

STATE OF NEVADA
COUNTY OF DOUGLAS

On 9/21/2014

Sally Medina personally appeared before me, whom I know to be the
(Name of subscribing witness)
person who signed this jurat of a subscribing witness while under oath, and swears that he/she
was present and witnessed Eleanor Wilcox
(Name of document signer)


sign his or her name to the above document.

Sally Medina
(Signature of subscribing witness)

Signed and sworn to before me by Sally Medina, this 6 day of
Oct, 2014

Denise Jorenden
Notary Public

(Notary Seal)

 DENISE JORENDEN
NOTARY PUBLIC
STATE OF NEVADA
DOUGLAS COUNTY
MY COMMISSION EXPIRES: SEPTEMBER 30, 2018
CERTIFICATE NO: 02-78042-5

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2008001372
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Clarence Miller WILCOX		2. DATE OF DEATH (Mo/Day/Year) January 30, 2008		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Summerlin Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 08, 1931	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Eleanor NORDGREN			
PARENTS	13. SOCIAL SECURITY NUMBER 1057		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner / Operator		14b. KIND OF BUSINESS OR INDUSTRY Real Estate Appraisal	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
DISPOSITION	15d. STREET AND NUMBER 9909 Villa Ridge Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Clarence Miller WILCOX	
	17. MOTHER - NAME (First Middle Last Suffix) Kathryn FITZGIBBONS		18a. INFORMANT - NAME (Type or Print) Eleanor N WILCOX			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 9909 Villa Ridge Dr. Las Vegas, Nevada 89134				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENNIS BUTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 61		20c. NAME AND ADDRESS OF FACILITY Affordable Cremation and Burial Services 2457 N Decatur Blvd Las Vegas NV 89108	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ERIK EVENSEN MD					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) January 31, 2008		21c. HOUR OF DEATH 05:47		22a. 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) stated. (Signature & Title)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (1-hour)			
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) ERIK EVENSEN MD 500 N Rainbow Las Vegas, NV 89117				23b. LICENSE NUMBER 1170	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) KATHIE FRANKLIN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
STATE REGISTRAR	PART I				26. AUTOPSY (Specify Yes or No) No	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
25a. (a) Septic shock		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
25b. (b) Cardiopulmonary arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
25c. (c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
25d. (d)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
28a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE						

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By:

Date Issued:

FEB 05 2008

EXHIBIT "A"

(160)

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 1/1326th interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458, in Book 996, at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31°11'12" East, 81.16 feet; thence South 58°48'39" West, 57.52 feet; thence North 31°11'12" West, 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet, the chord of said curve bears North 60°39'00" East, 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 0463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 0463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each year in accordance with said Declaration.

A Portion of APN: 1319-30-712-001