

A portion of  
A.P.N. # 1319-30-645-003  
ESCROW NO. #42-289-02-01 / 20161304  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Brenda McCoy  
170 Rushwing Place  
The Woodlands, TX 77381

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
                                      } ss  
COUNTY OF Douglas }

BRENDA L MCCOY, of legal age, being first duly sworn, deposes  
and says: That JAMES F MCCOY, the decedent mentioned in the attached  
certified copy of Certificate of Death, is the same person as JAMES F MCCOY  
named as one of the parties in that certain Grant Deed dated April 12, 1997 executed by  
Harich Tahoe Developments, a Nevada general partnership  
to James F McCoy and Brenda L McCoy, husband and wife  
as joint tenants, recorded as Instrument No. 411085, on April 23, 1997  
in Book 497, Page 3391, 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.

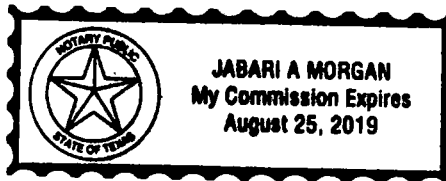
DATE: October 2, 2015

Brenda L. McCoy  
Brenda L McCoy

STATE OF Texas }  
                                      } ss.  
COUNTY OF Montgomery

This instrument was acknowledged before me on  
10/02/2015  
by Brenda L McCoy

Signature Jabari A Morgan  
Notary Public



# CERTIFICATION OF VITAL RECORD

## MONTGOMERY COUNTY

Conroe, Texas

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

Texas Department of Health - Bureau of Vital Statistics

1 NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST <b>JAMES FREDRIC McCOY</b>			(d) MAIDEN		2 SEX <b>MALE</b>	3 DATE OF DEATH <b>JULY 30, 2000</b>
4 DATE OF BIRTH <b>JANUARY 31, 1938</b>	5 AGE (IN YEARS) <b>62</b>	IF UNDER 1 YR MO DAYS	IF UNDER 1 DAY HOURS MIN	8 BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>NEW CASTLE, PENNSYLVANIA</b>		7 SOCIAL SECURITY NO <b>[REDACTED] 3167</b>
9 RACE <b>CAUCASIAN</b>		10 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11 EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM OR SECONDARY (0-12) COLLEGE (13-16, 17+) <b>12</b>		
12 MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>BRENDA LEE WHALEY</b>		14a. DECEDENT'S USUAL OCCUPATION <b>MEDICAL TRAINER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>MILITARY</b>
15a. RESIDENCE STREET ADDRESS <b>170 RUSHWING PLACE</b>				15b. CITY OR TOWN <b>THE WOODLANDS</b>		
15c. COUNTY <b>MONTGOMERY</b>		16d. STATE <b>TEXAS</b>		15e. ZIP CODE <b>77381</b>		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16 FATHER'S NAME <b>JAMES OPRE McCOY</b>			17 MOTHER'S MAIDEN NAME <b>LEOLA MARIE JOHNSON</b>			
18 PLACE OF DEATH (CHECK ONLY ONE)						
HOSPITAL <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)						
19 COUNTY OF DEATH <b>MONTGOMERY</b>		20 CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>CONROE</b>		21 NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) <b>CONROE REGIONAL MEDICAL CENTER</b>		
22 INFORMANT - SIGNATURE & RELATIONSHIP <b>BRENDA McCOY - WIFE (from mortuary file)</b>				23 MAILING ADDRESS OF INFORMANT <b>170 RUSHWING PLACE, THE WOODLANDS, TX 77381</b>		
24 METHOD OF DISPOSITION		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) <b>MAINLAND CREMATORY</b>		29 NAME & ADDRESS OF FUNERAL HOME		
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		26 LOCATION (CITY, STATE) <b>Lamarque, TEXAS</b>		29 NAME & ADDRESS OF FUNERAL HOME <b>ALDINE FUNERAL CHAPEL 9504 AIRLINE DRIVE HOUSTON, TEXAS 77037</b>		
27 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Christine Zavodney</i> #10052		28 DATE OF DISPOSITION <b>08/01/2000</b>				
30 CERTIFIER						
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED						
<input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED						
<input type="checkbox"/> JUSTICE OF THE PEACE						
31 SIGNATURE & TITLE OF CERTIFIER <i>Paul Decker MD</i>			32 DATE SIGNED MO <b>8</b> DAY <b>1</b> YEAR <b>00</b>		33 TIME OF DEATH <b>4:30 P. M.</b>	
34 PRINTED NAME & ADDRESS OF CERTIFIER <b>Paul Decker MD 9201 Pinescroft woodlands TX 77380</b>						
35 PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.						Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Lung cancer</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF)						<b>months</b>
Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST						
b <b>Tobacco use</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF)						<b>years</b>
c <b></b> DUE TO (OR AS A LIKELY CONSEQUENCE OF)						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)						
37 DID TOBACCO USE CONTRIBUTE TO DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			38 DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		39 WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
40 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		41a. DATE OF INJURY	41b. TIME OF INJURY <b>M</b>	41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC (SPECIFY)	
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)				
		41f. DESCRIBE HOW INJURY OCCURRED				
42a. REGISTRAR FILE NO <b>01-0871-00</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>Aug 1, 2000</b>		42c. SIGNATURE OF LOCAL REGISTRAR <i>Mark Turnbull</i>		

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195.199b)

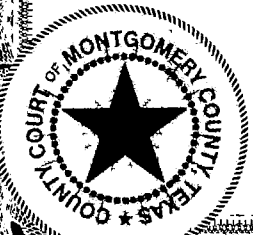
370121

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

*Mark Turnbull*  
Mark Turnbull  
County Clerk/Registrar

DATE ISSUED **06-18-13**

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.



**EXHIBIT "A"**

**(42)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48<sup>ths</sup> interest in and to Lot 42 as shown on Tahoe Village Unit No. 3 - 14<sup>th</sup> Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 289 as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No. 360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded on October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting the Ridge Tahoe recorded June 9, 1995, as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week each year in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

**BEGINNING** at the Northwest corner of this easement said point bears S. 43°19'06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52°20'29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13<sup>th</sup> Amended Map;

thence S. 14°00'00" W. along said Northerly line, 14.19 feet;

thence N. 52°20'29" W., 30.59 feet;

thence N. 37°33'12" E., 13.00 feet to the POINT OF BEGINNING.

**A Portion of APN: 1319-30-645-003**