

Doc Number: **0810085**

10/01/2012 03:14 PM

OFFICIAL RECORDS

Requested By:  
Kaecy's Data Service Llc

APN: 1318-26-101-006  
MAIL TAX STATEMENT  
WHEN RECORDED RETURN TO:  
JEFFERY A KILLION  
424 E WILSON AVE  
TULARE, CA. 93274

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 6 Fee: \$ 19.00  
Bk: 1012 Pg: 363



Deputy: ke

**CERTIFICATE OF INCUMBENCY**

Whereas, CLYDE D. KILLION AND MARGARET J KILLION were the Trustee's under that certain trust

entitled CLYDE D KILLION AND MARGARET J KILLION LIVING TRUST DTD 05-30-1989

and listed as Grantee's under that Certain GRANT, BARGAIN, SALE DEED recorded

NOVEMBER 5, 1990 in Book 1190 Page 421 as Document No. 238103

AND Whereas, CLYDE D. KILLION AND MARGARET J KILLION are one and same as named on those certain Death Certificates attached hereto and made a part hereof.

JEFFREY A. KILLION is named as the Successor Trustee under said Trust.

and is fully authorized to act in accordance with the terms of said Trust Agreement.

**SUCCESSOR TRUSTEE:**

JEFFREY A. KILLION

On this 16 day of August, 2012 before me, a Notary Public in and for said state, personally appeared JEFFREY A. KILLION, personally known to me (or proved to me) to be the person who executed the above instrument, and acknowledged to me that (they/he/she) executed the same for purposes stated therein.

