

1 RECORDING REQUESTED BY AND
2 WHEN RECORDED MAIL TO:
3 ✓ SCARPELLO & ALLING, LTD.
4 Post Office Box 3390
5 Lake Tahoe, NV 89449-3390

6 AFFIDAVIT TERMINATING JOINT TENANCY

7 CHERYL HORYNA, being first duly sworn, deposes and says:

- 8 1. That affiant is one of the children of Harold A. McAlpin and Wanda J. McAlpin, husband
9 and wife.
10 2. That Wanda June McAlpin died on January 24, 1995.
11 3. That Harold Allen McAlpin died on September 22, 1995.
12 4. That Harold A. McAlpin and Wanda J. McAlpin are grantees in joint tenancy in that
13 certain Grant Bargain and Sale Deed recorded on June 12, 1984, in the Official Records of Douglas
14 County, Nevada, as Document No. 102046 in Book 684, Pages 999-1000, wherein The Bank of California
15 N.A., a National Banking Association, Trustee, and Douglas County Title Company, Inc., a Nevada
16 Corporation, co-Trustee are the grantors, and the said Harold A. McAlpin and Wanda J. McAlpin, as joint
17 tenants, were grantees, same conveying that certain real property in the County of Douglas, State of
18 Nevada, and more particularly described in Exhibit "A" attached hereto and incorporated herein by
19 reference.
20 5. That the said Wanda J. McAlpin died on or about January 24, 1995, in the State of
21 Oklahoma, and is the identical person named as Wanda June McAlpin in that certain certified copy of the
22 Certificate of Death attached hereto as Exhibit "B"; that said certified copy of the Certificate of Death is
23 hereby referred to and by such reference incorporated into this paragraph as though herein fully set forth.
24 6. That all of said real property became vested in Harold A. McAlpin as of the date of the
25 death of the said Wanda J. McAlpin.

26 DATED: Aug 18, 1998


27 Cheryl Horyna
28 Cheryl Horyna

1 STATE OF KANSAS)
2 COUNTY OF Kingsman) ss.

3 On this 18th day of August, In the year 1998, before me Kathleen A. Bock,
4 personally appeared **CHERYL HORYNA**, personally known to me (or proved to me on the basis of
5 satisfactory evidence) to be the person whose name is subscribed to the within instrument, and
6 acknowledged to me that she executed the same in her authorized capacity, and that by her signature on
7 the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

8 WITNESS my hand and official seal.

9 Kathleen A. Bock
10 Notary Public

11 [SEAL] 
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EXHIBIT "A"

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 and 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 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 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 nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

Assessment Parcel No. 07-130-19-8

EXHIBIT A

0448355

BK0898PG6687

COPY

EXHIBIT B

0448355

BK0898PG6688

**ATTENDING PHYSICIAN
CERTIFICATE OF DEATH**
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

1968 REVISION

Use this form for deaths occurring on and after January 1, 1968.

Type or print with black, permanent ink. THIS IS A PERMANENT RECORD.

DO NOT WRITE BELOW

CODES

Race _____

Age _____

Place _____

Hospital _____

Oklahoma _____

Residence _____

Out-of-state _____

Residence _____

Cause of Death _____

Autopsy _____

Attendant _____

Infant _____

Occupation _____

Spec. Sym. _____

Place _____

Month _____

Hour _____

Nat. Inj. _____

NSC Code _____

VS 154 (7-75)

