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APN: \_\_\_\_\_  
Recording requested by and mail documents and  
tax statements to:



KAREN ELLISON, RECORDER E05

✓ Name: **Cecil N. Talbert**  
Address: **700 Leisure Drive #104**  
City/State/Zip: **Ft. Worth, TX 76120**  
**DED106**  
Nevada Legal Forms & Tax Services, Inc.  
www.nevadalegalforms.com

RPTT: \_\_\_\_\_ **GRANT, BARGAIN, and SALE DEED**

THIS INDENTURE WITNESS that: **Patricia A. Bair, executor of the estate of Imogene B. Reese** (hereinafter called GRANTOR(S)) in consideration of **Imogene B. Reese's wishes as designated in her attached will**, Dollars \$ 0, the receipt of which is hereby acknowledged, do hereby GRANT, BARGAIN, SALE and CONVEY to: **her son Cecil Newton Talbert, Junior**, (hereinafter called GRANTEE(S)) all that real property situated in the City of **Stateline**, County of **Douglas**, State of **Nevada**, bounded and described as follows: *(Set forth legal description and commonly known address).*

**COMMONLY KNOWN ADDRESS:**

**Tahoe Summit Village  
750 Wells Fargo Lane  
P.O. Box 4917  
Stateline, NV 89449**

**LEGAL DESCRIPTION:**

**File Number: NC456  
Description: Tahoe Summit Village, Nevada  
(Floating Deed, Two Bedroom, Unit 12, Building #33, Condo #612, Swing Season)**

Initials **PAB**

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on 9 day of September 2013.

Patricia A. Bair, executor of the estate of  
Signature of Grantor Imogene B. Reese

**Patricia A. Bair**

Print or Type Name Here

STATE OF Utah )  
COUNTY OF Weber )

On this 9 day of September, 2013, personally appeared before me, a Notary Public, Patricia A. Bair,  personally

known to me OR  proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

[Signature]  
Notary Public 6.1.15



DESCRIPTION SHEET

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

A Time Share interest comprised of the following:

PARCEL ONE:

An undivided 1/51st interest in and to that certain condominium estate described as follows:

(a) Condominium Unit No. 12, Building B, as set forth in the condominium map of Lot 33, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records of Douglas County, State of Nevada, during ONE (1) "Use Period" within the SPRING "Season" as defined in the Declaration of Time Share Covenants, Conditions and Restrictions, originally recorded on April 5, 1983 as Document No. 78473, and as rerecorded May 24, 1983 as Document No. 80819 in the Official Records, Douglas County, State of Nevada, and the Declaration of Time Share Covenants, Conditions and Restrictions recorded on October 24, 1983 as Document No. 89976 and as amended by the First Amendment to Declaration of Time Share Covenants, Conditions and Restrictions recorded on November 10, 1983 as Document No. 090832 in the Official Records of Douglas County, State of Nevada.

(b) An undivided 1/11th interest in and to the common area designated, depicted and described in the condominium map of Lot 33, Building B, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL TWO:

A non-exclusive right to use the "Special Common Area" as defined, and for the purposes and on the terms and conditions set forth, in that certain Declaration of Annexation (Tahoe Summit Village) and Grant, Bargain and Sale Deed recorded May 27, 1987 in Book 587 at Page 2664 as Document No. 155368, Official Records of Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL THREE:

A non-exclusive right to use the real property known as Common Area on the official map of Tahoe Villages Unit No. 2, recorded March 29, 1974 as Document No. 72495, Official Records of Douglas County, State of Nevada, as amended and modified, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973 as Document No. 63681, Official Records of Douglas County, State of Nevada, and as amended by instruments recorded with said County and State on September 28, 1973 as Document No. 69063 in Book 973, Page 812 and July 2, 1976 as Document No. 01472 in Book 776, Page 87 of Official Records during and for the "Use Period" set forth in subparagraph (a) above.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said Use Period within said Season.