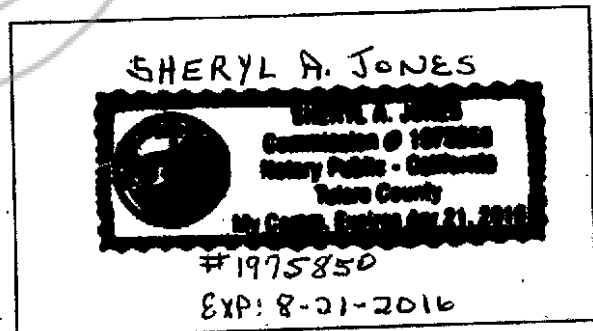
STATE OF: California

COUNTY OF: Tulare

Subscribed and sworn to before me

this 16 day of August 2012

Notary Public



PLACE NOTARY SEAL INSIDE OF BOX

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

OFFICE OF RECORDER  
**COUNTY OF ALAMEDA**  
OAKLAND, CALIFORNIA

**CERTIFICATE OF DEATH**

**3-98-01 005735**

STATE FILE NUMBER		STATE OF CALIFORNIA		USE BLACK INK ONLY-NO ERASURES, REWRITES OR ALTERATIONS		LOCAL REGISTRATOR NUMBER	
1. NAME (OF DECEDENT--FIRST MIDDLE)		2. MIDDLE		3. LAST (FAMILY)			
CLYDE		DENAIN		KILLION			
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS		6. SEX		7. DATE OF DEATH MM/DD/CCYY	
05/17/1918		78		M		08/24/1996	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARRIAGE STATUS	
IA		4247				MARRIED	
14. RACE		15. HISPANIC--SPECIFY		16. USUAL EMPLOYER			
WHITE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		UNITED STATES NAVY			
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
COMMANDER		DEPARTMENT OF DEFENSE		32			
20. RESIDENCE--STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY		23. STATE OR FOREIGN COUNTRY	
848 SEVILLE PLACE		FREMONT		ALAMEDA		CALIFORNIA	
24. ZIP CODE		25. YRS IN COUNTY		26. STATE OR FOREIGN COUNTRY			
94539		32		CALIFORNIA			
28. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
MARGARET J. KILLION - WIFE		848 SEVILLE PLACE FREMONT, CA. 94539					
29. NAME (OF SURVIVING SPOUSE--FIRST MIDDLE)		30. LAST (FAMILY) NAME					
MARGARET J.		McINTYRE					
31. NAME OF FATHER--FIRST MIDDLE		32. LAST (FAMILY) NAME		34. BIRTH STA			
LUTHER T.		KILLION		MO			
35. NAME OF MOTHER--FIRST MIDDLE		36. LAST (FAMILY) NAME		38. BIRTH STA			
ALMA MARIE		McINTYRE		IA			
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION					
08/27/1996		CHAPEL OF THE CHIMES 32992 MISSION BLVD. N. YARD, CA. 94544					
41. TYPE OF DISPOSITION		42. SIGNATURE OF SURVIVOR		43. LICENSE NO.			
BURIAL		<i>Thomas L. Bishop</i>		7953			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY	
CHAPEL OF THE CHIMES		FD 1240		<i>[Signature]</i>		08/27/1996	
101. PLACE OF DEATH		102. HOSPITAL, SKILLED CARE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY	
PARKMONY CONVALESCENT HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> SR/OP <input type="checkbox"/> DCA <input checked="" type="checkbox"/> HOME <input type="checkbox"/> RES. <input type="checkbox"/> OTHER				ALAMEDA	
105. STREET ADDRESS--STREET AND NUMBER OR LOCATION		106. CITY					
2400 PARKSIDE DRIVE		FREMONT					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. TIME INTERVAL BETWEEN ONSET AND DEATH		109. DEATH REPORTED TO CORONER		110. DEATH REPORTED TO	
A. (1A) CARDIOPULMONARY ARREST		5 MINS.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE	
B. (1B) MULTIPLE MYELOMA		4 YEARS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES LIST TYPE OF OPERATION AND DATE					
CORONARY ARTERY DISEASE, STATUS POST MYOCARDIAL INFARCTION		NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE CAUSE, DATE AND PLACE STATED FROM THE CAUSE OF DEATH CERTIFICATE ATTACHED HERETO CORRECTLY STATE THE CAUSE, DATE AND PLACE STATED FROM THE CAUSE OF DEATH		115. SIGNATURE AND TITLE OF REGISTRAR		116. LICENSE NO.		117. DATE MM/DD/CCYY	
<i>[Signature]</i>		<i>Howard T. Buckley M.D.</i>		G19425		08/26/1996	
118. THE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP		119. MARRIAGE AT BIRTH		120. MARRIAGE DATE MM/DD/CCYY		121. YEAR	
HOWARD T. BUCKLEY M.D., 1060 HENRY AVE. STE 200, FREMONT, CA 94538		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
122. MANNER OF DEATH		123. BECAUSE HOW MARRIAGE BECAME VOID (WHICH RESULTED IN MARRIAGE)					
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE							
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> UNCLASSIFIED							
124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		125. SIGNATURE OF CORONER OR DEPUTY CORONER		126. DATE MM/DD/CCYY		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
		<i>[Signature]</i>					

BK : 10.12  
PG : 364  
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001611342

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

001611342

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED **DEC 07 2005**

*Patrick O'Connell*  
PATRICK O'CONNELL  
ALAMEDA COUNTY RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder





