

Recording Requested By:
Resort Closings, Inc.
3701 Trakker Trail, Suite 2J
Bozeman, MT 59718
Escrow # 53703

DOUGLAS COUNTY, NV **2015-868716**
Rec:\$17.00
\$17.00 Pgs=4 **08/26/2015 12:57 PM**
RESORT CLOSINGS, INC.
KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH – JOINT TENANT

APN/PIN: 42-28-7-03

ANDREA C. GRAY is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada, County of Douglas:

1. JAMES MCILVAINE GRAY, who took title as James M. Gray, is the person referenced in the attached certified copy of the Certificate of Death who died on September 11, 2011 in Plano Texas.
2. JAMES MCILVAINE GRAY, who took title as James M. Gray is the same person who was named as a Grantee in that certain Grant, Bargain, Sale Deed dated March 13, 1991, and recorded March 25, 1991 as Instrument No. 247186, Book 391, Page 3089, of Official Records of Douglas County, Nevada, legally described as follows:

SEE ATTACHED HERETO AS "EXHIBIT "A"
AND INCORPORATED HEREIN BY THIS REFERENCE

3. That JAMES MCILVAINE GRAY, who took title as James M. Gray and ANDREA C. GRAY were continuously married to each other from the date that they acquired the above property, up to and including the date of the death of JAMES MCILVAINE GRAY, who took title as James M. Gray.

Date: 8/12/15

AFFLIANT(S):

Andrea C. Gray
ANDREA C. GRAY

Signed, Sealed and Delivered in the Presence Of:

STATE OF: Texas

COUNTY OF: Kaufman

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 12th DAY OF August 2015 BY ANDREA C. GRAY WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME.

WITNESS my hand and official seal:

Signature: [Signature]

A Notary Public in and for said State

My Commission Expires: February 18, 2018

Press Notarial Seal/Stamp Here

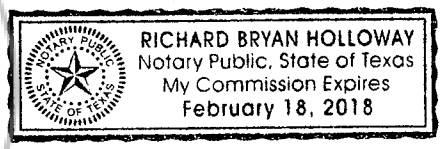


EXHIBIT "A"

A TIMESHARE ESTATE COMPRISED OF:

Parcel One:

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

- (a) An undivided 1/106th interest, as tenants-in-common, in and to Lot 37 as shown on **TAHOE VILLAGE UNIT NO. 3-10TH**, Amended Map recorded September 21, 1990 as Document No. 235008, Official records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, Nevada.
- (b) Unit No. 177 as shown and defined on said last Condominium Plan.

Parcel Two:

- (a) A non-exclusive easement for roadway and public utility purpose as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976 in Section 30, Township 13 North, Range 19 East M.D.B. & M.; , -and-
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

Parcel Three:

A non-exclusive right to use the real property know as "Common Area" as shown on Tahoe Village Unit No. 3-10th Amended Map, Recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East, M. D. B. & M. for all those purposes provided for in the of Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173 Page 229 of Official Records and in modification thereof : (1) recorded September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records; (2) recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records; and (3) recorded July 26, 1989, as Document No. 207446, in Book 789, Page 3011.

Parcel Four:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes and for the use and enjoyment and incidental purposes over, on and through Lots, 29, 30, 35, 39, 40, and 41 as shown on said Tahoe Village Unit No. 3-10th Amended Map, recorded September 21, 1990 as Document No.235008 of the County Recorder's Office, Douglas County, Nevada within Section 30, Township 13 North, Range 19 East M.D.B. & M. for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 and as amended from time to time of Official Records of Douglas County, State of Nevada.

Parcel Five:

The Exclusive right to use any unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during **ONE use week within the "PRIME Season"**, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive right may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

A Portion of APN: 42-28-7-03

CERTIFICATION OF VITAL RECORD

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

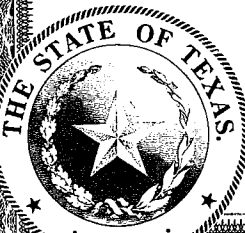
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 SEP 18 2011
STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER 142-11-115002**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) JAMES MCILVAINE GRAY				2. DATE OF DEATH ACTUAL OR PRESUMED 09/11/2011	
3. SEX MALE	4. DATE OF BIRTH 11/27/1943	5. AGE-Last Birthday (Years) 67	IF UNDER 1 YR. Mo. Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) MINEOLA, NY
7. SOCIAL SECURITY NUMBER 0356		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) ANDREA WEINER	
10a. RESIDENCE STREET ADDRESS 5232 SCARBOROUGH LANE			10b. APT. NO.	10c. CITY OR TOWN DALLAS	
10d. COUNTY DALLAS		10e. STATE TEXAS	10f. ZIP CODE 75287-5422		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME GEORGE GRAY			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE DOROTHY FITZGIBBONS		
13. 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"/> DOA 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 COLLIN		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) PLANO, 75093		16. FACILITY NAME (If not institution, give street address) BAYLOR REGIONAL MEDICAL CENTER OF PLANO	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED ANDREA GRAY - WIFE			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 5232 SCARBOROUGH LANE, DALLAS, TX 75287-5422		
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 ANTON SHEPPARD, BY ELECTRONIC SIGNATURE - 7650		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) RESTLAND CREMATORY		23. LOCATION (City/Town, and State) DALLAS, TX			
24. NAME OF FUNERAL FACILITY RESTLAND FUNERAL HOME		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 13005 GREENVILLE AVENUE, DALLAS, TX 75243-1916			
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 JEFFREY LILLY, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (Mo/Day/Yr) 09/16/2011	29. LICENSE NUMBER M4291	30. TIME OF DEATH (Actual or presumed) 00:20	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) JEFFREY LILLY 4708 ALLIANCE BLVD STE 300, PLANO, TX 75093			32. TITLE OF CERTIFIER MD		
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) ----- a. PULMONARY FIBROSIS Due to (or as a consequence of): b. ACUTE BLOOD LOSS ANEMIA Due to (or as a consequence of): c. _____ Due to (or as a consequence of):					Approximate interval Onset to death WEEKS MINUTES
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. CARDIOMYOPATHY, ATRIAL FIBRILLATION				34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. 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"/> 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)	
40a. DATE OF INJURY (Mo/Day/Yr)	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. 07-2380	42b. DATE RECEIVED BY LOCAL REGISTRAR 09/16/2011	42c. REGISTRAR REGISTRAR - COLLIN COUNTY, ELECTRONICALLY FILED			

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. 195.1988)

VS-112 REV 1/2006
Q A 0 0 0 1 7 0 8 0



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

SEP 20 2011

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

Geraldine R. Harris
 GERALDINE R. HARRIS
 STATE REGISTRAR



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