

16

DOC # 0716490
01/18/2008 12:57 PM Deputy: SD

OFFICIAL RECORD
Requested By:
MARY BURNS

A.P.N. # Por of 1319-30-721-001
ESCROW NO. N/A
RECORDING REQUESTED BY:
STEWART TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0108 PG-4024 RPTT: 0.00



WHEN RECORDED MAIL TO:

Mary Burns
4631 North Holly Court
Kansas City, Mo 64116

(Space Above for Recorder's Use Only)

AFFIDAVIT

By Surviving Spouse Succeeding to Title to Community Property
With Right of Survivorship (Sections 111.064 and 111.365, Nevada Revised Statutes
A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

Mary Sharon Burns, of legal age, being first duly sworn, deposes and says:
That Edward Lee Mosby, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as Edward Lee Mosby
named as one of the parties in that certain Grant Deed dated November 28, 1999
executed by Edward L. Mosby, a married man
to Edward L. Mosby and Mary Sharon Burns, husband and wife
husband and wife, as Community Property, With Right of Survivorship, recorded as Document No. 0482522
on December 14, 1999, in Book 1299, Page 2345, of Official Records of
Douglas County, State of Nevada, affecting the following described property:

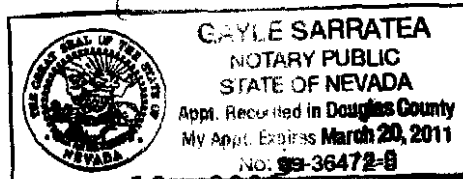
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

That she/he was married to Edward Lee Mosby
at the time of death of decedent. That no transfers of interest by either Edward Lee Mosby
nor Mary Sharon Burns, have occurred in regards to the herein described community
property estate. That Edward Lee Mosby did not execute a Will in conflict with
Right of Survivorship set forth in the above mentioned deed. That Edward Lee Mosby
died on August 08, 2006 at Kansas City, Missouri
as set forth in the attached Certificate of Death.

DATE: January 18, 2008

Mary Sharon Burns
Mary Sharon Burns

STATE OF NEVADA }
COUNTY OF Douglas } ss.



This instrument was acknowledged before me on January 18, 2008
by, Mary Sharon Burns

Signature: *Gayle Sarratea*
Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

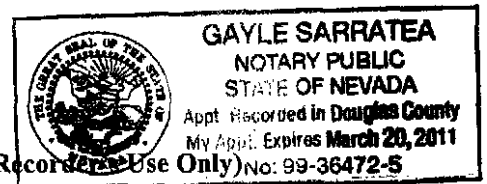


EXHIBIT "A"

(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 081 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the Winter "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-001



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER
124 - 08 102508

TYPEPRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

18 300
 MO 580-211 (9-03)

FOR USE BY PHYSICIAN OR INSTRUMENT
 NAME OF DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

REGISTRATION DISTRICT NO. REGISTRAR'S NUMBER

1. DECEDENT'S NAME (First, Middle, Last) **Edward Lee Mosby**
 2. SEX **Male**
 3. DATE OF DEATH (Month, Day, Year) **August 8, 2006**
 4. SOCIAL SECURITY NO. **8323**
 5a. AGE - Last Birthday (Years) **69**
 5b. UNDER 1 YEAR **69**
 5c. UNDER 1 DAY **69**
 6. DATE OF BIRTH (Month, Day, Year) **January 7, 1937**
 7. BIRTHPLACE (City and State or Foreign Country) **Cape Girardeau, Missouri**
 8. PLACE OF DEATH (Check only one)
 8a. CITY, TOWN, OR LOCATION OF DEATH **Kansas City**
 8b. COUNTY OF DEATH **Clay**
 8c. ZIP CODE **64116**
 9. RESIDENCE - STATE **Missouri**
 10. SURVIVING SPOUSE'S NAME (If wife, give full maiden name) **Mary Sharon Burns**
 11. MARRIAGE STATUS - Married, Never Married, Widowed, Divorced, (Specify) **Married**
 12. DECEDECENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Oral Surgeon**
 13. RACE - American Indian, Black, White, etc. (Specify) **White**
 14. DECEDECENT'S EDUCATION (Specify only highest grade completed) **College (1-4 or 5+)**
 15. FATHER'S NAME (First, Middle, Last) **Willard Lee Mosby**
 16. MOTHER'S NAME (First, Middle, Maiden Surname) **Verla Mae Haynes**
 17. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **4631 N Holly Court Kansas City, Missouri 64116**
 18. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Cremation August 10, 2006**
 19. NAME AND ADDRESS OF FACILITY **McGilliey Antioch Chapel 3325 NE Vivion Road Kansas City, Missouri 64119**
 20. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **[Signature]**
 21. FUNERAL ESTABLISHMENT LICENSE NUMBER **2003021995**
 22. APPROPRIATE REMOVAL BETWEEN ORAL AND DEATH **12 years**
 23. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Waldenstrom's macroglobulinemia**
 24. DUE TO (OR AS A CONSEQUENCE OF):
 a. **Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death). LAST**
 b. **DUE TO (OR AS A CONSEQUENCE OF):**
 c. **DUE TO (OR AS A CONSEQUENCE OF):**
 d. **DUE TO (OR AS A CONSEQUENCE OF):**
 25. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
 26. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide
 27a. DATE OF INJURY (Month, Day, Year) **M**
 27b. TIME OF INJURY **M**
 27c. INJURY AT WORK? Yes No Unk.
 27d. DESCRIBE HOW INJURY OCCURRED
 28. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) **[Signature] Fall Manner MD**
 29. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
 30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Jill Mosmeyer 2301 Holmes St. Kansas City MO 64111**
 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER **[Signature] Dr. Dennis**
 32. REGISTERAR'S SIGNATURE (Type or Print) **[Signature] Clifford A. Dennis**
 33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) **8/9/06**
 34. TIME OF DEATH **5:10 A M**
 35. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
 36. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?
 37. MO. LICENSE NUMBER **MDL3472**

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
 (Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 1994)

STATE OF MISSOURI } ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health and Senior Services this date of

August 9, 2006

MO 580-1103 (10/01) 5210-008 (Rev 2/03)

Clifford A. Dennis
 Registrar of Vital Statistics