

**AFFIDAVIT-DEATH**

State of Kansas :  
County of Seward : SS.

TAX PARCEL NO. 07-130-19

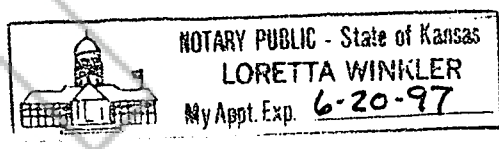
PATRICIA A. COBB, of legal age, being duly sworn, deposes and says

That DEAN A. COBB, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DEAN A. COBB named as one of the parties in that certain GRANT BARGAIN AND SALE DEED Dated AUGUST 20, 1985 Executed by THE BANK OF CALIFORNIA, N.A., A NATIONAL BANKING ASSOCIATION, AS CO-TRUSTEE OF THE KINGSBURY CROSSING TRUST to DEAN A. COBB AND PATRICIA A. COBB recorded as Instrument No. 122486 in Book 885 Page 3347, on AUGUST 30, 1985, of Official Records of DOUGLAS County, NEVADA, covering the following described property as more particularly described in Exhibit "A" attached hereto and made a part hereof.

DATED 11-29-95

Patricia Ann Cobb  
PATRICIA A. COBB

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State this 29<sup>th</sup> day of November, 1995.



Loretta Winkler  
Notary Public in and for said County and State

(This area for official Notary seal)

SPACE BELOW FOR RECORDERS USE

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

MRS. COBB  
1241 S. GRANT  
LIBERAL, KS 67901.

**376850**

**BK 1295PG 1994**

**JUN 28 1995**  
**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**  
 Office of Vital Statistics

**CERTIFICATE OF DEATH**

1. DECEDENT'S NAME FIRST: <b>Dean</b> MIDDLE: <b>Arthur</b> LAST: <b>Cobb</b>			2. SEX <b>M</b>	3. DATE OF DEATH (Mo., Day, Yr.) <b>Jun 20, 1995</b>	
4. SOCIAL SECURITY NUMBER <b>██████████-7820</b>	5a. AGE—Last Birthday (Yrs.) <b>50</b>	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr.) <b>Sep. 27, 1944</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Hugoton, KS</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
8b. FACILITY NAME (If not institution, give street and number) <b>Southwest Medical Center</b>		8c. CITY, TOWN, OR LOCATION OF DEATH <b>Liberal</b>		8d. COUNTY OF DEATH <b>Seward</b>	
10. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Ann Davis</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Surveyor</b>	12b. KIND OF BUSINESS/INDUSTRY (Do not give name of company) <b>Gas Company</b>
13a. RESIDENCE—STATE <b>Kansas</b>	13b. COUNTY <b>Seward</b>	13c. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Liberal 67901</b>		13d. STREET AND NUMBER <b>1241 S. Grant</b>	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. ANCESTRY—(Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify) <b>American</b>		15. RACE—(Native American, Black, White, etc.) (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>4</b> College (1-4 or 5+): <b>4</b>	
17. FATHER'S NAME FIRST: <b>Lester</b> MIDDLE: <b>Cobb</b> LAST: <b>Cobb</b>			18. MOTHER'S NAME FIRST: <b>Marie</b> MIDDLE: <b>Gruemken</b> MAIDEN SURNAME: <b>Gruemken</b>		
19a. INFORMANT'S NAME (Type) <b>Ann Cobb</b>		19b. MAILING ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code) <b>1241 S. Grant Liberal, KS 67901</b>			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Restlawn Memorial Gardens</b>		20c. LOCATION—City or Town, State <b>Liberal, KS 67901</b>	
21a. FUNERAL SERVICE LICENSEE LICENSE NO. (Signature) <i>Thomas L Kitch</i> <b>1474</b>		21b. NAME OF EMBALMER & LICENSE NO. <b>Thomas L Kitch 2572</b>			
22. NAME AND ADDRESS OF FIRM <b>KITCH FUNERAL HOME 1212 West Second, Liberal, KS 67901</b>					
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X <i>Ray E Allen</i>			24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X		
23b. DATE SIGNED (Mo., Day, Yr.) <b>June 22, 1995</b>			23c. TIME OF DEATH <b>9:30 am</b> A.M. P.M.		24b. DATE SIGNED (Mo., Day, Yr.)
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			24c. TIME OF DEATH A.M. P.M.		24d. PRONOUNCED DEAD (Mo., Day, Yr.)
24e. PRONOUNCED DEAD (Hour) A.M. P.M.			25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print) <b>Ray E. Allen, M.D. 2 Plaza Drive Liberal KS 67901</b>		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Ventricular fibrillation</b> DUE TO (OR AS A CONSEQUENCE OF):			Interval Between Onset and Death
		b. <b>Congestive heart failure</b> DUE TO (OR AS A CONSEQUENCE OF):			
		c. <b>Aortic stenosis</b> DUE TO (OR AS A CONSEQUENCE OF):			
		d.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
27a. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS CASE REFERRED TO CORONER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Mo., Day, Yr.)		30b. TIME OF INJURY A.M. P.M.	
		30c. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No		30d. DESCRIBE HOW INJURY OCCURRED	
		30e. PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify)		30f. LOCATION (Street and Number or Rural Route, City or Town, State)	

COPY

SEAL

JUL - 3 1995

NOT VALID IF COPIED  
THIS IS A COPY OF THE ORIGINAL CERTIFICATE  
CERTIFIED THIS DATE AT TOPEKA, KANSAS



OFFICE  
OF VITAL  
STATISTICS  
DEPARTMENT OF HEALTH AND ENVIRONMENT

376850

BK 1295 PG 1996

000145625178

EXHIBIT A  
LEGAL DESCRIPTION

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. 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" AND SUBSEQUENT AMENDMENTS 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 PARAGRAPH 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 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. 84425 (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.

ApN. D7-130-19

Space below for Recorder's use

KINGSBURY CROSSING  
C/O TRICOM MANAGEMENT  
1300 N. KELLOGG DR., STE. B  
ANAHEIM, CA 92807  
ATTN: ELLEN LEVERING

MAIL TAX STATEMENTS TO:

SAME AS ABOVE  
REF. NO. 47092992  
T.S. NO. 527

REQUESTED BY  
**TSI TITLE & ESCROW**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 DEC 14 A9:33

LINDA SLATER  
RECORDER  
\$10.00 PAID *KS* DEPUTY

376850

BK 1295PG 1997