

19-

OFFICIAL RECORD

Requested By:

KAECYS DATA SERVICE LLC

APN: 1318-26-101-006
MAIL TAX STATEMENT TO:
WHEN RECORDED RETURN TO:
HELEN R. BARKLEY
536 E KATELYN LANE
MUSTANG, OK 73064

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 6 Fee: 19.00
BK-0812 PG- 5993 RPTT: 0.00



AFFIDAVIT TERMINATING JOINT TENANCY

HOA No: 1800 & 2384

HELEN R. BARKLEY being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness to the matters hereinafter stated.

That affiant is HELEN R. BARKLEY the person named as

HELEN R. BARKLEY one of the grantees in that certain deed recorded NOVEMBER 16, 1984 110136 1184 1312
JULY 11, 1984 as Document No: 103371 in Book 784 as Page 859

in the office of the County Recorder of Clark County, Nevada.

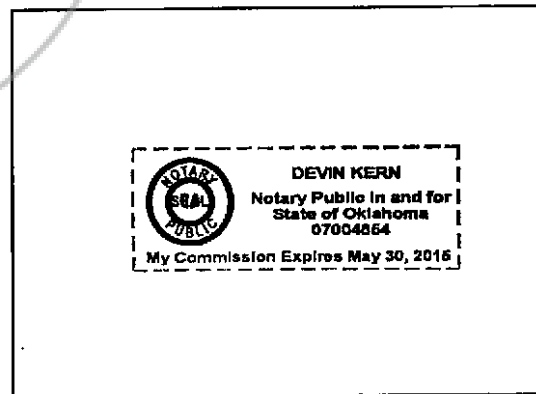
That ROBERT F. BARKLEY was one of the grantees named in said deed and was the identical person named as ROBERT FULTON BARKLEY the decedent, in that Certain Death certificate, certified copy of which is attached hereto and by reference made a part hereof.

HELEN R. BARKLEY
HELEN R. BARKLEY

STATE OF: Oklahoma
COUNTY OF: Canadian

Subscribed and sworn to before me
this 10th day of August 2012

Devin Kern
Notary Public



PLACE NOTARY SEAL INSIDE OF BOX

SEE ATTACHED EXHIBIT "A"

STATE OF OKLAHOMA CERTIFICATE OF DEATH

BK-0812
 PG-5994
 08/23/2012
 0807953 Page: 2 of 6

LOCAL FILE NUMBER		STATE FILE NUMBER			
1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) ROBERT FULTON BARKLEY			2. SEX M	3. SOCIAL SECURITY NUMBER 7821	4. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5a. AGE- Last Birthday (years) 72	5b. Under 1 Year Months Days	5c. Under 1 Day Hours Minutes	8. DATE OF BIRTH 9/2/1936 (Mo/Day/Yr)	7. BIRTHPLACE (City, and State, or Foreign Country) WEATHERFORD, TEXAS	
8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County CANADIAN		8c. RESIDENCE-City or Town MUSTANG	8d. RESIDENCE-Zip Code 73064
8f. RESIDENCE-Street and Number 536 E. KATELYN LANE					8e. RESIDENCE-Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8g. RESIDENCE-Apartment Number N/A					
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown			10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) HELEN PANNELL		
11. FATHER'S NAME (First, Middle, Last) HASKELL BUCK BARKLEY			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) BESSIE ANN CAMPBELL		
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____		14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____		15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input checked="" type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MEng, MSW, MBA) <input type="checkbox"/> Doctorate or Professional Degree (e.g. PhD, EdD or MD, JD, etc.)	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) DO NOT USE RETIRED AIR RESOURCES DEPARTMENT OF CALIFORNIA			17. KIND OF BUSINESS/INDUSTRY AIR POLLUTION SPECIALIST		
18a. INFORMANT'S NAME HELEN BARKLEY		18b. RELATIONSHIP TO DECEDENT WIFE/SPOUSE		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 536 E. KATELYN LANE MUSTANG, OK 73064	
19. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (specify) _____		20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) OKLAHOMA CREMATION SERVICE		21. LOCATION- City, Town and State OKLAHOMA CITY, OKLAHOMA	
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY VONDEL L. SMITH & SON MORTUARY PO BOX 19267 OKC, OK 73144			23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH <i>[Signature]</i>		
			24. FH ESTABLISHMENT LICENSE # 1211 ES		