**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

OFFICE OF VITAL RECORDS  
**COUNTY OF TULARE**  
TULARE, CALIFORNIA

**CERTIFICATE OF DEATH**

3201054001288

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>MARGARET</b>		3. LAST (Family) <b>KILLION</b>	
2. MIDDLE <b>JANICE</b>		AKA ALSO KNOWN AS - Include AKA FIRST, MIDDLE, LAST <b>MARGARET ODESSA UNGER</b>	
4. DATE OF BIRTH - mm/dd/yyyy <b>12/27/1918</b>		5. AGE Yrs <b>91</b>	6. SEX <b>F</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>IA</b>		10. SOCIAL SECURITY NUMBER <b>7769</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS/SROP* (at Time of Death) <b>WIDOWED</b>		7. DATE OF DEATH - mm/dd/yyyy <b>06/13/2010</b>	8. HOUR (24 Hours) <b>2150</b>
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>55</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>424 WILSON AVENUE</b>			
21. CITY <b>TULARE</b>		22. COUNTY/PROVINCE <b>TULARE</b>	23. ZIP CODE <b>93274</b>
24. YEARS IN COUNTY <b>13</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>JEFF KILLION, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>424 WILSON AVENUE, TULARE, CA 93274</b>	
28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>JAMES</b>		29. MIDDLE <b>-</b>	30. LAST (BIRTH NAME) <b>MCBRIDE</b>
31. NAME OF FATHER/PARENT - FIRST <b>DOROTHY</b>		32. MIDDLE <b>ESTHER</b>	33. LAST (BIRTH NAME) <b>CATLIN</b>
34. BIRTH STATE <b>IA</b>		35. BIRTH STATE <b>IA</b>	
36. DISPOSITION DATE mm/dd/yyyy <b>06/25/2010</b>		37. PLACE OF FINAL DISPOSITION <b>CHAPEL OF THE CHIMES MEMORIAL PARK</b>	
38. TYPE OF DISPOSITION(S) <b>BU</b>		39. SIGNATURE OF EMBALMER <b>JAIME ESPITA</b>	
40. NAME OF FUNERAL ESTABLISHMENT <b>CHAPEL OF THE CHIMES</b>		41. LICENSE NUMBER <b>FD1240</b>	42. SIGNATURE OF LOCAL REGISTRAR <b>KAREN HAUGHT, MD</b>
43. LICENSE NUMBER <b>EMB9009</b>		44. DATE mm/dd/yyyy <b>06/22/2010</b>	
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOP <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>TULARE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>424 WILSON AVENUE</b>	
107. CAUSE OF DEATH <b>ATHEROSCLEROTIC VASCULAR DISEASE</b>		108. CITY <b>TULARE</b>	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ATHEROSCLEROTIC VASCULAR DISEASE</b>		109. TIME INTERVAL BETWEEN ONSET AND DEATH <b>10-6-574-69</b>	
110. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST <b>DYSLIPIDEMIA</b>		110. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES; CHRONIC LYMPHOCYTIC LEUKEMIA; TEMPORAL ARTHRITIS</b>		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>AMENDED 1 OF 2</b>		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <b>11/11/1996</b> Decedent Last Seen Alive: <b>03/24/2010</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>JON YUKIO MIYAKAWA M.D.</b>	
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JON YUKIO MIYAKAWA M.D.</b>	
117. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		117. LICENSE NUMBER <b>G51957</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		117. DATE mm/dd/yyyy <b>06/21/2010</b>	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		121. INJURY DATE mm/dd/yyyy	
125. LOCATION OF INJURY (Street and number or location, and city, and zip)		122. HOUR (24 Hours)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

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- CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.



DATE ISSUED **JUL 07 2010**  
Karen Haught, M.D., M.P.H., Tulare County Health Officer  
Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

OFFICE OF VITAL RECORDS

**COUNTY OF TULARE**  
TULARE, CALIFORNIA

**AFFIDAVIT TO AMEND A RECORD**

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3201054001288

STATE FILE NUMBER

11

LOCAL REGISTRATION NUMBER

BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD.

**PART I INFORMATION TO LOCATE RECORD**

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST MARGARET	1B. MIDDLE JANICE	1C. LAST KILLION
	2. SEX F.	3. DATE OF EVENT—MM/DD/CCYY 06/13/2010	4. CITY OF EVENT TULARE
	5. COUNTY OF EVENT TULARE		6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD JAMES - MCBRIDE
	7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD DOROTHY ESTHER CATLIN		

**PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD**

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
31	JAMES	CLIFFORD
32		MCKINLEY
33	MCBRIDE	UNGER

2 OF 2

**11. TO CORRECT ORIGINAL**

REASON FOR CORRECTION

**We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.**

AFFIDAVITS AND SIGNATURES  TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	12A. SIGNATURE OF FIRST PERSON LOVETTA BROWN	12B. PRINTED NAME LOVETTA BROWN	12C. TITLE/RELATIONSHIP TO PERSON IN PART I ADMIN ASST
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 32992 MISSION BLVD, HAYWARD, CA 94544	12E. DATE SIGNED—MM/DD/CCYY 06/22/2010	
	13A. SIGNATURE OF SECOND PERSON ELIZABETH KRIEGER	13B. PRINTED NAME ELIZABETH KRIEGER	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 32992 MISSION BLVD, HAYWARD, CA 94544-0000	13E. DATE SIGNED—MM/DD/CCYY 06/22/2010	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR KAREN HAUGHT, MD	15. DATE ACCEPTED FOR REGISTRATION 06/29/2010	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24a (REV. 1/08)  
"020101001531822" 1.1

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.



DATE ISSUED **JUL 07 2010** Karen Haught, M.D.; M.P.H., Tulare County Health Officer  
Registrar of Vital Statistics

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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**EXHIBIT "A"**  
**KINGSBURY CROSSING - LEGAL DESCRIPTION**

**INTERVAL NUMBER: 6803-0632**  
**HOA NUMBER: 2052**  
**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.

APN: 1318-26-101-006  
ACCOMMODATION  
WHEN RECORDED RETURN TO:  
JEFFERY A. KILLION  
424 E WILSON AVE  
TULARE, CA 93274

**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:

CERTIFICATE OF INCUMBENCY

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 *Jeffery A. Killion*

Name Printed JEFFERY A KILLION