

OFFICIAL RECORD

Requested By:

STEWART TITLE OF DOUGLAS

COUNTY

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0606 PG- 1564 RPTT: 0.00



RECORDING REQUESTED BY

Stewart Vacation Ownership  
180 N. Riverview Dr., Suite 100  
Anaheim, CA 92808

WHEN RECORDED MAIL TO:

William R. McDaniel  
370 Ferndale Ct., B-1  
Schaumburg, IL 60193

Ref No.: NC06-008541

RECORDERS USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA

SS.

COUNTY OF SANTA CLARA

Terry W. Simons, of legal age, being duly sworn, deposes and says:

That Sharon K. McDaniel, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sharon K. Simons named as one of the parties in that certain Grant Bargain and Sale Deed executed by The Bank of California, N.A., a national banking association, and Douglas County Title Co., Inc., a Nevada corporation, as Co-Trustees of the Kingsbury Crossing Trust to Terry W. Simons and Sharon K. Simons, husband and wife as joint tenants, recorded as Instrument No. 111886 in Book 185 at Page 173 on January 3, 1985, of Official Records of Douglas County, covering the following described property situated in the County of Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO FOR COMPLETE LEGAL DESCRIPTION

Dated: April 25, 2006

X Terry W. Simons  
Terry W. Simons

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME BALJINDER SANDHU,  
NOTARY PUBLIC ON THIS 17th DAY OF MAY 2006, BY  
TERRY W. SIMONS, PERSONALLY KNOWN TO ME OR PROVED TO  
ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE  
ME.

SIGNATURE Balginder Sandhu  
NOTARY PUBLIC

NOTARY EXPIRATION DATE: Dec 20th, 06

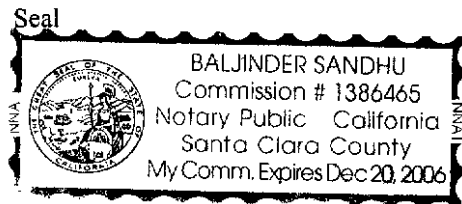


Exhibit "A"

LEGAL DESCRIPTION  
KINGSBURY CROSSING

The land referred to herein is situated in the

State of **Nevada**

County of **Douglas**  
**# 2488**

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. 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 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, of 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.

"Stewart Title has recorded this instrument as an accomodation only. It has not been examined as to its effect on title, no examination of such matters been made."



OFFICE of VITAL STATISTICS

CERTIFIED COPY

39-05-005477 FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (Print Name, Last, First, Middle) Sharon K. McDaniel 2. SEX Female

3. DATE OF BIRTH (Month, Day, Year) March 11, 1947 4. AGE Last Birthday (Years) 58 5. UNDER 1 YEAR Month Day 6. DATE OF DEATH (Month, Day, Year) July 15, 2005

7. SOCIAL SECURITY NUMBER 7134 8. BIRTHPLACE (City and State or Foreign Country) Hastings, Michigan 9. COUNTY OF DEATH Hillsborough

10. PLACE OF DEATH (Check only one) HOSPITAL: H. Lee Moffitt Cancer Center & Research Institute 11a. CITY, TOWN, OR LOCATION OF DEATH Tampa 11b. INSIDE CITY LIMITS? Yes

12. MARITAL STATUS (Check one) Married, but Deceased 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) William R. McDaniel

14a. RESIDENCE - STATE Florida 14b. COUNTY Citrus 14c. CITY, TOWN, OR LOCATION Homosassa

14d. STREET ADDRESS 7192 W. Walden Woods Drive 14e. APT. NO. 14f. ZIP CODE 34446 14g. INSIDE CITY LIMITS? Yes

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Senior Vice President 15b. KIND OF BUSINESS/INDUSTRY Electronics

16. DECEDENT'S RACE (Specify the race to which the decedent considered himself to be. More than one race may be specified.) White

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN (Specify if decedent was of Hispanic or Haitian Origin) Yes (If Yes, specify) No

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) High school diploma or GED

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) William E. Land 21. MOTHER'S NAME (First, Middle, Last, Suffix) Edna M. Helder

22a. INFORMANT'S NAME William R. McDaniel 22b. RELATIONSHIP TO DECEDENT Husband 22c. INFORMANT'S MAILING - STATE Florida

22d. CITY OR TOWN Homosassa 22e. STREET ADDRESS 7192 W. Walden Woods Drive 22f. ZIP CODE 34446

23. PLACE OF DISPOSITION (Name of cemetery, mausoleum, or other place) Fern Memorial Gardens 23a. LOCATION - STATE Florida 23b. LOCATION - CITY OR TOWN Beverly Hills

24. METHOD OF DISPOSITION Burial 25a. LICENSE NUMBER OF LICENSED FUNERAL HOME 4672 25b. LICENSE NUMBER OF PERSON ACTING AS BURIAL 25c. FACILITY'S MAILING - STATE Florida

25d. CITY OR TOWN Wilder Funeral Home 25e. STREET ADDRESS P.O. Box 1052 25f. ZIP CODE 34447

26. CERTIFIER (Check one) Medical Examiner: On the basis of examination, and/or investigation, in my report, death occurred at the time, date and place, due to the cause(s) and manner stated.

27. DATE ISSUED (month/day/year) 07/22/2005 28. YEAR OF DEATH (2d yr.) 0935 29. MEDICAL EXAMINER'S CASE NUMBER

30. LICENSE NUMBER (or County) Mc 80388 31. CERTIFIER'S NAME Lubomir Sokol, M.D. 32. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

33. CERTIFIER'S STATE Florida 33a. CITY OR TOWN Tampa 33b. STREET ADDRESS 12902 Magnolia Drive 33c. ZIP CODE 33612

34. SUBSCRIBER (Name and Date) 35. LOCAL REGISTRY 36. DATE FILED BY REGISTRAR (Month, Day, Year) JUL 26 2005

37. PROBABLE MANNER OF DEATH (Check one) Natural Accident Suicide Homicide Pending Investigation Undetermined 38. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No

39. CAUSE OF DEATH - PART I (Use instructions on back) SEPTIC SHOCK Due to (or as a consequence of): SEVERE NEUTROPENIA Due to (or as a consequence of): REFRACTORY ACUTE MYELOID LEUKEMIA Due to (or as a consequence of):

40. IF FEMALE, WAS SHE PREGNANT WITHIN THE PART YEAR? Yes No Unknown 41. DATE OF INJURY (Month, Day, Year) 42. TIME OF INJURY (24 hr.) 43. INJURY AT WORK? Yes No 44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

45. DATE OF INJURY (Month, Day, Year) 46. TIME OF INJURY (24 hr.) 47. INJURY AT WORK? Yes No 48. LOCATION OF INJURY - STATE 49. CITY OR TOWN 50. STREET ADDRESS 51. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)

52. TYPE OF VEHICLE (Check one) Car/Truck/Bus/Other (Specify) 53. TYPE OF VEHICLE (Check one) Car/Truck/Bus/Other (Specify)

54. TYPE OF VEHICLE (Check one) Car/Truck/Bus/Other (Specify) 55. TYPE OF VEHICLE (Check one) Car/Truck/Bus/Other (Specify)

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88. TYPE OF VEHICLE (Check one) Car/Truck/Bus/Other (Specify) 89. TYPE OF VEHICLE (Check one) Car/Truck/Bus/Other (Specify)

90. TYPE OF VEHICLE (Check one) Car/Truck/Bus/Other (Specify) 91. TYPE OF VEHICLE (Check one) Car/Truck/Bus/Other (Specify)

VOID IF ALTERED OR ERASED

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WARNING: D1296656

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1342 (10/03)