To be completed by the Funeral Home

To be completed by the Attending Physician or Medical Examiner

25. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home or Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____			IF DEATH OCCURRED OTHER THAN IN A HOSPITAL:		
26. FACILITY NAME (If not institution, give street & number) 536 E. KATELYN LANE		27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH MUSTANG, OKLAHOMA 73064		28. COUNTY OF DEATH CANADIAN	
29. DATE OF DEATH 08/13/2009 (Mo/Day/Yr)	30. TIME OF DEATH 21:10	31. WAS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest or respiratory arrest, ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Approximate interval: Onset to death: Uncertain					
Due to (or as a consequence of): _____					
b. _____					
Due to (or as a consequence of): _____					
c. _____					
Due to (or as a consequence of): _____					
d. _____					
35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. IF FEMALE: <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 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	
39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY		41. PLACE OF INJURY (e.g. Decedent's home; construction site; wooded area)	
42. DESCRIBE HOW INJURY OCCURRED		43. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No			
44. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____ Street & Number: _____ Apartment Number: _____			45. IF TRANSPORTATION INJURY, SPECIFY. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify) _____		
46. CERTIFIER (Check only one): ATTENDING PHYSICIAN: <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only. 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 checked="" 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 as stated.			47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) CHAI S. CHOI M.D., 901 N. STONEWALL, OKLAHOMA CITY, OK, 73117		
Signature of Certifier: <i>[Signature]</i>			48. LICENSE NUMBER 14139		49. DATE CERTIFIED 8/17/2009 (Mo/Day/Yr)
50. REGISTRAR'S SIGNATURE (Local) <i>[Signature]</i>		51. DATE RECEIVED BY LOCAL REGISTRAR AUG 19 2009 (Mo/Day/Yr)		52. DATE RECEIVED BY STATE REGISTRAR AUG 19 2009 (Mo/Day/Yr)	

For Use by Funeral Home Only
 Name Date Physician
 Note to the Attending Physician: Do not sign this certificate until you have received the death certificate from the Medical Examiner. Unnatural deaths are the responsibility of the Medical Examiner.

8/19/2009



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

Kelly M Baker

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND. THE BACK CONTAINS SPECIAL LINES WITH TEXT, EMBOSSED SEAL AND THERMOCHROMIC INK

EXHIBIT "A"
KINGSBURY CROSSING - LEGAL DESCRIPTION

INTERVAL NUMBER: 6803-0830
HOA NUMBER: 2384
SEASON: HIGH
USE: ANNUAL

The following described real property in the County of Douglas, State of Nevada, and is more particularly described as follows:

PARCEL A:

AN UNDIVIDED "ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTHS (1/3213) INTEREST AS A TENANT-IN-COMMON IN THE FOLLOWING DESCRIBER REAL PROPERTY (THE PROPERTY"):

A PORTION OF THE NORTH ONE-HALF OF THE NORTHWEST ONE-QUARTER OF SECTION 26 TOWNSHIP 13 NORTH, RANGE 18 EASE, MDB&M, DESCRIBED AS FOLLOWS:

PARCEL 3, AS SHOWN ON THAT AMENDED PARCEL MAPS FOR JOHN E. MICHAELSON 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 OF JOHN E. MICHELSEN AND WALTER COX, RECORDED FEBRUARY 10, 1978, IN BOOK 278, OF OFFICIAL RECORDS, AT PAGE 591, DOUGLAS COUNTY, NEVADA, AS DOCUMENTS NO. 17578.

EXCEPTING FROM THE REAL PROPERTY THE EXCLUSIVE RIGHT TO USE AND OCCUPY ALL OF THE DWELLING UNITS AS DEFINED IN THE "DECLARATION OF TIMESHARE USE" AND SUBSEQUENT AMENDMENTS THERRETO 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 THE DECLARATION OF TIMESHARE USE AND AMENDMENTS THERETO TOGETHER WITH THE RIGT 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 "HIGH" SEASON WITHIN THE "OWNER'S USE YEAR", AS DEFINED IN THE DECLARATION, TOGETHER WITH A NON-EXCLUSIVE RIGHT TO USE THE COMMON AREAS AS DEFINED IN THE DECLARATION.

