PARENT—FIRST ROBERT		32. MIDDLE -		33. LAST FULLER	
34. BIRTH STATE WV		35. NAME OF MOTHER/PARENT—FIRST LUCILLE		36. MIDDLE -	
37. LAST (BIRTH NAME) KNAPP		38. BIRTH STATE WV			
36. DISPOSITION DATE mm/dd/yyyy 01/06/2020		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF ORANGE COUNTY			
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF ORANGE COUNTY		45. LICENSE NUMBER FD1305		46. SIGNATURE OF LOCAL REGISTRAR NICHOLE QUICK, MD	
47. DATE mm/dd/yyyy 01/06/2020					
101. PLACE OF DEATH MISSION HOSPITAL REGIONAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EHOP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. LOCATION WHERE FOUND ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 27700 MEDICAL CENTER RD		106. CITY MISSION VIEJO	
107. CAUSE OF DEATH Enter the chain of events— disease, injury, or complication— that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator malfunction without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST		Time Interval Between Death and Death (A) DAYS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" 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 NON ST ELEVATION MYOCARDIAL INFARCTION					
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"/> LINK			
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: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy 12/19/2019 12/23/2019		115. SIGNATURE AND TITLE OF CERTIFIER SHAHNOOS MAHDAVI M.D.		116. LICENSE NUMBER A118927	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SHAHNOOS MAHDAVI M.D. 27700 MEDICAL CENTER RD, MISSION VIEJO, CA 92691		117. DATE mm/dd/yyyy 01/03/2020			
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"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)					
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 ORANGE } SS

DATE ISSUED **January 14, 2020**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Nichole Quick, MD
Eric G. Handler H.O.
 ERIC G. HANDLER, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE