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KAREN ELLISON, RECORDER

RECORDING COVER PAGE

APN: 1318-26-101-006

When Recorded Return to:
And send future tax statements

J.W. Hansen
110 Cedar Lake Road
Huffman, TX 77336

TITLE OF DOCUMENT:

AFFIDAVIT TERMINATING JOINT TENANCY

RECORDING REQUESTED BY:

CATHERINE A. BUTLER
2600 S. Rainbow Blvd., Suite 110A
Las Vegas, NV 89146

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APN: 1318-26-101-006

When Recorded, Mail to:
Mail Tax Statements to:
J.W. HANSEN
110 CEDAR LAKE ROAD
HUFFMAN, TX 77336

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss
County of Clark)

Affiant, J.W. HANSEN, being duly sworn deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated.
2. I am one of the Grantees, named in that certain Grant Deed recorded on OCTOBER 25, 1999 as Instrument No. 1099-4216 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, which property described therein is located in the County of Douglas, State of Nevada; and which property is known and described as follows:

TO WIT:

THE LODGE AT KINGSBURY CROSSING TIMESHARE

INTERVAL NUMBER: 4310-27
HOA UNIT NUMBER: A/1331
HOA ACCOUNT NUMBER: 470918902
SEASON: HIGH
USE: ANNUAL

The following described real property in the County of Douglas, State of Nevada, and is more particularly described as follows:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows:

Parcel 3, as shown on that amended Parcel Map for John E. Michelsen 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 for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records at Page 591, Douglas County, Nevada, as Document 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" as amended.

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 said Declaration of Timeshare Use and amendments thereto together with the right 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, 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, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Document No. 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 at Page 3987, Official Records of Douglas County, Nevada, as Document No. 161309 ("Declaration"), during a "Use Period", within the HIGH Season within the "Owner's Use Year", as defined in the Declaration, together with an nonexclusive right to use the common areas as defined in the Declaration.

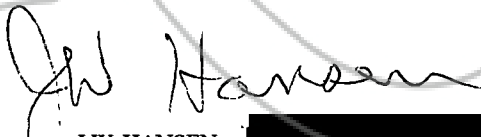
Subject to all covenants, conditions, restrictions, limitations, easements, rights-of way of record. A portion of APN 07-130-19.

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3. CAROLE A. SWITCK aka CAROLE A. SWICK was one of the Grantees named in said Deed and is the Decedent named in that certain Certificate of Death, attached hereto and made a part hereof by this reference.


4. This Affidavit hereby terminates the One-Fourth interest of the Joint Tenancy of CAROLE A. SWITCK aka CAROLE A. SWICK to J.W. HANSEN.

Dated this 15th day of January, 2018.



J.W. HANSEN

Subscribed and sworn to before me this 25th day of Jan, 2018, by J.W. HANSEN.



NOTARY PUBLIC

Name: Catherine A. Butler

Exp.:05/18/2018

No.:



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

SEP 04 2015

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER **142-15-126180**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) CAROLE ANN SWICK				(Maiden) SWICK		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) SEPTEMBER 2, 2015	
3. SEX FEMALE	4. DATE OF BIRTH (mm-dd-yyyy) DECEMBER 28, 1950	5. AGE-Last Birthday (Years) 64	IF UNDER 1 YR Mo Days Hours Min		6. BIRTHPLACE (City & State or Foreign Country) GREAT BEND, KS		
7. SOCIAL SECURITY NUMBER ██████████-2090		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) J. W. HANSEN			
10a. RESIDENCE STREET ADDRESS 110 CEDAR LAKE ROAD				10b. APT. NO. HUFFMAN		10c. CITY OR TOWN	
10d. COUNTY HARRIS		10e. STATE TEXAS		10f. ZIP CODE 77336		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME NOEL SWICK				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE ALVINA POPE			
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"/> OOA 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 HARRIS		15. CITY/TOWN, ZIP (If outside city limits, give precinct no.) HOUSTON, 77030		16. FACILITY NAME (If not institution, give street address) HOUSTON METHODIST HOSPITAL			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED J. W. HANSEN - HUSBAND				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 110 CEDAR LAKE ROAD, HUFFMAN, TX 77336			
19. 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)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH RICHARD LOVELACE, BY ELECTRONIC SIGNATURE 6577		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) CEDAR GROVE CEMETERY				23. LOCATION (City/Town, and State) TRINITY, TX			
24. NAME OF FUNERAL FACILITY ROSEWOOD FUNERAL HOME - HUMBLE				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 2602 OLD HUMBLE ROAD, HUMBLE, TX 77396			
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 CHUKWUMA EGWIM, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) SEPTEMBER 3, 2015		29. LICENSE NUMBER M9993		30. TIME OF DEATH (Actual or presumed) 12:35 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) CHUKWUMA EGWIM CEGWIM@LIVERASSOCTX.COM, HOUSTON, TX 77030						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. GASTROINTESTINAL BLEEDING Due to (or as a consequence of) b. PORTAL HYPERTENSION Due to (or as a consequence of) c. CIRRHOSIS Due to (or as a consequence of) d. CHRONIC HEPATITIS C							Approximate interval Onset to death 24 HOURS YEARS YEARS YEARS
PART 2 ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 RESPIRATORY FAILURE				34. WAS AN AUTOPSY PERFORMED? <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 checked="" 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)		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. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO 0215097		42b. DATE RECEIVED BY LOCAL REGISTRAR SEPTEMBER 4, 2015		42c. REGISTRAR REGISTRAR - CITY OF HOUSTON, 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. 165, 169B)

Q A 0 6 6 8 0 4 8 1

VS-112 REV 1/2006

JHE

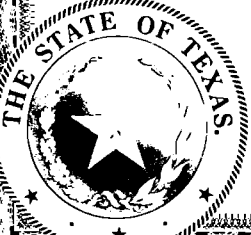
EOR NUMBER 000001764890

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 08 2015

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