SUBJECT TO ALL COVENANTS, CONDITIONS, RESTRICTIONS, LIMITATIONS, EASEMENTS, RIGHTS-OF-WAY OF RECORD.

EXHIBIT "A"
KINGSBURY CROSSING - LEGAL DESCRIPTION

INTERVAL NUMBER: 6803-0441
HOA NUMBER: 1800
SEASON: HIGH
USE: ANNUAL

The following described real property in the County of Douglas, State of Nevada, and is more particularly described as follows:

PARCEL A:

AN UNDIVIDED "ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTHS (1/3213) INTEREST AS A TENANT-IN-COMMON IN THE FOLLOWING DESCRIBER REAL PROPERTY (THE PROPERTY)":

A PORTION OF THE NORTH ONE-HALF OF THE NORTHWEST ONE-QUARTER OF SECTION 26 TOWNSHIP 13 NORTH, RANGE 18 EASE, MDB&M, DESCRIBED AS FOLLOWS:

PARCEL 3, AS SHOWN ON THAT AMENDED PARCEL MAPS FOR JOHN E. MICHAELSON 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 OF JOHN E. MICHELSEN AND WALTER COX, RECORDED FEBRUARY 10, 1978, IN BOOK 278, OF OFFICIAL RECORDS, AT PAGE 591, DOUGLAS COUNTY, NEVADA, AS DOCUMENTS NO. 17578.

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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 THE DECLARATION OF TIMESHARE USE AND AMENDMENTS THERETO TOGETHER WITH THE RIGT TO GRANT SAID EASEMENTS TO OTHERS.

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SUBJECT TO ALL COVENANTS, CONDITIONS, RESTRICTIONS, LIMITATIONS, EASEMENTS, RIGHTS-OF-WAY OF RECORD.

APN: 1318-26-101-006
ACCOMMODATION
WHEN RECORDED RETURN TO:
HELEN R. BARKLEY
536 E KATELYN LANE
MUSTANG, OK 73064

ACCOMMODATION RECORDING INSTRUCTIONS

TO: **KAECY'S DATA SERVICE**

The undersigned hereby hand you the following document(s) for recordation in Clark County, Nevada in no particular order.

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned hand you a check in the amount of \$ N/A payable to the Clark County Recorder. The undersigned understand that the documents will not be recorded if the check is insufficient.

The undersigned declare and represent to you that they have all necessary authority and power to record, and to instruct you to record the documents.

The undersigned hereby understand and agree that you:

- ✓ will not review the document for any purpose and will not issue any policies of title insurance based on the recording of the documents;
- ✓ will perform this service as an accommodation only;
- ✓ shall have absolutely no liability or responsibility as to whether the documents may be recorded or as to the effect of recordation of the documents;
- ✓ do not perform this service in the ordinary course of business and are unwilling to record the documents as an accommodation without being fully indemnified and held harmless as set forth in the following paragraph.

IN CONSIDERATION FOR THIS SERVICE, THE UNDERSIGNED HEREBY PROMISE, COVENANT AND AGREE THAT WE HOLD YOU HARMLESS AND PROTECT AND INDEMNIFY YOU AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, EXPENSES, AND CHARGES INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES AND COSTS OF SUIT WHICH YOU MAY SUSTAIN FROM RECORDING THE DOCUMENTS LISTED ABOVE. THE UNDERSIGNED HEREBY RELEASE YOU FROM ANY LIABILITY WHICH MAY OCCUR BY REASON OF YOUR FAILURE TO RECORD THE DOCUMENTS IN A TIMELY FASHION. THE UNDERSIGNED FURTHER ACKNOWLEDGE THAT THIS INSTRUCTION WILL BE ATTACHED TO EACH DOCUMENT LISTED ABOVE AND MADE A PART THEREOF.

Signature Helen R Barkley

Name Printed HELEN R. BARKLEY