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KAREN ELLISON, RECORDER

APN: 1318-26-101-006
MAIL TAX STATEMENT TO:
WHEN RECORDED RETURN TO:
DANIEL R. DAVIS
120 SPRING AVENUE
GLEN ELLYN, IL 60137

AFFIDAVIT TERMINATING JOINT TENANCY

HOA No: 479925242

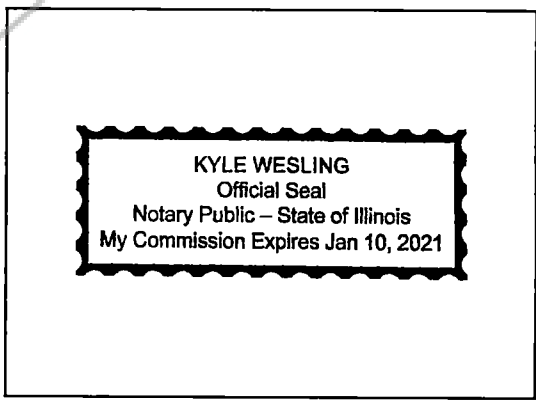
DANIEL R. DAVIS being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness to the matters hereinafter stated.

That affiant is DANIEL R. DAVIS the person named as DANIEL R. DAVIS one of the grantees in that certain deed recorded JULY 5, 2005 as Document No: 0648561 in Book 0705 as Page 966 in the office of the County Recorder of Douglas County, Nevada.

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

Daniel R. Davis
DANIEL R. DAVIS

STATE OF: IL
COUNTY OF: DuPage
Subscribed and sworn to before me
DANIEL R. DAVIS
this 27 day of April 2017
[Signature]
Notary Public



PLACE NOTARY SEAL INSIDE OF BOX

SEE ATTACHED EXHIBIT "A"

EXHIBIT "A"
LEGAL DESCRIPTION
KINGSBURY CROSSING

INTERVAL NUMBER: 4207-01A
HOA UNIT NUMBER: A/1214
HOA ACCOUNT NUMBER: 479925244
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 THERETO 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.

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF DEATH

FILE NUMBER 2017001348



1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last Suffix) CHRISTY ALICE DAVIS				2. SEX FEMALE		3a. DATE OF DEATH JAN. 24, 2017		3b. TIME OF DEATH 06:07 PM	
4. SOCIAL SECURITY NO 0330		5a. AGE Last Birthday (Years) 61		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH FEBRUARY 16, 1955	
7. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO				8a. RESIDENCE STATE OR FOREIGN COUNTRY ARKANSAS		8b. COUNTY CARROLL		8c. CITY OR TOWN EUREKA SPRINGS	
8d. NUMBER AND STREET 1323 HIGHLAND PARK DR				8e. APT NO		8f. ZIP CODE 72631-8978		8g. INSIDE CITY LIMITS? YES	
9. EVER IN US ARMED FORCES? NO		10. MARITAL STATUS AT TIME OF DEATH DIVORCED (NOT REMARRIED)				11. SURVIVING SPOUSE'S NAME (If wife give name prior to first marriage)			
12a. IF DEATH OCCURRED IN A HOSPITAL			12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL HOSPICE FACILITY			12c. COUNTY OF DEATH BENTON			
12d. FACILITY NAME (If not institution give number & street) CIRCLE OF LIFE AT LEGACY VILLAGE				12e. CITY OR TOWN BENTONVILLE		12f. ZIP CODE 72712			
13. FATHER'S NAME (First, Middle, Last) GEORGE ELMER BOUFFARD				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) DELORES ALICE MOORE					
15a. INFORMANT'S NAME JASON CLARK		15b. RELATIONSHIP TO DECEDENT SON		15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) 466 WILDWOOD AVE SW, PALM BAY, FL, 32908-7505					
16a. METHOD OF DISPOSITION: CREMATION				16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) OSARY CREMATORY LLC					
16c. LOCATION CITY, TOWN, AND STATE GENTRY, ARKANSAS				17a. EMBALMER'S NAME NOT EMBALMED		17b. EMBALMER'S LICENSE #		17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT) /s/ MELISSA A BROWN	
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY STOCKDALE-MOODY FUNERAL SERVICES INC. 2898 W. WALNUT, ROGERS, AR, 72756				17e. LICENSE # 427					
18a. DATE PRONOUNCED DEAD JAN. 24, 2017		18b. TIME PRONOUNCED DEAD 06:35 PM		18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) ANDREA LYNN HENSON, DEPUTY CORONER				19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	
20. 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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. RESPIRATORY FAILURE <small>Due to or as a consequence of,</small>								APPROXIMATE INTERVAL Onset to Death	
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. STAGE IV, NON SMALL CELL LUNG CANCER WITH METASTASIS TO BONES <small>Due to or as a consequence of,</small>	
c. _____ <small>Due to or as a consequence of,</small>								HOURS	
d. _____ <small>Due to or as a consequence of,</small>								YEARS	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						21a. WAS AN AUTOPSY PERFORMED? NO		21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
22. MANNER OF DEATH NATURAL				23. DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		24. IF FEMALE: NOT PREGNANT WITHIN THE PAST YEAR			
25a. DATE OF INJURY (Mo/Day/Yr)		25b. TIME OF INJURY		25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				25d. INJURY AT WORK?	
25e. LOCATION OF INJURY (Number, Street, Apartment No., City, State, Zip Code)								25f. DESCRIBE HOW INJURY OCCURRED	
25g. IF TRANSPORTATION INJURY, SPECIFY									
26a. CERTIFIER (Check only one): <input type="checkbox"/> Coroner 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.									
SIGNATURE: /s/ TINA LOUISE WARD				TITLE: DEPUTY CORONER		DATE: JANUARY 25, 2017			
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a (Type / Print) TINA LOUISE WARD, DEPUTY CORONER 203 EAST CENTRAL SUITE 105 BENTONVILLE, AR, 72712								26c. LICENSE #	
27a. SIGNATURE OF REGISTRAR <i>Shirley Louie</i>						27b. FOR REGISTRAR ONLY - DATE FILED JAN. 25, 2017			

To Be Completed / Verified by FUNERAL DIRECTOR

To Be Completed / Verified by MEDICAL CERTIFIER

* DENOTES AMENDED ITEMS:



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH

JAN 26 2017

Shirley Louie
Shirley Louie
State Registrar

5502100

5502100



WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

APN: 1318-26-101-006
ACCOMMODATION
WHEN RECORDED RETURN TO:
DANIEL R. DAVIS
120 SPRING AVENUE
GLEN ELLYN, IL 60137

ACCOMMODATION RECORDING INSTRUCTIONS

TO: **KAECY'S DATA SERVICE**

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 *Daniel R. Davis*

Name Printed DANIEL R. DAVIS