

APN: PTN of 1318-26-101-006

Recording Requested by: Deborah A. Lopez and  
when recorded, Mail To: Timeshare Closing Services, Inc.  
7345 Sand Lake Road, #303  
Orlando, FL 32819  
73051110002A

DOC # 770963  
09/23/2010 08:48AM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
VIN  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-910 PG-4666 RPTT: 0.00



Mail Tax Statements To: Kingsbury Crossing Owners Association, P.O. Box 7049,  
Stateline, NV 89449

**AFFIDAVIT OF DEATH**

STATE OF FL ) SS

COUNTY OF Orange )

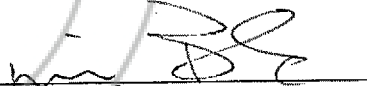
The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Charles P. Stanley, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Charles P. Stanley, named as one of the parties in that certain deed dated 7/24/1998, executed by Kingsbury Crossing Owners Association, a Nevada non-profit Corporation to Charles P. Stanley and Linda M. Stanely, Husband and Wife as Joint Tenants, recorded as Instrument No. 0448671 on 9/03/1998 in Book 0998, Page 0577-0578, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

Legal Description of Property: A Timeshare Estate described as Kingsbury Crossing, Low Season, Douglas County, Nevada being more particularly described on the Exhibit "A" attached to the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

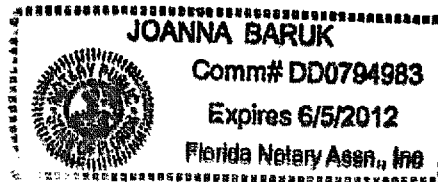
  
Deborah A. Lopez Affiant

Dated this 21 day of September, 2010

Subscribed and Sworn before me, Notary Public, On Sept 21, 2010, personally appeared, Deborah A. Lopez, 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 entity upon behalf of which the person(s) acted, executed the instrument.

SIGNATURE   
My Commission Expires: 6-5-2012

WITNESS my hand and official seal.





VALID ONLY  
WITH  
IMPRESSED  
SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A  
RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

DATE ISSUED:

03/22/2002

*Geneva G. Sparks*  
STATE REGISTRAR OF VITAL RECORDS

-SEAL-

State of Maryland / Department of Health and Mental Hygiene  
Certificate of Death

1- For State Registrar

Reg. No.

Physician / Medical Examiner  
Funeral Director  
To Be Completed by Funeral Director  
To Be Completed by Physician / Medical Examiner  
Division of Vital Records, P.O. Box 68760,  
Baltimore, Maryland 21215-0036  
Stanley, Charles F.  
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.  
To the Funeral Director: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 2 should be detached for use as the burial-transit permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.  
Important: If item 27 is marked other than "natural", or items 23a or 23b-f show any injury or other traumatic event, the Medical Examiner must be notified in all cases.

1. Decedent's Name (First, Middle, Last) <b>Charles P. Stanley</b>		2. Date of Death <b>MARCH 20 2002</b>		3. Time of Death <b>9:12 P.M.</b>	
4a. Facility Name (If not institution, give street and number) <b>GREATER BALTIMORE MEDICAL CENTER</b>		4b. City, Town, or Location of Death <b>TOWSON</b>		4c. County of Death <b>BALTIMORE</b>	
5. Social Security Number <b>2205</b>		6. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		7. Age (In yrs. last birthday) <b>71</b> Yrs.	
8. Date of Birth (Month, Day, Year) <b>Jan. 24, 1931</b>		9. Birthplace (State or Foreign Country) <b>WV</b>			
10a. State <b>MD</b>		10b. County <b>Carroll</b>		10c. City, Town or Location <b>Eldersburg</b>	
10d. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10e. Street and Number <b>2308 Lake Circle Drive</b>		10f. Zip Code <b>21784</b>	
10g. Citizen of What Country? <b>U.S.A.</b>		11. Marital Status <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Year or Dates: <b>Korean</b>	
13. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify:		14. Race - American Indian, Black, White, etc. Specify: <b>White</b>		15. Decedent's Education (Specify only highest grade completed) <b>Elementary/Secondary (0-12) 12</b> <b>College (1-4 or 5+) 5+</b>	
16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) <b>Assistant States Attorney</b>		16b. Kind of Business/Industry <b>Baltimore City</b>		17. Father's Name (First, Middle, Last) <b>Joel Stanley</b>	
18. Mother's Name (First, Middle, Maiden Surname) <b>Grace Pardue</b>		19a. Informant's Name/Relationship (Type, Print) <b>Linda Stanley/Wife</b>		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2308 Lake Circle Drive Eldersburg, MD 21784</b>	
20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of cemetery, crematory or other place) <b>Carroll Cremation, Inc.</b>		20c. Date <b>3/22/2002</b>	
20d. Location - City or Town, State <b>Hampstead, MD</b>		21. Signature of Funeral Service Licensee <i>Wayne Reichman</i>		22. Name and Address of Facility <b>J.N. Zumbrun F.H. &amp; Mon. Co. 6028 Sykesville Road Eldersburg, MD 21784</b>	
23a. Part I. Enter the disease, 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) <b>Hypovolemic shock</b>		23b. Part II. Enter the disease, 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. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last <b>Massive Hemorrhage</b> <b>Ruptured Aortic Aneurysm</b>		Approximate Interval Between Onset and Death <b>6HRS</b>	
IF FEMALE: 23b. Was decedent pregnant in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		23c. If yes, outcome of pregnancy <input type="checkbox"/> Live birth <input type="checkbox"/> Fetal death <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unknown		23d. Date of delivery Month Day Year	
24. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. Place of Death (Check only one) Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EHV Outpatient <input type="checkbox"/> OOA Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		27. 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		28a. Date of Injury (Month, Day Year)	
28b. Time of Injury M		28c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28d. Describe how injury occurred	
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)		28f. Location (Street and Number or Rural Route Number, City or Town, State)			
29a. Certifier (Check only one) <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: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.		29b. Signature and title of certifier <i>Wayne Reichman MD</i>		29c. License number <b>041749</b>	
29d. Date signed (Month, Day, Year) <b>MARCH 21, 2002</b>		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) <b>6666 N. CHARLES STREET SUITE 605 TOWSON, MD 21204</b>		31. Date filed (Month, Day, Year) <b>MAR 22 2002</b>	
32. Registrar's Signature <i>Geneva G. Sparks</i>					



## Exhibit "A"

File number: 73051110002A

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 3, 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, 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. 84425 and Third Amendment to Declaration of Timeshare use recorded October 14, 1983 in Book 1083 at page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, (Declaration), during a "Use Period", within the **LOW** 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.

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

Interval No. 3477