0602340

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

**DEPARTMENT OF STATE HEALTH SERVICES**  
**VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
AUG 14 2013  
STATE OF TEXAS **CERTIFICATE OF DEATH** STATE FILE NUMBER **142-13-107370**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>IMOGENE REESE</b>		(Maiden) <b>BURAGE</b>		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) <b>AUGUST 8, 2013</b>	
3. SEX <b>FEMALE</b>	4. DATE OF BIRTH (mm-dd-yyyy) <b>MARCH 2, 1920</b>	5. AGE - Last Birthday (Years) <b>93</b>	IF UNDER 1 YR No Days Hours Min		6. BIRTHPLACE (City & State or Foreign Country) <b>HOLLAND, TX</b>
7. SOCIAL SECURITY NUMBER <b>9613</b>		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS <b>770 BELLA CIRCLE</b>		10b. APT. NO.	10c. CITY OR TOWN <b>FORT WORTH</b>		
10d. COUNTY <b>TARRANT</b>		10e. STATE <b>TEXAS</b>	10f. ZIP CODE <b>76120</b>	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME <b>GEORGE RICHARD BURAGE</b>			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>ROSA ELLEN PATTERSON</b>		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA 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 <b>TARRANT</b>		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>ARLINGTON, 76012</b>		16. FACILITY NAME (If not institution, give street address) <b>ARLINGTON MEMORIAL HOSPITAL</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>JAN-CAROLL FENTON-SIMS - GRANDAUGHTER</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>1244 KING DR, BEDFORD, TX 76022</b>		
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. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>JAMES E. W. SANDERS, BY ELECTRONIC SIGNATURE - 9742</b>		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>MARTIN OAKS CREMATORY</b>		23. LOCATION (City/Town, and State) <b>LEWISVILLE, TX</b>			
24. NAME OF FUNERAL FACILITY <b>JIM'S FUNERAL HOME</b>		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>128 WEST PIPELINE ROAD, HURST, TX 76053</b>			
26. CERTIFIER (Check only one) <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 <b>TONY H SU, BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>AUGUST 12, 2013</b>	
29. LICENSE NUMBER <b>J7217</b>		30. TIME OF DEATH (Actual or presumed) <b>17:24</b>		31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>TONY H SU 911C MEDICAL CENTRE DR, ARLINGTON, TX 76012-4758</b>	
32. TITLE OF CERTIFIER <b>MD</b>		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.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> Due to (or as a consequence of):  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST  Approximate Interval Onset to death <b>YEARS</b>			
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.		SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING:		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. MANNER OF 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		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" 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	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		40e. LOCATION (Street and Number, City, State, Zip Code)			
40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. <b>03-1308</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>AUGUST 13, 2013</b>		42c. REGISTRAR <b>REGISTRAR - CITY OF ARLINGTON, ELECTRONICALLY FILED</b>	

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, 1989)

Q-A 0 3 0 4 9 8 8 9

VS-112 REV 1/2006

EDR NUMBER 000001368477



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.

ISSUED AUG 14 2013

*Geraldine R. Harris*  
GERALDINE R. HARRIS  
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**LAST WILL AND TESTAMENT  
OF IMOGENE BURRAGE REESE**

I, IMOGENE BURRAGE REESE, born on March 2, 1920, social security number [REDACTED] 9613, being a resident of Tarrant County, Texas, adult and of sound and disposing mind and memory, not acting under duress, menace, fraud or undue influence of any person whatsoever, do make, publish, and declare this to be my Last Will and Testament and do hereby expressly revoke all other and former wills and codicils to wills made by me.

1. Family. The members of my family are:

a. Children:

Son, Cecil Newton Talbert, Junior, born 10/20/1939  
Daughter, Patricia Ann Talbert Bair, born 5/13/1947

2. Disinheritance Provision. I desire to disinherit no family members.

3. Fiduciaries. I designate the following persons as fiduciaries (persons to act for me) in the priority order indicated:

a. Personal Representative (Executor) when I die shall be my daughter Patricia Ann Talbert Bair, and if this representative dies or is unable to serve then I designate the following persons in this order of priority:

(1.) My son, Cecil Newton Talbert, Junior  
(2.) My grandson, Jon Harold Fenton

b. Guardian of my Person and Conservator of my Property if I become incompetent and unable to manage my affairs shall be my daughter Patricia Ann Talbert Bair, and if this guardian/conservator dies or is unable to serve I designate the following persons in this order of priority:

