

APN: 1319-30-631-014 PTN

Recording Requested by: Mayra Morales and
when recorded, Mail To: Timeshare Closing Services, Inc.
7345 Sand Lake Road, #303
Orlando, FL 32819
67010411091A

VIN Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-411 PG-1644 RPTT: 0.00



Mail Tax Statements To: **Murdoch Investment Trust, LLC, 2 East Congress Street, Suite 900, Tucson, AZ 85701**

AFFIDAVIT OF DEATH

STATE OF FL) SS COUNTY OF Orange)

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Jana Kennedy Huntoon, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Jana Kennedy, named as one of the parties in that certain deed dated 5/15/1992, executed by Jack K Sievers, a married man as his sole and separate property to Leon W Huntoon and Jana Kennedy, husband and wife as joint tenants with right of survivorship, recorded in Book 592, Page 4306, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

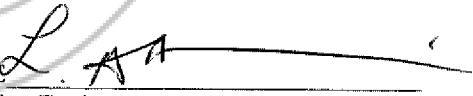
Legal Description of Property: A Timeshare Estate described as Ridge Crest - A Quintus Resort, Unit 304, Douglas County, Nevada being more particularly described on the exhibit "A" attached to the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.



Mayra Morales Affiant

Dated this 4 day of April, 2011

Subscribed and Sworn before me, Notary Public, On 4-4-11, personally appeared, Mayra Morales, 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:

WITNESS my hand and official seal.

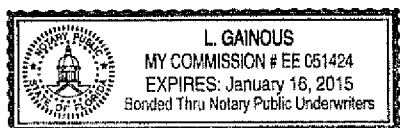




Exhibit "A"

File number: 67010411091A

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

(a) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest Condominiums as said in Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at page 711, Douglas County, Nevada, as Document 183624.

(b) Unit No. 304 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

Parcel 2: A non exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document 183624, 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" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of 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 Crest project during said "use week" as more fully set forth in the CC&R's.

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

AMENDED 120A

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) Jana Kennedy HUNTOON
2. SEX F
3. DATE OF DEATH (Month, Day, Year) January 11, 2001
4. SOCIAL SECURITY NUMBER 0186
5a. AGE - Last Birthday (Year) 47
5b. UNDER 1 YEAR
5c. UNDER 1 DAY
6. DATE OF BIRTH (Month, Day, Year) January 5, 1954
7. BIRTHPLACE (City and State or Foreign Country) Logan, Utah
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes [] No [X]
9a. PLACE OF DEATH (Check only one) HOSPITAL: Memorial Hospital
9b. CITY, TOWN, OR LOCATION OF DEATH Colorado Springs
9c. COUNTY OF DEATH El Paso
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) Administrator
10b. KIND OF BUSINESS/INDUSTRY US Air Force
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If wife, give maiden name) Lee W. Huntoon
13a. RESIDENCE STATE Colorado
13b. COUNTY El Paso
13c. CITY, TOWN, OR LOCATION Peyton
13d. STREET AND NUMBER 8564 Del Rio Rd.
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE: American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 17+

PARENTS

17. FATHER'S NAME (First, Middle, Last) Dean R. Rees
18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) Dorothy D. Day
19. INFORMANT NAME and relationship to decedent Lee W. Huntoon - Husband

DISPOSITION

20a. METHOD OF DISPOSITION () Burial () Cremation (X) Removal from State
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Logan Cemetery
20c. LOCATION - City or Town, State Logan, Utah

CERTIFIER

21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Jan M. Bendele
21b. NAME AND ADDRESS OF FACILITY: Swan-Law Funeral Directors, Inc. 501 N. Cascade Avenue Colorado Springs, Colorado ZIP: 80903
22. REGISTRAR'S SIGNATURE (Signature)
23. DATE OF DEATH 6:10 PM M January 11, 2001 Year
24. DATE PHONOUNCED DEAD 6:10 PM Noon
25. WAS CORONER NOTIFIED? (Yes or No) Yes

CAUSE OF DEATH

26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: Timothy Rummel, MD
27. 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 as stated. Signature: Geoffrey Caquelin
28. DATE SIGNED (Month, Day, Year) 01-24-2001
29. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Timothy Rummel, MD, 1725 E. Boulder #204, Colorado Springs, Colorado ZIP: 80909
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) Geoffrey Caquelin, Deputy Coroner, 2743 E. Las Vegas, Colorado Springs, CO 80906
31. MANNER OF DEATH (X) Natural () Pending Investigation () Accident () Outside () Undetermined Manner () Homicide
32. DATE OF INJURY (Month, Day, Year)
33a. TIME OF INJURY
33b. INJURY AT WORK? M Yes No
33c. DESCRIBE HOW INJURY OCCURRED
34. PLACE OF INJURY (Home, farm, street, factory, office building, etc. (Specify))
35. LOCATION (Street and Number or Rural Route Number, City, County, State)
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, (e.g. Cardiac or Respiratory Arrest) alone.
(a) Proarrhythmic Arrhythmias & Sudden Shock
(b) Sudden Shock
(c)
35. AUTOPSY (Yes or No) No
36. IF YES were findings considered in determining cause of death?

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED

JAN 29 2001

CAROL J. GARRETT, P.H.D. STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1983, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record, NOT VALID IF PHOTOCOPIED.

BK-411 PG-1646 781338 Page: 3 of 3 04/11/2011

