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Assessor's Parcel Number: PTN 1318-26-101-006

Recording Requested By:

✓ Name: Chicago Title

Address: 316 W. Mission Ave #721

City/State/Zip Escondido, CA 92026

Real Property Transfer Tax: \_\_\_\_\_

REQUESTED BY  
Chicago Title  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 FEB 11 AM 11:52

WERNER CHRISTEN  
RECORDER

\$ 17.00 PAID 12 DEPUTY

Affidavit death of Joint Tenant  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

C:\bc docs\Cover page for recording

0604319

BK0204PG04185



DESCRIPTION

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, M.D.B. & M., DESCRIBED AS FOLLOWS: PARCEL 3, AS SHOWN ON THAT AMENDED PARCEL MAP FOR JOHN E. MICHELSEN 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 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 AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED APRIL 20, 1983 IN BOOK 483 AT PAGE 1021, OF OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 78917, 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, AS DOCUMENT NO. 89535, FOURTH AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED AUGUST 31, 1987 IN BOOK 887 AT PAGE 3987, OF OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 161309, FIFTH AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED NOVEMBER 30, 1987, IN BOOK 1187, OF OFFICIAL RECORDS AT PAGE 3946, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 159336, AND SIXTH AMENDMENT TO DECLARATION OF TIMESHARE USE RECORDED MARCH 25, 1996, IN BOOK 396, OF OFFICIAL RECORDS AT PAGE 3827, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 383937 ("DECLARATION"), DURING A "USE PERIOD" WITH THE HIGH 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. THE EFFECT OF THAT CERTAIN DOCUMENT ENTITLED "SECOND AMENDMENT TO THE BY-LAWS OF KINGSBURY CROSSING OWNERS' ASSOCIATION", RECORDED MARCH 25, 1996, IN BOOK 396, PAGE 3817, OF OFFICIAL RECORDS, AND "THIRD AMENDMENT TO THE BY-LAWS OF KINGSBURY CROSSING OWNERS' ASSOCIATION", RECORDED MARCH 25, 1996, IN BOOK 396, PAGE 3822, OF OFFICIAL RECORDS.

SUBJECT TO ALL COVENANTS, CONDITIONS, RESTRICTIONS, LIMITATIONS, EASEMENTS, AND RIGHTS-OF-WAY-OF RECORD.

A PORTION OF APN 1318-26-101-006

0604319

BK0204PG04187

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

### Reno, Nevada

#### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 101 IMAGE 144  
LOCAL FILE NUMBER

1871

STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Jack Leonard SHANGLE		2. August 17, 2000		3a. Washoe
<b>DECEDENT</b>	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify)
	3b. Reno		3c. Saint Mary's Regional Medical Center		3e. Inpatient
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes. specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6.	7a. 65	December 30, 1934
<b>PARENTS</b>	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a. Michigan		9b. U.S.A	10. 12	11. Married
<b>DISPOSITION</b>	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
	13. ██████████ 2279		14a. Laborer	14b. Distribution Warehouse	
<b>CERTIFIER</b>	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
	15a. Nevada		15b. Washoe	15c. Reno	15d. 1690 Riley
<b>CAUSE OF DEATH</b>	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
	16. Jay L. Shangle		17. Martha Nordmun		
<b>CAUSE OF DEATH</b>	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Casandra Shangle		18b. 1690 Riley Reno, Nevada 89502		
<b>CAUSE OF DEATH</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	19a. Burial		19b. Sierra Memorial Gardens		19c. Reno, Nevada
<b>CAUSE OF DEATH</b>	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
	20a. <i>[Signature]</i>		20b. 9	20c. 600 West Second Street Reno, Nevada 89503	
<b>CAUSE OF DEATH</b>	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		22a. 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 stated. (Signature and Title) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. 8-17-00		HOUR OF DEATH 21c. 0645		DATE SIGNED (Mo., Day, Yr.) 22b.
<b>CAUSE OF DEATH</b>	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
	21d.		22d. CN		22e. AT
<b>CAUSE OF DEATH</b>	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				LICENSE NUMBER
	23a. John A. Shields, MD 236 W. Sixth St #400, Reno, NV 89503				23b. 3362
<b>CAUSE OF DEATH</b>	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
	24a. (Signature) <i>[Signature]</i> Dep.		24b. August 18, 2000	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
	PART I (a)	Abdominal Carcinomatosis			Interval between onset and death
<b>CAUSE OF DEATH</b>	DUE TO, OR AS A CONSEQUENCE OF:				
	(b)				Interval between onset and death
<b>CAUSE OF DEATH</b>	DUE TO, OR AS A CONSEQUENCE OF:				
	(c)				Interval between onset and death
<b>CAUSE OF DEATH</b>	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	25.		26. No	27. No	
<b>CAUSE OF DEATH</b>	ACC. SUICIDE, HOM. UNDET., OR FURTHER INVEST.	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
	28a.	28b.	28c. M	28d.	
<b>CAUSE OF DEATH</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
	28f.		28g.		



No.169650

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *[Signature]* 0604319 Date: AUG 25 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

HK0204P604188