

A Portion of APN: 1319-15-000-025

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- 0818 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:

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1071st interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W 1/2 NE 1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57° 32' 32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80° 00' 00" East, 93.93 feet; thence North 35° 00' 00" East, 22.55 feet; thence North 10° 00' 00" West, 92.59 feet; thence North 80° 00' 00" East, 72.46 feet; thence South 10° 00' 00" East, 181.00 feet; thence South 80° 00' 00" West, 182.33 feet; thence North 10° 00' 00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261 as Document No. 449576.)

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document No. 0466255, and subject to said Declaration; with the exclusive right to use said interest for one

Use Period within a PREMIUM UNIT each year in accordance with said Declaration.

A portion of Assessor's Parcel No. 1319-15-000-025 (previously known as APN: 17-212-050 or 1319-22-000-003)

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainder and 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 Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded on September 23, 1998, in Book 998 at Page 4404 as Document Number 449993, Official Records of Douglas County, Nevada, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein.

was held by James M. Hill and Susan H. Hill, husband and wife, who acquired title as joint tenants with right of survivorship by Grant, Bargain, Sale Deed No. 0483986, recorded in the official records of Douglas County, NV, on January 7, 2000.

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- 820
 0806982 Page: 3 of 3 08/03/2012

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)		IF UNDER 1 YR MO DAYS		IF UNDER 1 DAY HOURS MIN		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)			
8921				<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown				SUSAN HAVER			
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"/> IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> EPOutpatient <input type="checkbox"/> COA						<input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <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, 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 <input type="checkbox"/> Unknown			
<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				Section HOLY TRINITY II. Block B. Lot 13			
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)				23. LOCATION (City/Town, and State)				24. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
MOORE MEMORIAL GARDENS				ARLINGTON, TX				1219 N. DAVIS DRIVE, ARLINGTON, TX 76012			
25. NAME OF FUNERAL FACILITY				26. CERTIFIER (Check only one)							
MOORE FUNERAL HOME-TARRANT				<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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.							
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (Mo/Day/Yr)		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed)			
<i>[Signature]</i>				5/5/09		M7813		11:11pm			
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER					
Beshir O. Ali, 800 W. Randal 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										Approximate Interval Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)											
a. Metastatic Lung Cancer (Non-small cell)											
Due to (or as a consequence of):											
Separately list conditions, if any, leading to the cause listed on this a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST											
b. _____											
Due to (or as a consequence of):											
c. _____											
Due to (or as a consequence of):											
d. _____											
34. 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. MANNER OF DEATH						36. DID TOBACCO USE CONTRIBUTE TO 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						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown					
37. IF FEMALE:						38. IF TRANSPORTATION INJURY, SPECIFY:					
<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 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			

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.184)

VS-112 REV 1/2005

EDR 000000562319

DTP. NO 3

304585



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.

MAY 06 2009

DATE ISSUED:

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

