

APN: 1318-26-101-006

Recording Requested By and  
When Recorded, Return to:  
Sharon M. Jannuzzi  
Woodburn and Wedge  
6100 Neil Road, Suite 500  
Reno, Nevada 89511



SHAWNYNE GARREN, RECORDER

Send Tax Statements to Grantee:  
Linda K. Pool  
211 Cresta Way  
Oakdale, California 95361

*This document includes a copy of a certified death certificate as required by NRS 40.525(5), which contains a Social Security number as required by NRS 440.380(1)(a).*

### AFFIDAVIT TERMINATING JOINT TENANCY

Linda K. Pool, being first duly sworn, deposes and states, as follows:

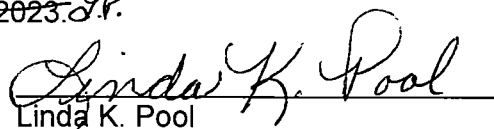
1. I am over the age of eighteen years and competent to be a witness to the matters hereinafter stated.
2. James T. Pool and Linda K. Pool, own, by joint tenancy with the right of survivorship, created under that certain document recorded August 8, 2008, as Document No. 0728238, in the office of the County Recorder of Douglas County, State of Nevada, the real property situate in the County of Douglas, State of Nevada, and more particularly described on Exhibit "A" attached hereto.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

3. James T. Pool died on April 21, 2023, in Modesto, California. A copy of the Certificate of Death is attached hereto as Exhibit "B" and made a part hereof.

I swear under the penalty of perjury that the foregoing statements in this affidavit are true and correct.

DATED 1/4/2024, 2023 *SP.*

  
Linda K. Pool

**CALIFORNIA ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

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 Stanislaus

On 1/4/2024 before me, Stefany Schmidgall, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Linda K. Pool  
Name(s) of Signer(s)

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 Stefany Schmidgall  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

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

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_  
 Corporate Officer – Title(s): \_\_\_\_\_  Corporate Officer – Title(s): \_\_\_\_\_  
 Partner –  Limited  General  Partner –  Limited  General  
 Individual  Attorney in Fact  Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_  
Signer is Representing: \_\_\_\_\_ Signer is Representing: \_\_\_\_\_

**EXHIBIT A**  
**KINGSBURY CROSSING - LEGAL DESCRIPTION**

The land referred to herein is situated in the

STATE OF NEVADA

COUNTY OF DOUGLAS

and is described as follows:

AN UNDIVIDED "ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST AS A TENANT-IN-COMMON IN THE FOLLOWING DESCRIBED REAL PROPERTY (THE "REAL 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 MAP FOR JOHN E. MICHELSON AND WALTER COX, RECORDED FEBRUARY 03, 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 OF JOHN E. MICHELSON 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 REAL PROPERTY THE EXCLUSIVE RIGHT TO USE AND OCCUPY ALL OF THE DWELLING UNITS AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" AS AMENDED.

ALSO EXCEPTING FROM THE REAL 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 AND AMENDMENTS THERETO TOGETHER WITH THE RIGHT TO GRANT SAID EASEMENTS TO OTHERS.

TOGETHER WITH THE EXCLUSIVE RIGHT TO USE AND OCCUPY A "UNIT" AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" RECORDED FEBRUARY 16, 1983, IN BOOK 283, AT PAGE 1341 AS DOCUMENT NO. 76233 OF OFFICIAL RECORDS OF THE COUNTY OF DOUGLAS, STATE OF NEVADA AND AMENDMENT TO "DECLARATION OF TIMESHARE USE" RECORDED APRIL 20, 1983 IN BOOK 483 AT PAGE 1021, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 78917, AND SECOND AMENDMENT TO "DECLARATION OF TIMESHARE USE" RECORDED JULY 20, 1983 IN BOOK 783 OF OFFICIAL RECORDS AT PAGE 1688, DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 084425 ("DECLARATION"), DURING A "USE PERIOD" WITHIN THE HIGH SEASON WITHIN THE "**OWNER'S USE YEAR**", AS DEFINED IN THE DECLARATION, TOGETHER WITH A NON-EXCLUSIVE RIGHT TO USE THE COMMON AREAS AS DEFINED IN THE DECLARATION.

