

ptn ApN: 42-254-100

**DEED OF PERSONAL REPRESENTATIVE OR CONSERVATOR**

**KNOW ALL MEN BY THESE PRESENTS**, that **Katherine D. Glover**, Personal Representative of the Estate of **Ronald Glover**, Deceased, (copy of Death Certificate attached), Wayne County Probate Court File No. 2001-629507-DE, whose address is 15107 Evergreen, Detroit, Michigan 48223, in pursuance of an Order of the Probate Court for the county of Wayne in the state of Michigan, made on the **28<sup>th</sup>** day of **AUG**, 2001, and in pursuance of, and after a full compliance with all the provisions of the law, requisite to a valid conveyance of the real estate hereinafter mentioned, to the widow of the deceased, pursuant to MCL 700.2102(f); MSA 27.12102(f), and in consideration of the sum of One Dollar (\$1.00), paid to her by **Katherine D. Glover**, whose address is 15107 Evergreen, Detroit, Michigan 48223, the receipt of which is hereby acknowledged, does hereby grant and convey unto the said **Katherine D. Glover**, her heirs and assigns, FOREVER, all that certain piece or parcel of land situate in the county of Douglas and state of Nevada, described as follows, to-wit:

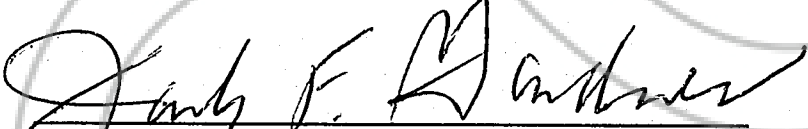
SEE DESCRIPTION ATTACHED AS EXHIBIT "A."


Tax Parcel No. 42-254-10.

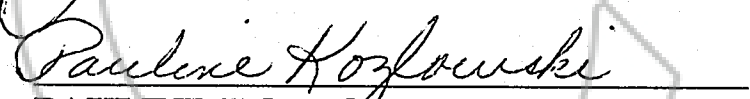
TO HAVE AND TO HOLD, the above granted premises, and appurtenances, to said **Katherine D. Glover**, her heirs and assigns, FOREVER. And I do hereby covenant with the said **Katherine D. Glover** that I will WARRANT AND DEFEND the said granted premises, and appurtenances, unto the said heirs and assigns, FOREVER, against the lawful claims and demands of all persons claiming by, from or under the Estate of **Ronald Glover**, Deceased, but against no other persons.

IN TESTIMONY WHEREOF, we have hereunto set our hands and seals at Southfield in the county of Oakland and state of Michigan, this **28<sup>th</sup>** day of **AUG** A.D. 2001.

Signed in the presence of:

  
\_\_\_\_\_  
**JACK F. GARDNER**

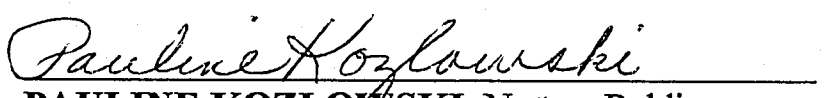
  
\_\_\_\_\_  
**KATHERINE D. GLOVER**, Personal Representative of the Estate of Ronald Glover, Deceased  
Wayne County Probate Court File No. 2001-629507-DE

  
\_\_\_\_\_  
**PAULINE KOZLOWSKI**

STATE OF MICHIGAN )  
COUNTY OF OAKLAND )

On this **28<sup>th</sup>** day of **AUG** A.D. 2001, before me, a Notary Public in and for said county, personally appeared **Katherine D. Glover**, known to me to be the person who executed the foregoing instrument, and she acknowledged the same to be her free act and deed as Personal Representatives of the Estate of **Ronald Glover**, Deceased, as in said instrument described.

**TAX EXEMPT: NRS 375.090 - 3 and 6**

  
\_\_\_\_\_  
**PAULINE KOZLOWSKI**, Notary Public,  
Macomb County, Michigan  
Acting in Wayne County  
My commission expires: October 31, 2004

✓ PREPARED BY AND RETURN TO:  
JACK F. GARDNER  
21415 Civic Center Drive, Suite 215  
Southfield, Michigan  
48076

**0522067**  
**BK0901PG0252**

EXHIBIT "A" (28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 10 as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week each year in accordance with said Declarations.

