DOUGLAS COUNTY, NV

2024-1007050

Rec:\$40.00 Total:\$40.00

04/24/2024 04:15 PM

PARALEGAL SERVICE CENTER

Pas=5

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

PARALEGAL SERVICE CENTER OF RAMONA 1039 D STREET STE. 9 RAMONA, CA 92065

AND MAIL TAX STATEMENTS TO:

CLUB TAHOE C/O TRICOM MANAGEMENT 4025 E. LA PALMA AVE, STE 103 ANAHEIM, CA 92807

Interval No.: 4211-46 APN: 1318-26-101-006

SHAWNYNE GARREN, RECORDER

AFFIDAVIT - DEATH OF JOINT TENANT

BRIDGET McCRINK, the Affiant, being of legal age, and being first duly sworn, deposes and says:

- 1. That **DONALD GERARD MCCRINK**, is the decedent mentioned in the attached State of California, County of San Bernardino Certificate of Death, who died on July 17, 2023.
- 2. That DONALD GERARD MCCRINK is the same person as DONALD McCRINK named as a Grantee in that certain Grant Bargain and Sale Deed dated December 12, 2003, executed by RUBEN M. GONZALEZ and CLARA B. GONZALEZ, a Married Couple as Joint Tenants as Grantors to DONALD McCRINK and BRIDGET McCRINK, Husband and Wife as Joint Tenants, as Grantees, recorded on August 4, 2004, as Instrument No. 0620616, Book 0804, Page 1487, Official Records of Douglas County, Nevada describing the following real property in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

In Witness whereof, I have set my hand this day of March, 2024.

BRIDGET McCRINK, Declarant

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 San Bernardino	
Subscribed and sworn to (or affirmed) before me on this	day of $APri$, 2024,
by Bridget C Mc crink	, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.	

Notary Public Mull

D. H. BRAHMBHATT
Notary Public - California
San Luis Obispo County
Commission # 2395134
My Comm. Expires Feb 27. 2026

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" AND SUBSEQUENT AGREEMENTS THERETO AS HEREINAFTER REFERRED TO.

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 **LOW** 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.

SUBJECT TO ALL CONDITIONS, COVENANTS, RESTRICTIONS, RESERVATIONS, RIGHTS, RIGHTS OF WAY OF RECORD. A PORTION OF APN 07-130-19.

THIS DEED IS MADE AND ACCEPTED UPON ALL THE CONVENANTS, CONDITIONS, RESTRICTIONS, ASSESSMENTS, LIENS, EASEMENTS AND OTHER MATTERS SET FORTH IN SAID DECLARATION OF TIMESHARE USE AND AMENDMENTS THERETO ALL OF WHICH ARE INCORPORATED HEREIN BY REFERENCE.

