



KAREN ELLISON, RECORDER

APN: 1318-26-101-006  
MAIL TAX STATEMENT TO:  
WHEN RECORDED RETURN TO:  
BARBARA J. JONES  
2765 ENGLISH HILLS DRIVE  
SEIVERVILLE, TN 37876

**AFFIDAVIT TERMINATING JOINT TENANCY**

HOA No: 470615471

BARBARA J. JONES 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 BARBARA J. JONES the person named as BARBARA J. JONES one of the grantees in that certain deed recorded MAY 11, 1984 as Document No: 100730 in Book 884 as Page 1062 in the office of the County Recorder of Douglas County, Nevada.

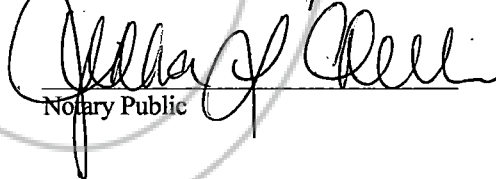
That MICHAEL E. JONES was one of the grantees named in said deed and was the identical person named as MICHAEL EDWARD JONES the decedent, in that Certain Death certificate, certified copy of which is attached hereto and by reference made a part hereof.

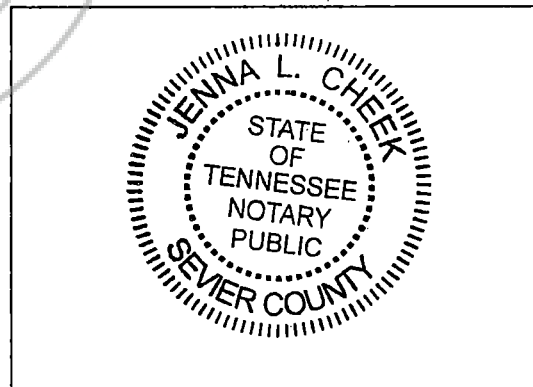
  
BARBARA J. JONES

STATE OF: Tn  
COUNTY OF: Sevier

Subscribed and sworn to before me  
BARBARA J. JONES

this 1 day of July 2015

  
Notary Public



PLACE NOTARY SEAL INSIDE OF BOX

SEE ATTACHED EXHIBIT "A"

# STATE OF TENNESSEE

## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

<b>DECEDENT</b>	1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <b>Michael Edward Jones</b>			2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>April 22, 2013</b>	
	4. TIME OF DEATH (Approx.) <b>9:35 am</b>	5a. AGE-Last Birthday (Years) <b>72</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) <b>September 15, 1940</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Athens, Ohio</b>
TYPEPRINT IN PERMANENT BLACK INK	8a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____					
	8b. FACILITY NAME (if not institution, give street and number) <b>Leconte Medical Center</b>		8c. CITY OR TOWN <b>Sevierville</b>		8d. COUNTY OF DEATH <b>Sevier</b>	
NAME OF DECEDENT (For use by Physician or Institution)	9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (if wife, give name prior to first marriage) <b>Barbara Helmich</b>		11a. DECEDENT'S USUAL OCCUPATION <b>Finance Director</b>	
	12. SOCIAL SECURITY NUMBER <b>██████████-3214</b>		13a. RESIDENCE-STATE OR FOREIGN COUNTRY <b>Tennessee</b>		13b. COUNTY <b>Sevier</b>	
13c. STREET AND NUMBER <b>2765 English Hills Dr.</b>	13d. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE <b>37876</b>		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	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 type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input checked="" type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if 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) _____ <input type="checkbox"/> Unknown		17. 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 the 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"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	
<b>PARENTS</b>	18. FATHER'S NAME (First, Middle, Last) <b>Charles Jones</b>		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Frances Billingsley</b>			
	20a. INFORMANT'S NAME <b>Barbara Jones</b>		20b. RELATIONSHIP TO DECEDENT <b>Spouse</b>	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2765 English Hills Dr. Sevierville, TN 37876</b>		
<b>DISPOSITION</b>	21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Veterans Cemetery</b>		21c. LOCATION - City or Town and State <b>Knoxville, TN</b>	
	22a. SIGNATURE OF FUNERAL DIRECTOR <b>Gary Hicks</b>		22b. LICENSE NUMBER <b>4005</b>	22c. SIGNATURE OF EMBALMER <b>Gary L. Hicks</b>		
<b>REGISTRAR</b>	23a. NAME AND ADDRESS OF FUNERAL HOME <b>Rawlings Funeral Home 212 Court Ave, Sevierville, TN 37862</b>		23b. LICENSE NUMBER OF FUNERAL HOME <b>906</b>			
	24. REGISTRAR'S SIGNATURE <i>Glenda Manis, R.R.</i>		25. DATE FILED (Month, Day, Year) <b>05-21-13</b>			
<b>CERTIFIER</b>	26. CERTIFIER (Check only one): <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.					
	27a. SIGNATURE OF CERTIFIER <i>Jerry W. Bradley, MD</i>		27b. LICENSE NUMBER <b>MD 14371</b>	27c. DATE SIGNED (Month, Day, Year) <b>5-19-13</b>		
<b>MEDICAL CERTIFICATION</b>	28. 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Pulmonary Embolism</b> Due to (or as a consequence of) b. _____ Due to (or as a consequence of) c. _____ Due to (or as a consequence of) d. _____ UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		29. APPROXIMATE INTERVAL ONSET TO DEATH			
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Bilateral Pneumonia / COPD / HTN / Hypertension</b>		29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>PHYSICIAN OR MEDICAL EXAMINER ESTABLISHING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS</b>	30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. 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"/> Unknown if pregnant within the past year	
	33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—at home, farm, street, factory, office, building, etc. (Specify) <b>34f. LOCATION OF INJURY (Street and Number, City or Town, State)</b>				

PH-1659 (Rev. 9/2011)

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5648948



*Glenda Manis*  
Glenda Manis, Local Registrar  
Sevier County Health Department

**MAY 21 2013**  
Date Issued



**CERTIFICATION OF VITAL RECORD**

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

**INTERVAL NUMBER: 4311-01**  
**HOA UNIT NUMBER: A/1332**  
**HOA ACCOUNT NUMBER: 470615471**  
**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 THERRETO 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:  
BARBARA J. JONES  
2765 ENGLISH HILLS DRIVE  
SEIVERVILLE, TN 37876

**ACCOMMODATION RECORDING INSTRUCTIONS**

TO: KAECY'S DATA SERVICE

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The undersigned hereby hand you the following document(s) for recordation in Douglas 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 Douglas 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 Barbara J. Jones  
Name Printed BARBARA J. JONES