

RECORDING REQUESTED BY:

Title Order No.: Escrow Only
Escrow No.: 08-51826-RM

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0309 PG- 3134 RPTT: 0.00



When recorded mail to:
Ms. Mary Jane Callihan
4701 N. 68th St., #241
Scottsdale, AZ. 85251

Parcel No. 1318-26-101-006 PTN

SPACE ABOVE THIS LINE FOR RECORDS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada }
COUNTY OF Douglas } S.S.

Mary Jane Callihan, of legal age, being first duly sworn, deposes and says: That George M. Callihan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Deed, dated November 4, 1994 executed by Capri Resorts, Inc., a Nevada Corporation to George M. Callihan and Mary Jane Callihan, husband and wife as joint tenants as Joint Tenants, recorded as Instrument No. 350039 on November 4, 1994, in Book 1194, Page 0797, of Official Records of Douglas County, covering the following described real property in , county of Douglas, State of NV.

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

Property is commonly known as: a timeshare interest at 133 Deer Run, Stateline, NV. known as Kingsbury Crossing timeshare

Dated: 11-24-08

Mary Jane Callihan

MARY JANE CALLIHAN

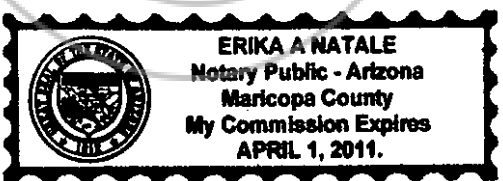
State of Arizona }
County of Maricopa } ss:
On _____

November 24th, 2008

Before me, a Notary Public, personally appeared:
Mary Jane Callihan

[] personally known to me -or- [X] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal



Erika A Natale

NAME (TYPED OR PRINTED)

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 Three, as shown on that Amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of official records at Page 172, Douglas County, Nevada, as Document No. 43178, 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 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 these 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, 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.

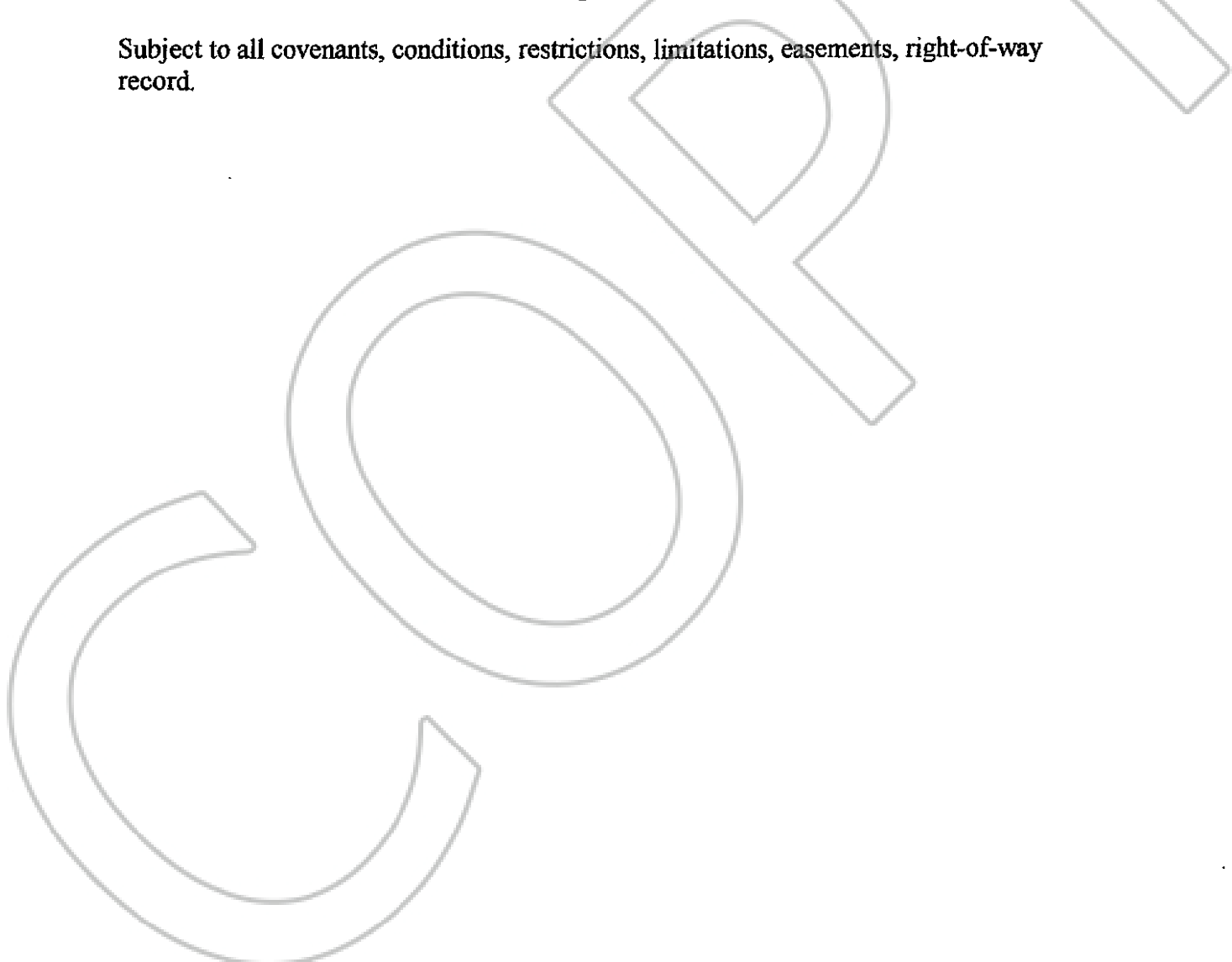
Third amendment to declaration of timeshare use recorded October 14, 1983, in Book 1083, of official records at Page 2572, Douglas County, Nevada, as Document No. 89535.

