

APN# 1319-30-644-049

Recording Requested by/Mail to:

Name: Janice L. Glennie

Address: 5565 Preston Oaks Rd #186

City/State/Zip: Dallas, Tx 75254

Mail Tax Statements to:

Name: Janice L. Glennie

Address: 5565 Preston Oaks Rd #186

City/State/Zip: Dallas, Tx 75254



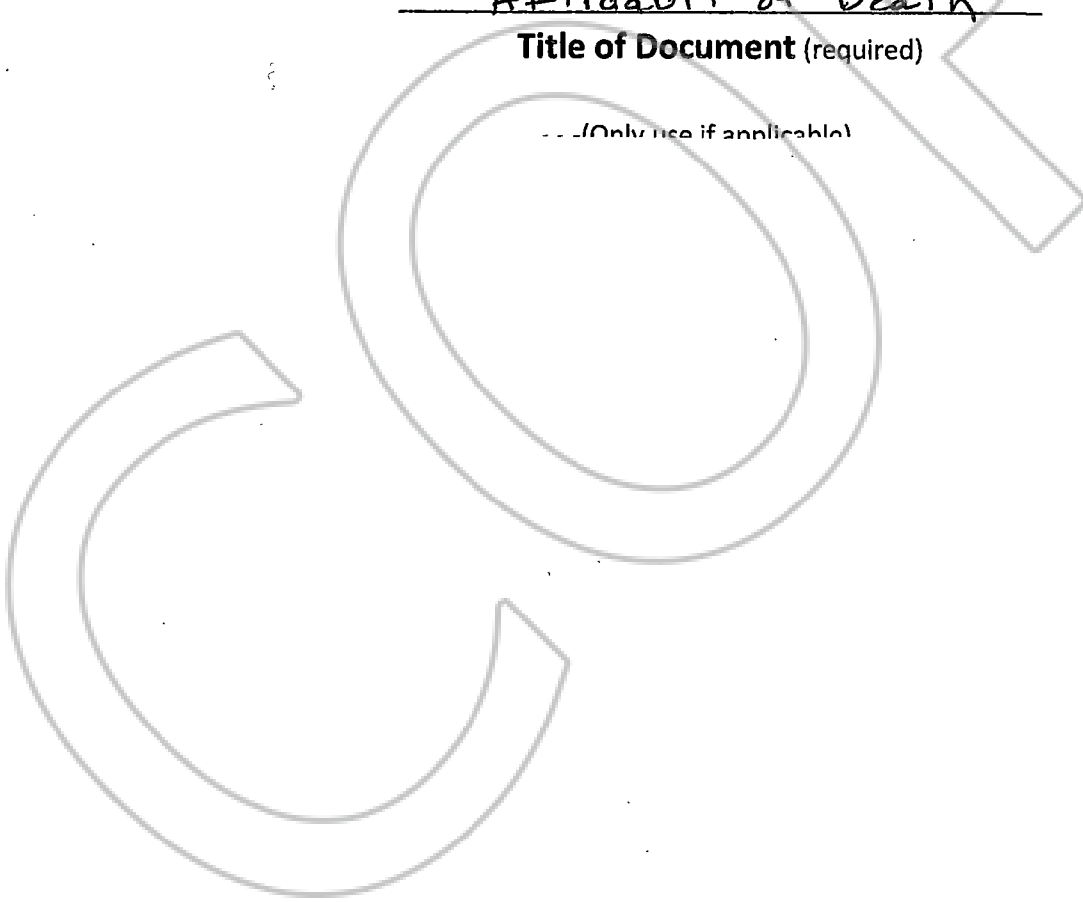
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KAREN ELLISON, RECORDER

Affidavit of Death

Title of Document (required)

(Only use if applicable)





SWORN TO AND SUBSCRIBED before me this the 3<sup>rd</sup> day of December,  
2015.

  
NOTARY PUBLIC

My Commission Expires: Sept 28, 2015



EXHIBIT "A"

(37)

An undivided 1/102<sup>nd</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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. 143 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 every other year in the ODD -numbered years in the SWING "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-049

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

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

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

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
 FEB 02 2012  
**STATE OF TEXAS**      **CERTIFICATE OF DEATH**      **STATE FILE NUMBER 142-12-010588**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
 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, 1889)  
 VS-112 REV 1/2006

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) <b>JAMES WINSTON GLENNIE</b>				2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) <b>JANUARY 28, 2012</b>	
3. SEX <b>MALE</b>	4. DATE OF BIRTH (mm-dd-yyyy) <b>SEPTEMBER 20, 1930</b>	5. AGE-Last Birthday (Years) <b>81</b>	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) <b>RACINE, WI</b>
7. SOCIAL SECURITY NUMBER <b>8458</b>		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input 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) <b>JERRY BORCHERS</b>	
10a. RESIDENCE STREET ADDRESS <b>806 HILLS CREEK DRIVE</b>			10b. APT. NO.	10c. CITY OR TOWN <b>MCKINNEY</b>	
10d. COUNTY <b>COLLIN</b>		10e. STATE <b>TEXAS</b>		10f. ZIP CODE <b>75070</b>	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME <b>GEORGE WASHINGTON GLENNIE</b>			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>ANN LIGON</b>		
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"/> DDA 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>COLLIN</b>		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>ALLEN, 75001</b>		16. FACILITY NAME (if not institution, give street address) <b>TWIN CREEKS REHAB</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>JERRY GLENNIE - SPOUSE</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>806 HILLS CREEK DRIVE, MCKINNEY, TX 75070</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>RICHARD D. HORN, BY ELECTRONIC SIGNATURE - 4502</b>		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>RIDGEVIEW CREMATORY</b>		23. LOCATION (City/Town, and State) <b>ALLEN, TX</b>		24. NAME OF FUNERAL FACILITY <b>TURRENTINE-JACKSON-MORROW FUNERAL HOME-ALLEN</b>	
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>2525 CENTRAL EXPRESSWAY N, ALLEN, TX 75013</b>		26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" 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>WILLIAM B ROHR, BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>JANUARY 31, 2012</b>	29. LICENSE NUMBER <b>G7324</b>	30. TIME OF DEATH (Actual or presumed) <b>02:40 AM</b>	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>WILLIAM B ROHR 700B WILMETH ROAD, MCKINNEY, TX 75069</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) a. <b>RIGHT HIP FRACTURE</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 b.		Due to (or as a consequence of):			
c.		Due to (or as a consequence of):			
d.		Due to (or as a consequence of):			
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input 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 (mm-dd-yyyy) <b>JANUARY 17, 2012</b>	40b. TIME OF INJURY <b>08:00 PM</b>	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) <b>DECEDENT'S HOME</b>		
40e. LOCATION (Street and Number, City, State, Zip Code) <b>806 HILLS CREEK DRIVE, MCKINNEY, TX 75070</b>				40f. COUNTY OF INJURY <b>COLLIN</b>	
41. DESCRIBE HOW INJURY OCCURRED <b>FELL AND BROKE HIP</b>					
42a. REGISTRAR FILE NO. <b>07-300</b>	42b. DATE RECEIVED BY LOCAL REGISTRAR <b>FEBRUARY 2, 2012</b>	42c. REGISTRAR <b>REGISTRAR: COLLIN COUNTY, ELECTRONICALLY FILED</b>			

EDR NUMBER 000001085942

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

FEB 03 2012

*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