

APN 1319-30-542-010. *pkp*

✓ Frances Glaze
PO Box 2135
Ft. Davis, Tx 79734

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0607 PG- 5232 RPTT: 0.00



DECLARATION (OR AFFIDAVIT) OF DEATH OF JOINT TENANT

State of Texas

County of Jeff Davis

I, Frances C. Glaze, "being duly sworn" say:

I am 18 years of age or over; William C.H. Glaze, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William C.H. Glaze, named as one of the parties in the deed dated October 20, 1992, executed by Q.M. Corporation to William C.H. Glaze and the undersigned, as Joint Tenants, recorded on November 30, 1992, as Instrument # 294163 in Book 1192, Page 5022, of the Official Records of Douglas County, Nevada, covering the property situated in Stateline, County of Douglas, State of Nevada, described as follows:

(legal description of property) See Exhibit "A"

Timeshare No. 02-010-21-04

A.P.N. 1319-30-542-010

Frances C Glaze
FRANCES C. GLAZE

Subscribed and sworn to before me
on June 8th 2007
by Frances C. Glaze

Juanita M Jimenez

(seal of) **JUANITA M JIMENEZ**
Notary Public, State of Texas
My Commission Expires
May 4, 2010

When Recorded Mail to:
Frances C. Glaze
P.O. Box 2135
Ft. Davis, TX 79734

Mail Tax Statements to:
Ridge Sierra
P.O. Box 859
Sparks, NV 89432



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

142-99-075860

STATE OF TEXAS AUG 2 1999 CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED William Clark Hunter Glaze		2. SEX Male	3. DATE OF DEATH April 10, 1999
4. DATE OF BIRTH August 15, 1942	5. AGE 56	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Meridian, Mississippi	7. SOCIAL SECURITY NO. [REDACTED]
8. RACE Caucasian	9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b. IF YES, SPECIFY MEDICAL ORIGIN (IC, AL, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (10-12) COLLEGE (13-16, 17)) 174	12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Frances Crosby		14. DECEDENT'S USUAL OCCUPATION Veterinarian	14b. KIND OF BUSINESS OR INDUSTRY US Dept. of Agriculture
15a. RESIDENCE STREET ADDRESS P.O. Box 231		15b. CITY OR TOWN Fort Davis	
15c. COUNTY Jeff Davis	15d. STATE Texas	15e. ZIP CODE 79734	15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. FATHER'S NAME William Clark Hunter		17. MOTHER'S MAIDEN NAME Jean Cora Collins	
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)			
19. COUNTY OF DEATH Brewster		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Alpine	
21. NAME OF HOSPITAL OR INSTITUTION (if not in institution, show street address) Big Bend Regional Medical Center		22. MAILING ADDRESS OF INFORMANT P.O. Box 231, Fort Davis, Texas 79734	
23. INFORMANT - SIGNATURE & RELATIONSHIP Frances Glaze Wife			
24. 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)		25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Hillcrest Cemetery	
26. LOCATION (CITY, STATE) Fort Davis, Texas		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON NOTING AS SUCH <i>[Signature]</i>	
28. DATE OF DISPOSITION April 14, 1999		29. NAME & ADDRESS OF FUNERAL HOME Memorial Funeral Home 225 West El Paso Marfa, Texas 79843	
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> JUSTICE OF THE PEACE ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.			
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i>		32. DATE SIGNED 04 25 1999	33. TIME OF DEATH 11:30 P. M.
34. PRINTED NAME & ADDRESS OF CERTIFIER Franklin House, M.D. P.O. Box 2048 Fort Davis, Texas 79734			
35. PART 1 - 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) → * Severe Chest Trauma DUE TO (OR AS A LIKELY CONSEQUENCE OF): Minutes * Cardio Pulmonary Arrest DUE TO (OR AS A LIKELY CONSEQUENCE OF): Minutes * Motor Vehicle Accident DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.) Coronary Artery Disease			
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		40. WAS DECEDENT PREGNANT WITHIN LAST 12 MO. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
41a. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41b. DATE OF INJURY 04/10/99	
41c. TIME OF INJURY 20:50 M.		41d. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE) Hwy 118, Davis Mountain Resort Entrance, Fort Davis, Texas		41f. PLACE OF INJURY - AT HOME, PARK, STREET, FACTORY, OFFICE, ETC. (SPECIFY) Davis Mountain Resort Entrance	
41g. DESCRIBE HOW INJURY OCCURRED Crashed into very large stone entrance sign.			
42a. REGISTRAR FILE NO. 01-31-99		42b. DATE RECEIVED BY LOCAL REGISTRAR April 29, 1999	
42c. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			