Fourth amendment to declaration of timeshare use recorded August 31, 1987, in Book 887, of official records at Page 3987, 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. 149336.

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” within 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 Owner’s Association”, “Third amendment to the By-laws of Kingsbury Crossing Owner’s Association”, recorded March 25, 1996 in Book 396, Page 3822 of official records.

Subject to all covenants, conditions, restrictions, limitations, easements, right-of-way record.



CERTIFICATION OF VITAL RECORD

VERIFICATION BOX (BOLD BETWEEN THUMB AND FOREFINGER, OR BLUE ATHE OR IT COLOR WILL CHANGE TO BLUE AND THEN RETURN)

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. D-102 2007-026586

NAME OF DECEASED A. FIRST GEORGE			B. MIDDLE M.			C. LAST CALLIHAN			SEX 2. MALE	DATE OF DEATH MONTH DAY YEAR 3. JULY 24, 2007													
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. WHITE			WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. NO			IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C.			WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. YES														
PLACE OF DEATH 6A. COUNTY MARICOPA			6B. TOWN OR CITY PHOENIX			8C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER			8D. <input type="checkbox"/> DOA <input checked="" type="checkbox"/> IN PATIENT														
DATE OF BIRTH 7. APRIL 10, 1924			AGE (YEARS LAST BIRTHDAY) 8A. 83			IF UNDER 1 YEAR MOB. DAYS 8B.			IF UNDER 1 DAY HRS. MIN. 8C.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED			SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. MARY JANE FOWLER								
STATE AND CITY OF BIRTH (If not in USA, name country) OKLAHOMA CITY, OK			CITIZEN OF WHAT COUNTRY? 12. U.S.A.			SOCIAL SECURITY NO. 13. 6816			USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. SALES CLERK			KIND OF BUSINESS OR INDUSTRY 14B. RETAIL CLOTHING											
USUAL RESIDENCE 15A. STATE ARIZONA			15B. COUNTY MARICOPA			15C. TOWN OR CITY SCOTTSDALE			15D. ZIP CODE 85251			HOW LONG IN ARIZONA? 16. 23 YEARS			EDUCATION HIGHEST GRADE COMPLETED 17.								
STREET ADDRESS OF R.F.D. 15E. 4701 N. 68TH ST.			INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES			ON RESERVATIONS (SPECIFY Yes or No) 15G. NO			PREVIOUS STATE OF RESIDENCE 18. NEW MEXICO			ELEMENTARY SECONDARY (0-12) 18A. 4			COLLEGE (1-4 or 6+) 18B.								
FATHERS NAME 19. GEORGE M. CALLIHAN			MOTHERS MAIDEN NAME 20. AMELIA M. LACROIX			INFORMANT'S SIGNATURE 21. MARY JANE CALLIHAN			RELATIONSHIP TO DECEASED 22. WIFE			ADDRESS STREET NO. CITY AND STATE ZIP CODE 23. 4701 N. 68TH ST. #241 SCOTTSDALE, AZ 85251											
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION			DATE 25. 7/31/07			SERVITY MORTUARY SERVICES, INC. 26. PHOENIX, ARIZONA			EMBALMERS SIGNATURE 27A. NOT EMBALMED			CERT. NO. 27B.											
FUNERAL HOME NAME 28. NEPTUNE SOCIETY 1729 W. GREENTREE DR. SUITE 103 TEMPE, AZ			STREET ADDRESS 29. 1729 W. GREENTREE DR. SUITE 103 TEMPE, AZ			CITY AND STATE 30. TEMPE, AZ			FUNERAL DIRECTOR OR PERSONNEL (SIGNATURE) 31. STEPHEN MURPHY			CERT. NO. 32. 941											
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 33. SIGNATURE AND TITLE <i>[Signature]</i>			DATE SIGNED (Mo., Day, Year) 34. JULY 26, 2007			HOUR OF DEATH 35. 1940			ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 36. SIGNATURE AND TITLE <i>[Signature]</i>			DATE SIGNED (Mo., Day, Year) 37.			HOUR OF DEATH 38.								
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. NGUYEN, MD 340 E. PALM LN. PHOENIX, AZ 85004			AUTHORIZED FOR CREMATION (SPECIFY) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			MEDICAL EXAMINER'S SIGNATURE 41. <i>[Signature]</i>			DATE REGISTERED 42. AUG 07 2007			REG. FILE NO. 43. 15760			REGISTRARS SIGNATURE 44. <i>[Signature]</i>			REG. DISTRICT 45. 0208			DATE RECD BY STATE OFFICE 46.		
SEVERABLY LIST CONTROLS IF ANY: CAUSE ENTER UNDERLYING CAUSE INCREASE OF INJURY THAT INITIATED EVENTS RESULTING IN DEATH (LAST, PART I) 47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Aspiration Pneumonia			47B. DUE TO OR AS A CONSEQUENCE OF: Dysphagia			47C. DUE TO OR AS A CONSEQUENCE OF: Mastoid abscess			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day 3 weeks 3 months														
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						AUTOPSY (Specify Yes or No) 48. YES			WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 49. YES														
MANNER OF DEATH (X) <input checked="" type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED <input type="checkbox"/>			DATE OF INJURY 52. MO DAY YR HOUR NO 24 07 1940			INJURY AT WORK? (Specify Yes or No) 53. NO			DESCRIBE HOW INJURY OCCURRED 54.			PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 55.			WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE 56.								
SUPPLEMENTARY ENTRIES 57.																							

Aug 21, 2007

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams

PATRICIA ADAMS ASSISTANT STATE REGISTRAR

Arizona Department Health Serv

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.



BK- 0309 PG- 3137