(1.) My son, Cecil Newton Talbert, Junior  
(2.) My grandson, Jon Harold Fenton

c. All of the above fiduciaries shall serve without bond.

d. Powers of fiduciaries and administrative provisions. All fiduciaries named above shall have all powers granted to them by law, liberally interpreted and shall specifically have the power to (1) sell estate assets at public or private sale for cash or credit terms, (2) distribute assets in kind, in cash or in combination or divided in pro rata percentages based on the values at the time of distribution, (3) hire and pay fees to accountants, attorneys, tax advisors or other advisors or agents, (4) seek reasonable compensation for fiduciary services rendered, (5) carry on business. The estate held for any heir shall be free from any further liability or accountability when they are

discharged by the fiduciaries, and all persons having an interest in the estates are bound by the discretionary determination the fiduciaries make in good faith.

4. Devise of Property and Things. I give my property and direct as follows:

- a. My body shall be cremated and transported by private vehicle by my daughter Patricia Ann Talbert Bair or her designee to Rosemound Cemetery in Waco, Texas where a graveside service shall be held. Arrangements for interment, grave marker, and service will be managed by my daughter Patricia Ann Talbert Bair.
- b. Any memorial service or other arrangements by friends or church members should be coordinated through my daughter or her designee.
- c. My personal effects and household goods shall be given as I have indicated to and instructed my daughter Patricia Ann Talbert Bair in writing and verbally.
- d. The below described timeshare property should be given to my son Cecil Newton Talbert, Junior. The timeshare property is described as:  
 File Number: NC456  
 Description: Tahoe Summit Village, Nevada (Floating Deed, Two Bedroom, Unit 12, Building #33, Condo #612, Swing Season)
- e. All other personal items may be disposed of by my daughter Patricia Ann Talbert Bair.

5. Laws. I incorporate by reference the laws of the state of my residence.

SIGNED this date: 5/11/12 By Imogene Burrage Reese  
**IMOGENE BURRAGE REESE**

This instrument was, on the above date, signed by IMOGENE BURRAGE REESE in our presence and was published and declared to be her Last Will and Testament. At Signatory's request and in Signatory's presence and in the presence of each other, we have signed below as witnesses thereto.

E. Claire Alford  
Signature of Witness

4354 Western Center Blvd  
Address of Witness Fort Worth TX  
76137

Patricia D Cooper  
Signature of Witness

6063 Springdale Ct  
Address of Witness Watauga TX  
76148

Subscribed and sworn to before me, the undersigned notary, by Imogene Burrage Reese, this 11 day of May, 2012

Ashley L. Starbuck  
Notary



**STATE OF NEVADA  
DECLARATION OF VALUE**

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument#: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

**1. Assessor Parcel Number (s)**  
 (a) 1319-30-1a18-003 (p1)  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

**2. Type of Property:**

a)  Vacant Land                      b)  Single Fam Res.  
 c)  Condo/Townhome                  d)  2-4 Plex  
 e)  Apt. Bldg.                              f)  Comm'l/Ind'l  
 g)  Agricultural                          h)  Mobile Home  
 i)  Other timeshare

**3. Total Value/Sales Price of Property:** \$ \_\_\_\_\_  
 Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ \_\_\_\_\_

**4. If Exemption Claimed:**

a. Transfer Tax Exemption, per NRS 375.090, Section: 5  
 b. Explain Reason for Exemption: transfer from mother to son

**5. Partial Interest: Percentage being transferred:** \_\_\_\_\_ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1 % per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Patricia A. Bain, executor of the estate of Imogene B. Reese Capacity "Seller"/Executor  
 Signature Cecil N. Talbert, Jr. Capacity "Buyer"

**SELLER (GRANTOR) INFORMATION**  
 (REQUIRED)  
 Print Name: Patricia A. Bain, executor for estate of Imogene B. Reese  
 Address: \_\_\_\_\_  
 City: PO Box 568, Eden  
 State: UT Zip: 84310

**BUYER (GRANTEE) INFORMATION**  
 (REQUIRED)  
 Print Name: Cecil N. Talbert  
 Address: 700 Leisure Drive #104  
 City: Fort Worth  
 State: TX Zip: 76120

**COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_