

DOUGLAS COUNTY, NV **2015-856914**
 Rec:\$16.00 Pgs=3 **02/13/2015 03:51 PM**
 STEWART TITLE VACATION OWNERSHIP
 KAREN ELLISON, RECORDER

A portion of
 A.P.N. # 1319-30-644-034
 ESCROW No. #37-067-08-03 / 20150209
 RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO: Linda S. Rego
 3800 Somersly Cove
 Lexington, KY 40515

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss
 COUNTY OF Douglas }

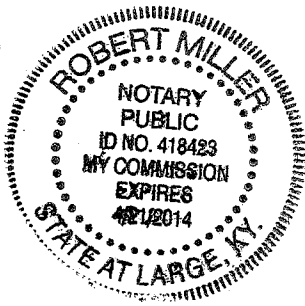
LINDA S. REGO, of legal age, being first duly sworn, deposes
 and says: That DAVID M. KING, the decedent mentioned in the attached
 certified copy of Certificate of Death, is the same person as DAVID M. KING,
 named as one of the parties in that certain Grant Deed dated July 6, 2004
 executed by George F. Hurley and Patricia L. Hurley
 to David M. King and Linda S. Rego, husband and wife as joint tenants with
 right of survivorship, and not as Tenants in Common, recorded as Instrument No. _____
0619242, on July 20, 2004 in Book 0704, Page 07929, of
 Official Records of Douglas County, Nevada covering the following
 described property situated in Douglas County, State of Nevada:
 See Exhibit "A" attached hereto and by this reference made a part hereof.

Linda S. Rego
 Linda S. Rego

DATE: 11-18-2013

STATE OF KY }
 } ss
 COUNTY OF Fayette }

This instrument was acknowledged before me on
Robert F. Miller 11-15-2013
 by, Linda S. Rego
 Signature [Signature]
 Notary Public



Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

3701711

KENTUCKY CERTIFICATE OF DEATH

116 201325332

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) David Millard King				1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX Male	
3. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) August 11, 2013		4. SOCIAL SECURITY NUMBER 7746		5a. AGE AT LAST BIRTHDAY (years) 63		5b. Under 1 Year Months: _____ Days: _____	
5c. Under 1 Day Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo/Day/Yr) 05/05/1950		7. COUNTY OF DEATH Fayette			
8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
9. FACILITY NAME (if not institution, give street and number) St. Joseph Hospital				10. CITY OR TOWN, STATE AND ZIP CODE Lexington, KY 40504			
11. BIRTHPLACE (City and State or Foreign Country) Christiansburg, Virginia			12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			13. SURVIVING SPOUSE (if wife, give name prior to first marriage) Linda Rego	
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired) Police Officer				15. KIND OF BUSINESS/INDUSTRY Law Enforcement			
17a. RESIDENCE - State Kentucky		17b. COUNTY Fayette		17c. CITY OR TOWN Lexington		17d. STREET AND NUMBER 3800 Somersly Cove	
17e. ZIP CODE 40515		17f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
18. 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"/> 8 th Grade or Less <input type="checkbox"/> 9 th -12 th Grade; No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associate's Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LL.M., JD)				19. 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) _____			
20. 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 (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)				21. FATHER'S NAME (First, Middle, Last) Charles King			
22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Kay Francis				23. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3800 Somersly Cove Lexington, KY 40515			
24. METHOD OF DISPOSITION (Check only one): <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)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lexington Crematory		26. LOCATION - City, Town and State Lexington, KY 40508			
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (or person acting as such) DATE SIGNED (Mo/Day/Yr) Kerr Brothers by: Tom Huda 8-14-13				28. KY LICENSE NUMBER (of licensee) 4662		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Kerr Bros. - Main St. 463 E. Main St. Lexington, Kentucky 40507	
30. DATE PRONOUNCED DEAD (Mo/Day/Yr) 08/11/13		31. ACTUAL OR PRESUMED TIME OF DEATH 1800		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
33. 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, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Esophageal Cancer							Approximate Interval Between Onset and Death 18 mos
a. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to the cause listed in line a.							
b. DUE TO (OR AS A CONSEQUENCE OF):							
c. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST							
d. DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I							
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined				35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <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"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year				39. DATE OF INJURY (Mo/Day/Yr) (Spell Month)			
40. TIME OF INJURY				41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				44. DESCRIBE HOW INJURY OCCURRED:			
45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)				46. TO BE COMPLETED BY CERTIFIER To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.			
47. DATE CERTIFIED (Mo/Day/Yr) 8/16/13				48. LICENSE NUMBER 33013			
49. TITLE OF CERTIFIER MD				50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 35) Dr. Horn, 1401 Herrodsburg Rd., Lex., KY 40504			
51. REGISTRAR'S SIGNATURE Paul F. Royce				52. DATE FILED (Mo/Day/Yr) AUG 22 2013			

FORM VS NO. 1-A
(REVISED 7/2010)



THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT.

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 22 day of August, 2013.

Paul F. Royce
State Registrar

EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 067 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-034