

A Portion of APN: 1319-30-645-003

When Recorded, Please Return To:  
Houghton Jones, A.P.C.  
777 E. William Street, Suite 107  
Carson City, NV 89701

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0812 PG-0813 RPTT: 0.00



Mail Future Tax Statements To:  
Ms. Susan H. Hill  
5 Country Club Court  
Arlington, TX 76013

**AFFIDAVIT OF DEATH**

Susan H. Hill, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, Douglas County, more precisely described as:

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 286 as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S. 43° 19' 06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52° 20' 29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;  
thence S. 14° 00' 00" W., along said Northerly line, 14.19 feet; thence N. 52° 20' 29" W., 30.59 feet;  
thence N. 37° 33' 12" E., 13.00 feet to the POINT OF BEGINNING.

A portion of Assessor's Parcel No. 1319-30-645-003 (previously known as APN: 42-010-40)

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereunto belonging or appertaining, and any reversions, remainders, rents, issues, and profits thereof.

SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases, if any, rights of way, agreements and the Fourth Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions dated January 30, 1984 and recorded February 14, 1984, as Document No. 96758, Book 284, Page 5202, Official Records of Douglas County, Nevada, as amended from time to time, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein

was held by James M. Hill Sr. and Susan H. Hill, who acquired title as joint tenancy with right of survivorship by Grant, Bargain, Sale Deed No. 374418 recorded in the official records of Douglas County, NV, on November 8, 1995.

That James M. Hill, Sr. passed away on April 16, 2009, as identified in the State of Texas Certificate of Death, Registrar File No. 03-0618.

That pursuant to the rules of survivorship, Susan H. Hill is the survivor and now holds this property as a single woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

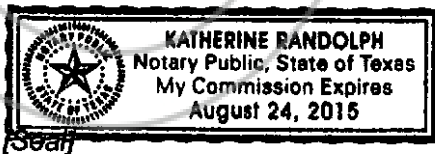
Date: July 24, 2012

Susan H. Hill  
Susan H. Hill

THE STATE OF TEXAS §

COUNTY OF TARRANT §

This instrument was acknowledged before me on July 24, 2012, by Susan H. Hill.



Katherine Randolph  
Notary Public, State of Texas

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**CITY OF ARLINGTON, TEXAS**  
**TARRANT COUNTY**

BK- 0812  
 PG- 815  
 08/03/2012  
 0806980 Page: 3 of 3

STATE OF TEXAS				CERTIFICATE OF DEATH				STATE FILE NUMBER			
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)						(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED			
JAMES MONROE HILL SR								04/16/2009			
3. SEX		4. DATE OF BIRTH		5. AGE-Last Birthday (Years)		6. BIRTHPLACE (City & State or Foreign Country)					
MALE		10/17/1938		70		OKLAHOMA CITY, OK					
7. SOCIAL SECURITY NUMBER				8. MARITAL STATUS AT TIME OF DEATH				9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)			
[REDACTED] 8921				<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown				SUSAN HAFER			
10a. RESIDENCE STREET ADDRESS						10b. APT. NO.		10c. CITY OR TOWN			
5 COUNTRY CLUB COURT								PANTEGO			
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?					
TARRANT		TEXAS		76013		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
11. FATHER'S NAME						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE					
JAMES LEWIS HILL						JOHNNYE HOBBS					
13. PLACE OF DEATH (CHECK ONLY ONE)											
<input checked="" type="checkbox"/> In Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)											
14. COUNTY OF DEATH				15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no)				16. FACILITY NAME: (If not institution, give street address)			
TARRANT				ARLINGTON, TEXAS 76012				ARLINGTON MEMORIAL HOSPITAL			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED						18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)					
SUSAN HILL - WIFE						5 COUNTRY CLUB COURT, PANTEGO, TX 76013					
19. METHOD OF DISPOSITION				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH				21. Section HOLY TRINITY II			
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)				DONALD D. CAMPBELL, BY ELECTRONIC SIGNATURE-112030				Block B Lot 93 Space 1			
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)						23. LOCATION (City/Town, and State)					
MOORE MEMORIAL GARDENS						ARLINGTON, TX					
24. NAME OF FUNERAL FACILITY						25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)					
MOORE FUNERAL HOME-TARRANT						1219 N. DAVIS DRIVE, ARLINGTON, TX 76012					
26. CERTIFIER (Check only one)											
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the (cause) and manner stated. <input type="checkbox"/> Medical Examiner- On the basis of examination, autopsy, investigation, in my opinion, death occurred at the time, date and place, and due to the (cause) and manner stated.											
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (Mo/Day/Yr)		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed)			
[Signature]				5/5/09		M 7813		11:11 pm			
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER					
Deshir O. Ali, 800 W. Randol mill Rd, Arlington TX 76012						MD					
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Lung Cancer (Non-small cell)											
b. Due to (or as a consequence of):											
c. Underlying CAUSE (disease or injury that initiated the events resulting in death) LAST											
d. Due to (or as a consequence of):											
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.						34. WAS AN AUTOPSY PERFORMED?					
1. Acute hypoxemic Respiratory failure 2. Pulmonary Embolism 3. Heart failure						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
36. MANNER OF DEATH			37. DID TOBACCO USE CONTRIBUTE TO DEATH?			38. IF FEMALE			39. IF TRANSPORTATION INJURY, SPECIFY.		
<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			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown			<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year			<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
40a. DATE OF INJURY (Mo/Day/Yr)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED											
42a. REGISTRAR FILE NO.			42b. DATE RECEIVED BY LOCAL REGISTRAR			42c. REGISTRAR					
03-0618			May 6, 2009			Karen Barlar					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
 WARNING: This form is for use only in making a false statement in this form may be 2-10 years in prison and a fine of up to \$10,000 (Health and Safety Code, Sec. 191.104)

VS-112 REV 1/2006

EDR 000000002010 DTP NO 3

304570

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE. ISSUED UNDER AUTHORITY OF SECTION 191.051, HEALTH AND SAFETY CODE.

DATE ISSUED:

MAY 06 2009

*Karen Barlar*  
 KAREN BARLAR, LOCAL REGISTRAR  
 CITY OF ARLINGTON, TEXAS