APN: 1318-26-101-006

Interval No.: 4211-46



COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052023160095				CERTIFICATE OF DEATH				;	3202336008589						
	STATE FILE NUMBER USE BLACK NX (1. NAME OF DECEDENT- FIRST (Given) 2. MIDDLE				STATE OF CALIFORNIA 7 NO BRASINES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06) 3. LAST (Fardily).				LC	LOCAL REGISTRATION NUMBER					
¥.	DONALD			RD				MCCF	RINK	£ 125	V0.045 V7.48	Liciano			
WE D	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					01/28		n/dd/ccyy	5, AGE Yrs L 78	Monthe	DIEVIL	Hours	R 24 HOU		SEX VI
DECEDENT'S PERSONAL DATA	S, BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY N 7083	[X № [UNK	MARR	RED	DP* (at Time of Deaths	07	/17/2023		1	506	24 Hours)
EDENT	19. EDUCATION - Highest Level/Degree 14/ tree wortsheet on backly BACHELOR	15 WAS DECEDENT HISPANICA YES	.ATBNO(A)/SPANES	SH7 pryes, see		No (NHITE	NT'S RACE	- Up to 3 races n	nay be i	listed (bee works	heel on be	ck)		_\
DEC	MANAGEMENT BANKING					SHESS OF RIDUSTRY (e.g., growny store, road construction, employment agains), etc.) 19, YEARS IN OCCUPATION 45							CLIPATION		
, E	20. DECEDENT'S RESIDENCE (Street and number, or location) 12980 RIMROCK AVE														
2 5	21. CITY 22. COUNTY/PRO CHINO HILLS SAN BER			NARDINO 91709 35			- [25. STATE-FOREIGN COUNTRY CA							
INFOR-	28. INFORMANT'S NAME, RELATIONS BRIDGET MCCRINK				12980	RIME	OCK /	WE, C	CHINO HI	LĽŠ	, CA 91	09	ecxi zipi		
SPOUSE/SRIDP AND ARENT INFOSMATION	28. NAME OF SURVIVING SPOUSE/SP BRIDGET		29 MIDDLE				MC	GUAN		1					
	31. NAME OF FATHER/PARENT-FIRST JAMES				E MIDDLE FRANCIS			33. LAST MCCRINK						34. BIFITH STATE NY	
SPOUR	35. NAME OF MOTHER/PARENT-FIRS CLARICE	CE DOWN			37 LAST (SURTH NAME) REILLY			Z	38. BERTH STA				ATE		
TOR/	39. DISPOSITION DATE Imm/dd/beyy 07/31/2023	49. PLACE OF FINAL DISPO						Charles		<i>F</i>					
DIRECTOR	41. TYPE OF DISPOSITION(S) 42. SI				NATURE OF EMBALMER					43. LICENSE NUMBER EMB8174					
FUNERAL DIRECTOR/ LOCAL REGISTRAR	44. NAME OF FUNERAL ESTABLISHMENT OOSE LIJL C MODT LIADV 45. L				ARRY LEE REED DESCRIUMBER 48 SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD					MD	50	47	10/124 17/24	ran/dd/cc	
<u> </u>	101 PLACE OF DEATH				HOSPITAL,	SPECIFY O		OTHE	R THAN HOSPI	ю г	Dece	denta (7000		
PLACE OF DEATH	TO GOUNTY 108 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) SAN BERNARDINO 12980 RIMROCK AVE						100 CITY CHINO HILLS								
	107. CAUSE OF DEATH	Enter the chain of events ple as cardiac errest, respiratory er	est, or venulouser	complications Boxilation witho	— hat directi sut showing th	y caused de le eliclogy (TON CICL AND	enter termin NEVATE	al events such	V.	Time intervs. Res Onset and De		DEATH RES		со чонени Х но
	MMEDIATE CAUSE W CARDIOPULMONARY ARREST condition resulting								_	MINS 109, BIOPSY PERFORMED?					
_	Sequentially, list conditions, if any.	CANCER				1	\	1			MOS	֓֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֟֓֟֟֟֓֟֟֓֟֟֟֟	L BADDPSY YES		X NO
RE OF DEATH	leading to cause (C) on Line A. Enter UNDERLYING	1									(CI)	110	YES	-	RMED?
O ES	CAUSE (disease or triury that instated the oversis (D) resulting in death) LAST	$\overline{}$					+				(III)	111.	LSEDIND	:	G CAUSE?
ฮ	112. OTHER SIGNIFICANT CONDITION NONE	E HTAGO OT DWITUBIRTHOO E	UT NOT RESULT	ING IN THE U	NOERLYING	CAUSE DIV	EN IN 107				<u> </u>	_L	YES	i	NO
and the same of th	119, WAS OPERATION PERFORMED FI NO	OR ANY CONDITION IN ITEM 1	07 OF 1127 (If yes	s, first type of o	peration and	data)	/-	7	<u> </u>		1	124. DECES		NO [ET YEAR?
S NO	114. I CERTIFY THAT TO THE BEST OF MY KO AT THE HOUR, DATE, AND PLACE STATED FR	IOM THE CAUSES STATED	JOHN K	LUL M	n	1		/	¥3	ĺ	116 LICENSE N A65778		117.DK	1/202	
PHYSICIAN'S CERTIFICATION	Decement Ahended Since (A) min/det/copy (B) 09/29/2022 07/	mm/dd/ocyy 1	8 TYPE ATTEN	DING PHYSIC	AN'S NAME				IOHN K L		MD	,	0112	17202	3
	119. I CERTIFY THAT IN MY OPPOCIN DEATH	Acodoni Homisido	Sucdo	Pencing Pressing		Could not b	•	YES		MK.	121, INJURY D	TE (ram/dx	Scopy 12	2 HOUR	(24 Hound
OMLY	123, PLACE OF HULFTY (e.g., home, o	onstruction site, wooded area, o	rtc.)		<u> </u>	CENTER NO.									\dashv
SUSEC	124. DESCRIBE HOW INJURY OCCUP	124. DESCRIBE HOW INJURY OCCURRED (Events which rejusted in rijury)													
124, DESCRIBE HOW INJURY OCCUPRED (Events which resulted in Injury) 125 LOCATION OF INJURY (Street and number, or location, and altry, and 1(i))															
5	126, SIGNATURE OF CORONER / DEF			14	DATE -	Idding	100 =	DE MANE	THE E AT AMES	50 / F	ED ITY AANA	FD			
	20. SIGNATURE OF CORUNER / DEF	-ULT CORUNE		127	. DATE mm	гасгосуу	123.17	rc NAMÉ,	TITLE OF CORON	-cn/0	L-UIT CURON				
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	The same of the sa	JF													

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDING DEPARTMENT OF PUBLIC HEALTH.

MICHAELA SEQUEIRA, M.D
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

ENCORPORATION OF THE PROPERTY OF THE