LOCAL REGISTRAR'S FILE NO. 142		STATE FILE NO.	
1. DECEASED - NAME First: Manda Middle: June Last: McAlpin			2. DATE OF DEATH (Month, Day, Year) 2. January 24, 1995
3. SEX Female			4. COUNTY OF DEATH Woods
5. RACE - White, Negro, American Indian, Etc. (Specify) Caucasian	6. AGE - Last Birthday (Year) 80	7. UNDER 1 YEAR Max. Days 7-18	8. UNDER 1 DAY Hours 5c. Min.
9. DATE OF BIRTH (Month, Day, Year) 6. June 6, 1914		10. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) Share Medical Center	
11. CITY, TOWN, OR LOCATION OF DEATH Alva		12. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13. STATE OF BIRTH (If not in U.S.A., Name Country) Major County, Oklahoma		14. CITIZEN OF WHAT COUNTRY U.S.A.	
15. SOCIAL SECURITY NUMBER 0892		16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife/Teacher	
17. RESIDENCE - STATE Oklahoma		18. KIND OF BUSINESS OR INDUSTRY Domestic/Education	
19. COUNTY Woods	20. CITY, TOWN, OR LOCATION Alva	21. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	22. STREET AND NUMBER 121 Locust
23. FATHER - NAME First: Alven Middle: Edwards Last: Edwards		24. MOTHER - MAIDEN NAME First: Alice Middle: Linville Last: Linville	
25. INFORMANT - NAME Harold McAlpin		26. MAILING ADDRESS 121 Locust Alva, Oklahoma 73717	
PART I. CAUSE OF DEATH DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).) 18. IMMEDIATE CAUSE (a) Acute Cardio Pulmonary Insufficiency DUE TO OR AS A CONSEQUENCE OF: (b) DUE TO OR AS A CONSEQUENCE OF: (c)			Approximate Interval Between onset and Death
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))			AUTOPSY 19a. Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES: Were findings considered in determining cause of death. 19b. Yes <input type="checkbox"/> No <input type="checkbox"/>			
MEDICAL CERTIFICATION Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness—unrelated to injury or poisoning—to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by Medical Examiner, refer to O.S. Title 63, Sec. 938, or contact office of Chief Medical Examiner in Oklahoma City.			
20a. PHYSICIAN I attended the deceased from 8/12/92		20b. And Last saw him/her alive on 12/21, 1994	20c. I did/did not view body after death DID NOT
21. CERTIFIER - NAME (Type or Print) Kirt E. Bierig, D.O.		22. SIGNATURE OF CERTIFIER <i>Kirt E. Bierig, D.O.</i>	23. DATE SIGNED (Month, Day, Year) January 26, 1995
24. MAILING ADDRESS - CERTIFIER Street or R.F.D. No. 410 4th Street City or Town Alva State Oklahoma Zip 73717		25. THE DECEASED was pronounced dead on 22a. Month Jan. Day 24, Year 1995 22b. AT 5:08 p. M.	
26. BURIAL, CREMATION, REMOVAL (Specify) Burial	27. DATE Month January Day 27, Year 1995	28. CEMETERY OR CREMATORY - NAME Alva Municipal Cemetery	
29. LOCATION (Crematory or Cemetery) City or Town Alva State Oklahoma	30. FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Wharton's 1302 Okla. Blvd. Alva, OK 73717		31. FUNERAL DIRECTOR Robert S. Wharton
32. LOCAL REGISTRAR SIGNATURE <i>Karlene Sanderson by Karibeth Hofer</i>		33. DATE RECD. BY LOCAL REG. 2-17-95	34. DATE RECEIVED BY STATE REGISTRAR

State of Oklahoma)
Woods County) ss
I, Della Dunnigan, Court Clerk within and for the State and County aforesaid, do hereby certify that the above and foregoing is a full, true, correct, and complete copy of a Certificate of Death received by me to be mailed to the State Department of Health, for permanent filing in Oklahoma City, Oklahoma. Witness my hand as Clerk and Official Seal this 17th day of February, 1995.

Della Dunnigan, Court Clerk
By Staci Dancy Deputy

SEAL

RECEIVED
NOV 30 1995

0448355
BK 0898 PG 6689

COPY

REQUESTED BY
Scarpello + Alling
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 AUG 31 A10:22

0448355

BK0898PG6690

LINDA SLATER
RECORDER
\$12⁰⁰ PAID *K2* DEPUTY