A portion of APN: 42-254-10

0522067

BK0901PG0253

# CITY OF DETROIT

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH

LF \_\_\_\_\_

STATE FILE NUMBER


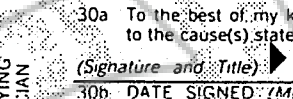
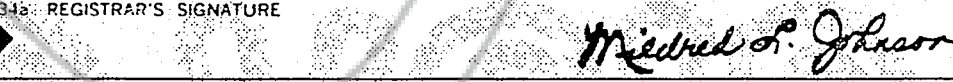
CF **007583**

## CERTIFICATE OF DEATH

**1845709**

724315

PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEDENT'S NAME (First, Middle, Last) <b>RONALD GLOVER</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>Oct 1, 2000</b>	
4a. AGE - Last Birthday (Years) <b>59</b>		4b. UNDER 1 YEAR MONTHS _____ DAYS _____		4c. UNDER 1 DAY HOURS _____ MINUTES _____		5. DATE OF BIRTH (Month, Day, Year) <b>MAY 23, 1941</b>	
6. COUNTY OF DEATH <b>Wayne</b>							
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) <b>Detroit Receiving Hospital</b>				7b. IF HOSP. OR INST. Inpatient, Op./Emer. Room, DOA (Specify) <b>D.O.A.</b>		7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>Detroit</b>	
8. SOCIAL SECURITY NUMBER <b>██████████ 0598</b>		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SUPERVISOR</b>			9b. KIND OF BUSINESS OR INDUSTRY <b>CITY OF DETROIT</b>		
10a. CURRENT RESIDENCE - STATE <b>MICHIGAN</b>		10b. COUNTY <b>WAYNE</b>		10c. LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF DETROIT		10d. STREET AND NUMBER <b>15107 EVERGREEN</b>	
10e. ZIP CODE <b>48223</b>		11. BIRTHPLACE (City and State, or Foreign Country) <b>DETROIT, MI.</b>		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		13. SURVIVING SPOUSE (If wife, give name before first married) <b>KATHERINE DAVIS</b>	
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>NO</b>							
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) <b>AFRICAN AMERICAN</b>				16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) <b>BLACK</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (14 or 5+) <b>2 YRS.</b>	
18. FATHER'S NAME (First, Middle, Last) <b>THOMAS GLOVER</b>				19. MOTHER'S NAME (First, Middle, Surname before first married) <b>HELEN SMITH</b>			
20a. INFORMANT'S NAME (Type/Print) <b>KATHERINE GLOVER</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) <b>15107 EVERGREEN - DETROIT, MI. 48223</b>			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) <b>BURIAL</b>		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) <b>ELMWOOD CEMETERY</b>		22b. LOCATION - City or Village, State <b>DETROIT, MI.</b>			
23. SIGNATURE OF FUNERAL SERVICE LICENSEE 		24. LICENSE NUMBER (of Licensee) <b>5314</b>		25. NAME AND ADDRESS OF FACILITY <b>JAMES H. COLE HOME FOR FUNERALS, INC. 2624 W. GRAND BLVD. DETROIT, MI. 48208</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) → <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b>						Approximate Interval Between Onset and Death <b>UNKNOWN</b>	
Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.							
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						27a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>Yes</b>	
						27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <b>Yes</b>	
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) <b>Ambulance</b>		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) <b>Yes</b>		31a. (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s), and manner stated.			
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) → 		30b. DATE SIGNED (Mo., Day, Yr.) _____		30c. TIME OF DEATH _____ M		31b. DATE SIGNED (Mo., Day, Yr.) <b>Oct 2, 2000</b>	
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____				31c. CASE NUMBER <b>00-09057</b>		31d. PROMOUNCED DEAD (Mo., Day, Yr.) <b>ON Oct 1, 2000</b>	
				31e. TIME OF DEATH <b>12:27pm</b>		M	
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) <b>Leigh A. Hlavaty, M.D., Assistant Medical Examiner, 1300 E. Warren, Det. MI 48207</b>						32b. LICENSE NUMBER <b>063621</b>	
33a. ACC. SUICIDE, HOM. NATURAL OR FORTUNING INVEST. (Specify) <b>NATURAL</b>		33b. DATE OF INJURY (Mo., Day, Yr.) _____		33c. TIME OF INJURY _____ M		33d. DESCRIBE HOW INJURY OCCURRED _____	
33e. INJURY AT WORK (Specify Yes or No) _____		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____		33g. LOCATION - Street or R.F.D. No., City, Village or Twp., State _____			
34a. REGISTRAR'S SIGNATURE 				34b. DATE FILED (Month, Day, Year) <b>OCT 04 2000</b>			

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THIS RECORD OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

*Mildred L. Johnson*

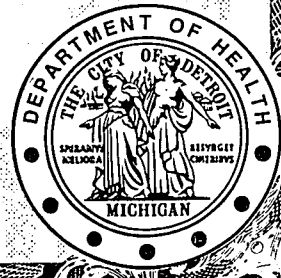
**OCT 04 2000**

DATED

MILDRED L. JOHNSON  
REGISTRAR, VITAL RECORDS  
DETROIT DEPARTMENT OF HEALTH  
1151 TAYLOR  
DETROIT, MI 48202

**SEAL**

**Department of Health  
Vital Records**



COPY

REQUESTED BY  
Jack Gardner  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2001 SEP -4 PM 2: 17

LINDA SLATER  
RECORDER

\$ 10<sup>00</sup> PAID K2 DEPUTY

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