

APN# 07-130-19

Recording Requested by:

Name: Ryan J. Earl, Esq.

Address: 548 W. Plumb Lane, Ste. B

City/State/Zip: Reno, NV 89509

When Recorded Mail to:

Name: Ryan J. Earl, Esq.

Address: 548 W. Plumb Lane, Ste. B

City/State/Zip: Reno, NV 89509

Mail Tax Statement to:

Name: Constance K. Hofmann

Address: 1966 Coldwater Lane

City/State/Zip: Lincoln, CA 95648

DOUGLAS COUNTY, NV **2024-1006431**

Rec:\$40.00

\$40.00 Pgs=7

04/08/2024 01:58 PM

LAW OFFICES OF RYAN J. EARL

SHAWNYNE GARREN, RECORDER

(for Recorder's use only)

AFFIDAVIT OF DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)
(State specific law)

Signature

Ryan J. Earl, Esq,

Printed Name

Attorney for Grantee

Title

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

APN: 07-130-19

When recorded, return to:
Ryan J. Earl, Esq.
548 W. Plumb Lane, Suite B
Reno, NV 89509

Mail Tax Statements to:
Constance K. Hofmann
1966 Coldwater Lane
Lincoln, CA 95648

AFFIDAVIT OF DEATH OF JOINT TENANT

Constance K. Hofmann, being of legal age and sound mind, being first duly sworn,
deposes and says:

That Bernard Thomas Hofmann, identified in the attached certified copy of Certificate of Death, is the same person as Bernard T. Hofmann named as a Joint Tenant in that certain Grant, Bargain and Sale Deed dated August 8, 1991, said deed having been recorded on or about August 12, 1991, as Document No. 257630 in the Official Records of Douglas County, State of Nevada, and affecting the land described in Exhibit A.

In accordance with NRS 111.365, the undersigned states as follows: (1) That she was married to and is the widow of the deceased; (2) that Bernard T. Hofmann died on December 22, 2022 in Placer County, California; and (3) that the undersigned, Constance K. Hofmann, an unmarried woman, as the surviving joint tenant, now claims the above-described property to be

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her sole and separate property.

I declare under penalty under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 2nd day of April, 2024.


Constance K. Hofmann

STATE OF _____)

: ss. SEE ATTACHED

COUNTY OF _____)

On this ___ day of _____, 2024, before me, the undersigned, a Notary Public in and for said state, personally appeared Constance K. Hofmann, personally known or proved to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, executed the instrument.

WITNESS my hand and official seal.

Notary Public

JURAT

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.

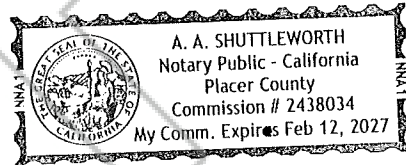
State of California)
) ss
County of Placer)

Subscribed and sworn to (or affirmed) before me on this 2nd day of April, 2024, Constance K. Hofmann, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

Signature A. A. Shuttleworth

(SEAL)



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 Placer)

On April 2, 2024, before me, A.A. Shuttleworth, notary public, personally appeared Constance K. Hofmann, who proved to me on the basis of satisfactory evidence to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity and that by his/her/their signature(s) on the instrument the persons, 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.

A. A. Shuttleworth (Notary Signature) (Seal)

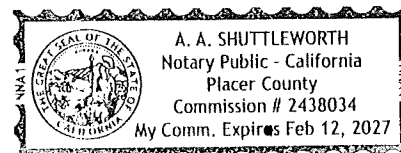


Exhibit A

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. Michelsen 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 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 said 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 amendments to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document No. 78 917, 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. 84425, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Document No. 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 page 3987, Official Records of Douglas County, Nevada, Document No. 161309, ("Declaration"), during a "Use Period," within the HIGH Season within the "Owner's Use Year," as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS
COUNTY OF PLACER
 AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
 VS-11 (REV 3/06)

3202231004727

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) BERNARD		3. LAST (Family) HOFMANN	
2. MIDDLE THOMAS		6. SEX M	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) BERNIE HOFMANN		4. DATE OF BIRTH mm/dd/yyyy 03/14/1929	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ██████████ 3342	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		7. DATE OF DEATH mm/dd/yyyy 12/22/2022	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) 1113	
16. 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 HIGH SCHOOL TEACHER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1966 COLDWATER LANE,			
21. CITY LINCOLN		22. COUNTY/PROVINCE PLACER	
23. ZIP CODE 95648		25. STATE/FOREIGN COUNTRY CA	
24. YEARS IN COUNTY 20			
26. INFORMANT'S NAME, RELATIONSHIP BARBARA EVANS, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or road route number, city or town, state and zip) 1966 COLDWATER LANE, LINCOLN, CA 95648	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST CONSTANCE		29. MIDDLE K	
30. LAST (BIRTH NAME) JACOBSEN			
31. NAME OF FATHER/PARENT - FIRST ARTHUR		32. MIDDLE WENDEL	
33. LAST HOFMANN		34. BIRTH STATE IN	
35. NAME OF MOTHER/PARENT - FIRST VERONICA		36. MIDDLE -	
37. LAST (BIRTH NAME) LEDWITH		38. BIRTH STATE MA	
39. DISPOSITION DATE mm/dd/yyyy 01/11/2023		40. PLACE OF FINAL DISPOSITION NEWCASTLE CEMETERY 850 TAYLOR RD, NEWCASTLE, CA 95658	
41. TYPE OF DISPOSITION(S) CREMATE/BURIAL		42. SIGNATURE OF EMBALMER LISA M STRATFULL	
43. LICENSE NUMBER EMB9203			
44. NAME OF FUNERAL ESTABLISHMENT LINCOLN FUNERAL HOME		45. LICENSE NUMBER FD540	
46. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD		47. DATE mm/dd/yyyy 01/09/2023	
101. PLACE OF DEATH AAR QUALITY SENIOR LIVING		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Other	
104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2247 LOHSE LN	
106. CITY LINCOLN			
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. A. ATHEROSCLEROSIS		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) YRS (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (E) <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 checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE, ESSENTIAL HYPERTENSION			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO			
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 (A) 12/20/2022 (B) 12/21/2022		115. SIGNATURE AND TITLE OF CERTIFIER GREGORY GERALD SMITH, MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GREGORY GERALD SMITH, MD 6929 SUNRISE BLVD 180, CITRUS HEIGHTS, CA 95610		117. LICENSE NUMBER G42751	
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. DATE 01/12/2023	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 01/12/2023	
122. HOUR (24 Hours) 1113			
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		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED 01/12/2023



Robert L. Oldham MD
 ROBERT L. OLDHAM, MD
 HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAPLACER01