

DOC # 752243
10/15/2009 08:55AM Deputy: DW
OFFICIAL RECORD
Requested By:
ELITE RESORT TRANSFERS
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-1009 PG-2961 RPTT: 0.00



APN: 1319-30-720-001 *AIN*

**RECORD AND
RETURN TO:**
Inventory Control
MTR Holdings, LLC
205 E. Central Blvd., Suite 500
Orlando, FL 32801
MTR070209-26TA

RECORDING COVER PAGE

This page added for the purpose of affixing Recording Information

Deed:

Other: *AFFIDAVIT OF DEATH CERTIFICATE*

The Ridge Tahoe, APN: 1319-30-720-001

EXHIBIT "A" IS LEGAL DESCRIPTION



**PREPARED FOR/
RETURN TO:**

Inventory Control
MTR Holdings, LLC
205 E. Central Blvd., Suite 500
Orlando, FL 32801
MTR070209-26TA

AFFIDAVIT OF DEATH CERTIFICATE

State of Florida

County of Orange

Antonio J. Comas as attorney in fact for Sylvia O. Warters, of legal age being first duly sworn, deposes and says:

That Lawrence D. Warters, the decedent mentioned in the attached Certified Copy of Certificate of Death, is the same person as Lawrence D. Warters named as one of the parties in that certain The Ridge Tahoe Grant, Bargain, Sale Deed, dated August 17, 1994, executed by Robert W. Dunbar, Treasurer, Chief Financial Officer, to Lawrence D. Warters and Sylvia O. Warters, recorded on August 29, 1994 in Book 0894, at Page 4956-4957 of Official Records of Douglas County, Nevada, covering the following described property situated in The Ridge Tahoe, APN: 1319-30-720-001.

That the value of this property owned by said Decedent at date of death, did not than exceed the sum of Five Hundred Dollars, (\$500.00).

Dated October 14, 2009

Antonio J. Comas as attorney in fact for Sylvia O. Warters
Antonio J. Comas as attorney in fact for Sylvia O. Warters

The foregoing instrument was acknowledged before me this October 14, 2009 (date) personally appeared **Antonio J. Comas as attorney in fact for Sylvia O. Warters**. He/She is personally known to me or (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 entirety upon behalf of which the person(s) acted, executed the instrument.

Kerrie Woolary
NOTARY PUBLIC

Kerrie Woolary
Print Name
My commission expires: 3/28/2010



KERRIE WOOLARY
Commission DD533999
Expires March 28, 2010
Bonded thru Troy Film Insurance 800-385-7010

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

TYPEPRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEASED

DECEASED

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEASED'S NAME (First, Middle, Last) Lawrence, Donald Warren		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 22, 2006
4. SOCIAL SECURITY NUMBER 73		5. AGE LAST BIRTHDAY (Month, Day, Year) January 12, 1933	6. BIRTHPLACE (City and State of Foreign Country) Endicott, NY
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PLACE OF DEATH (Check one) a. <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) 415 Jackson Hills Drive		11. CITY, TOWN, OR LOCATION OF DEATH Maryville, TN	
12. COUNTY OF DEATH Blount		13. DECEASED'S USUAL OCCUPATION (Do not include work done during most of working life. Do not use retired.) Bio Medical Engineer	
14. KIND OF BUSINESS/INDUSTRY Medical Equipment		15. RESIDENCE-STATE TN	
16. COUNTY Blount		17. CITY, TOWN OR LOCATION Maryville	
18. STREET AND NUMBER OR RURAL LOCATION 415 Jackson Hills Drive		19. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. ZIP CODE 37804		21. WAS DECEASED OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. RACE-American Indian, Black, White, etc. (Specify) White		23. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5-6) <input type="checkbox"/> 2	
24. FATHER'S NAME (First, Middle, Last) Donald Alfred Warren		25. MOTHER'S NAME (First, Middle, Maiden Surname) Eunice Flester Warren	
26. INFORMANT'S NAME (Type/print) Sylvia Oeaser Warren		27. RELATIONSHIP TO DECEASED Wife	
28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, and Zip Code) 415 Jackson Hills Drive Maryville TN 37804		29. MANNER OF DEATH 1. <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Other (Specify)	
30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Littlebrook Cremations Co., Inc.		31. LOCATION (City or Town, State) Maryville TN	
32. SIGNATURE AND TITLE OF FUNERAL DIRECTOR <i>Rob Water</i>		33. LICENSE NUMBER OF FUNERAL DIRECTOR 5971	
34. SIGNATURE OF EMBALMER Not Embalmed		35. LICENSE NUMBER OF EMBALMER Not Embalmed	
36. NAME AND ADDRESS OF FUNERAL HOME Memorial Funeral Home - 810 Washington St Maryville, TN 37804		37. LICENSE NUMBER OF FUNERAL HOME 917	
38. REGISTRAR'S SIGNATURE <i>Selena Norton</i>		39. DATE FILED (Month, Day, Year) February 7, 2006	
40. CERTIFICATION - To the best of my knowledge, death occurred at the time, date, place, and cause stated and manner as stated.			
41. SIGNATURE AND TITLE OF PHYSICIAN <i>Ken Puleston</i>		42. LICENSE NUMBER 024731	
43. DATE SIGNED (Month, Day, Year) 2/1/06		44. SIGNATURE AND TITLE OF MEDICAL EXAMINER	
45. LICENSE NUMBER		46. DATE SIGNED (Month, Day, Year)	
47. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/print) 1924 Alcoa Hwy Knoxville, TN 37920			
48. PARTY - Enter the disease, injury, or complication 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): a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____ k. _____ l. _____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____ s. _____ t. _____ u. _____ v. _____ w. _____ x. _____ y. _____ z. _____ CAUSE (Disease or injury that initiated or contributed to the death): a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____ k. _____ l. _____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____ s. _____ t. _____ u. _____ v. _____ w. _____ x. _____ y. _____ z. _____ DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____ k. _____ l. _____ m. _____ n. _____ o. _____ p. _____ q. _____ r. _____ s. _____ t. _____ u. _____ v. _____ w. _____ x. _____ y. _____ z. _____ APPROXIMATE INTERVAL BETWEEN CAUSE AND DEATH: _____ Weeks			
49. AFFILIATION (Occupation, business, or profession) (Type/print) HTN		50. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
51. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. MANNER OF DEATH 1. <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Other (Specify)	
53. DATE OF INJURY (Month, Day, Year)		54. TIME OF INJURY M: _____ P: _____	
55. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56. DESCRIBE HOW INJURY OCCURRED	
57. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))		58. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

PHYSICIAN OR MEDICAL EXAMINER EXAMINING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER PAGE

PH-1453 REV 2-03

DOA-1200

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

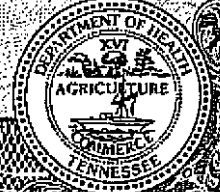
Tennessee Code Annotated-68-3-101 et seq., Vital Records Act of 1977.



Sharon M. Leinbach
Sharon M. Leinbach
STATE REGISTRAR

Selena Norton
Selena Norton, Local Registrar
Blount County Health Department

Feb. 8, 2006
Date Issued



CERTIFICATION OF VITAL RECORD

BK-1009
PG-2963
752243 Page: 3 of 4 10/15/2009



EXHIBIT "A" (37)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan Recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 040 as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week every other year in Even - numbered years in the Prime "Season" as defined in and in accordance with said Declaration.

Portion of Parcel No. 42-281-02