INTERVAL NO.: 3206-01

APN: 1318-26-101-006

**Exhibit B**  
**Death Certificate of James T. Pool**

COPY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### HEALTH SERVICES AGENCY

# STANISLAUS COUNTY

## PUBLIC HEALTH DIVISION

#### CERTIFICATE OF DEATH

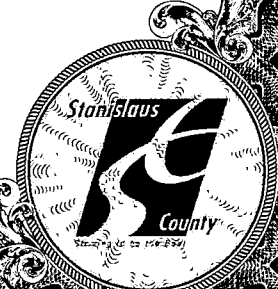
3202350001772

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/16)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>JAMES</b>		2. MIDDLE <b>THOMAS</b>		3. LAST (Family) <b>POOL</b>	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>01/23/1948</b>	5. AGE Yrs. <b>75</b>	6. SEX <b>M</b>	7. DATE OF DEATH mm/dd/yyyy <b>04/21/2023</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>TX</b>		10. SOCIAL SECURITY NUMBER <b>4913</b>	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP* (at Time of Death) <b>MARRIED</b>	8. HOUR (24 Hours) <b>2255</b>
13. EDUCATION—Highest Level/Degree (see instructions on back) <b>ASSOCIATE</b>		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) <b>WHITE</b>	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>CARDIOVASCULAR SONOGRAPHER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MEDICAL</b>		19. YEARS IN OCCUPATION <b>50</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>211 CRESTA WAY</b>					
21. CITY <b>OAKDALE</b>		22. COUNTY/PROVINCE <b>STANISLAUS</b>		23. ZIP CODE <b>95361</b>	24. YEARS IN COUNTY <b>22</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>LINDA KAREN POOL, WIFE</b>			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>211 CRESTA WAY, OAKDALE, CA 95361</b>		28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>LINDA</b>			
29. MIDDLE <b>KAREN</b>		30. LAST (BIRTH NAME) <b>AGUIAR</b>		34. BIRTH STATE <b>TX</b>	
31. NAME OF FATHER/PARENT—FIRST <b>LOYE</b>		32. MIDDLE <b>CHALMERS</b>		33. LAST <b>POOL</b>	
35. NAME OF MOTHER/PARENT—FIRST <b>HENRIETTA</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>JONES</b>	
38. BIRTH STATE <b>TX</b>		38. BIRTH STATE <b>TX</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>05/15/2023</b>		40. PLACE OF FINAL DISPOSITION <b>SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY ROAD, DIXON, CA 95620</b>			
41. TYPE OF DISPOSITION(S) <b>BURIAL</b>		42. SIGNATURE OF EMBALMER <b>RICHARD ALLEN DAVY</b>		43. LICENSE NUMBER <b>EMB7674</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>OAKDALE-RIVERBANK MEMORIAL CHAPELS INC.</b>		45. LICENSE NUMBER <b>FD764</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>THEOGNOSIA PAPASOZOMENOS, MD</b>	
47. DATE mm/dd/yyyy <b>04/27/2023</b>		48. SIGNATURE OF LOCAL REGISTRAR <b>THEOGNOSIA PAPASOZOMENOS, MD</b>			
101. PLACE OF DEATH <b>DOCTORS MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
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>STANISLAUS</b>			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1441 FLORIDA AVE</b>		106. CITY <b>MODESTO</b>			
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) <b>(A) CARDIAC ARREST</b> <b>(B) RESPIRATORY ARREST</b> <b>(C) HISTORY CEREBRAL VASCULAR STROKE</b>		Time Interval Between Onset and Death (A) MINS (B) MINS (C) MTHS		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 <b>CORONARY ARTERY DISEASE, CHRONIC ATRIAL FIBRILLATION, ASTHMA</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. DECEDENT 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 Attested Since <b>04/17/2023</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>TAYZAR HTUN, MD</b>		116. LICENSE NUMBER <b>A150754</b>	
117. DATE mm/dd/yyyy <b>04/21/2023</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>TAYZAR HTUN, MD 1441 FLORIDA AVE, MODESTO, CA 95350</b>			
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"/> Pending 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 <b>04/21/2023</b>	
122. HOURS (24 Hours) <b>2255</b>					
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	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

*Thea Papasomenos*  
**THEOGNOSIA PAPASOZOMENOS, MD, MPH**  
 LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED  
**05/03/2023**



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

CASTANISOL