WARNING: The penalty for knowingly making a false statement in this form can be 1 year in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 196.001)

MS - P544280 AMENDMENT TO CERTIFICATE OF DEATH

BUREAU OF VITAL STATISTICS Texas Department of Health		DEATH NO. 075860
REGISTRAR'S FULL NAME AS SHOWN ON ORIGINAL DEATH CERTIFICATE WILLIAM CLARK HUNTER GLAZE		DATE OF DEATH 04/10/1999
PLACE OF DEATH - COUNTY BREWSTER	CITY OR TOWN ALPINE	LOCAL REGISTRAR # 01-31-99
ITEM OR ITEM NO.	ENTRY ON ORIGINAL CERTIFICATE	CORRECT INFORMATION
7 15A 23	[REDACTED] P.O. BOX 231 P.O. BOX 231, FT DAVIS, TX	[REDACTED] P.O. BOX 2031 P.O. BOX 2031, FT DAVIS, TX
TYPE OF DOCUMENT	DATE OF ORIGINAL ENTRY	BY WHOM ISSUED AND SIGNED
AFFIDAVIT OF FUNERAL DIRECTOR LEE ROSS PUCKETT JR.	05/24/1999	ALMA ROSA BAEZA NOTARY PUBLIC STATE OF TEXAS
DATE ISSUED 11/09/1999		
I HEREBY CERTIFY THAT I HAVE EXAMINED THE DOCUMENTS LISTED ABOVE AND THAT THE ABSTRACT IS TRUE AND CORRECT.		
DATE FILED 11/09/1999	STATE REGISTRAR <i>[Signature]</i>	

BK- 0607
PG- 5234
06/18/2007
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F116536

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED **NOV 09 1999**

[Signature]
RICHARD B. BAYS
STATE REGISTRAR

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

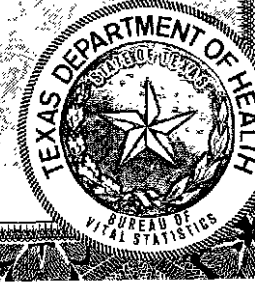
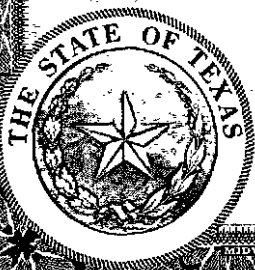


EXHIBIT "A"

(Sierra 02)

02-010-21-04

A timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

(A) An undivided 1/8th interest as tenants in common, in and to the Common Area of Lot 3 of Tahoe Village Unit No. 3, as shown on the map recorded December 27, 1983, as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada

(B) Unit No. A2 as shown and defined on said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 93408, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary Line Adjustment Map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" within the PRIME "use season" as that term is defined in the Second Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Sierra recorded as Document No. 183661, and as Amended by that certain Addendum recorded as Document No. 184444, Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "USE WEEK" in the above referenced "use season" as more fully set forth in the CC&R's.

A Portion of APN: 1319-30-542-010





WASHOE COUNTY RECORDER

OFFICE OF THE RECORDER
KATHRYN L. BURKE, RECORDER

1001 E. NINTH STREET
POST OFFICE BOX 11130
RENO, NEVADA 89520-0027
PHONE (775) 328-3661
FAX (775) 325-8010

LEGIBILITY NOTICE

The Washoe County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties rights may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed it may not reproduce a legible copy.

Lynn Clemens
Signature

6/14/07
Date

Lynn Clemens
Printed Name