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APN 1318-26-101-006

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Debbie Marie Reichard
305 19th Avenue West
Polson, MT 59860

TITLE OF DOCUMENT:

AFFIDAVIT TERMINATING JOINT TENANCY

RECORDING REQUESTED BY:

Catherine A. Butler
2600 S. Rainbow Blvd. Ste., 110A
Las Vegas, NV 89146

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APN: 1318-26-101-006

MAIL TAX STATEMENTS TO:
TRICOM MANAGEMENT CO.
1300 N. KELLOGG DRIVE, SUITE B
ANAHEIM, CA 92807

WHEN RECORDED, MAIL TO:
DEBBIE MARIE REICHARD
305 19TH AVENUE WEST
POLSON, MT 59860

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss
County of Clark)

Affiant, Debra Marie Reichard, 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 the daughter of the Grantees named in that certain Grant Deed recorded on September 19, 1984 as Instrument No. 106893, Book No. 984, Page 1819-1820 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: 3204-41
HOA UNIT NUMBER: B/2246
HOA ACCOUNT NUMBER: 47471021341
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 thirteenths (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 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 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 as Document No. 89535, fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 at Page 3987 as Document No. 161309, fifth amendment to Declaration of Timeshare Use recorded November 30, 1987, in Book 1187, at Page 3946 as Document No. 167429, and sixth amendment to Declaration of Timeshare Use recorded March 25, 1996, in Book 0396, at Page 3827 as Document No. 383937, Official Records of the County of Douglas, State of Nevada ("Declaration"), during a "Use Period", within the HIGH Season within the "Owner's Use Year", as defined in the Declaration, together with a 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. BERNICE L. PAINE 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 Joint Tenancy of said property and vests title solely in WILLIAM J. PAINE, as his sole and separate property.

Dated this 18th day of January, 2018.


DEBRA MARIE REICHARD

Subscribed and sworn to before me this 18th day of January, 2018, by DEBRA MARIE REICHARD.




NOTARY PUBLIC
Name: Catherine A. Butler
Exp.: 05/18/2018; No.: 94-3873-1

STATE OF MONTANA

CERTIFICATION OF VITAL RECORD



Date Filed: 8/14/17
 County: Flathead
 Registrar: Tonya Buxton
 Deputy: Debbie Pierson

1. DECEDENT'S NAME (First, Middle, Last) William Joseph Paine		AKAs (If Any)		23. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (5-9-17) August 08, 2017	
2. SEX Male	3. SOCIAL SECURITY NUMBER 4941	Age - last Birthday (Years) 85	4b. Under 1 Year (Months) Days	4c. Under 1 Day (Hours) Minutes	5. DATE OF BIRTH (Month, Day, Year) December 24, 1931
14. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other			17. COUNTY OF DEATH Flathead		
15. FACILITY NAME (If not institution, give street and number) Kalispell Regional Medical Center			16. CITY, TOWN OR LOCATION OF DEATH Kalispell		
6. BIRTHPLACE (City, and State or Foreign Country) Oakland, California		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE	
54. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Electrician			55. KIND OF BUSINESS/INDUSTRY California Electric Company		8. WAS DECEDENT EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. RESIDENCE STATE Montana	7b. COUNTY Flathead	7c. CITY, TOWN, OR LOCATION Bigfork	7d. STREET NUMBER 150 Beach Road	7i. ZIP CODE 59911	7g. INSIDE CITY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
51. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; No diploma <input checked="" type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate's Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, MEd, MDiv, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		52. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the No box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considers himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)	
11. FATHER'S NAME (First, Middle, Last) William Edward Paine		12. MOTHER'S NAME (First, Middle, last name before first marriage) Florence Fiddy			
13a. INFORMANT'S NAME Debra Reichard		13b. RELATION TO DECEDENT Daughter		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 150 Beach Road, Bigfork, Montana 59911	
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION Johnson Gloschat Crematory		20. LOCATION (City or Town, State) Kalispell, Montana	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION Mark V Graziano		23. MONTANA LICENSE NO (of licensee if applicable) 3837		21. NAME AND ADDRESS OF FUNERAL FACILITY Johnson-Gloschat Funeral Home & Crematory, PO Box 966, Kalispell, Montana 59903	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Month/Day/Year) August 08, 2017		25. TIME PRONOUNCED DEAD 20:01 Military	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) Mark T. Welch, MD		28. DATE SIGNED (Month/Day/Year) August 09, 2017		27. LICENSE NUMBER 8817	
28. DATE SIGNED (Month/Day/Year) August 09, 2017		30. ACTUAL OR PRESUMED TIME OF DEATH 20:01 Military Approximate		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT omit terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					Approximate Interval (Include Min, Hr, Day, Yrs, etc.)
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardio Respiratory Arrest					mins.
b. Hypertension					hours
c. Sepsis, Third Degree Heart Block					12 hours
d. Left Hip Fracture after Accidental Fall					4 days
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Thrombocytopenia, Acute Blood Loss Anemia					33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No					
37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		36. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year	
DATE OF INJURY (Month, Day, Year) 08/04/2017	TIME OF INJURY 15:30 Military Approx	40. PLACE OF INJURY (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area) Home	44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other		
43. DESCRIBE HOW INJURY OCCURRED Stumbled and Fell, Fractured L Hip					42. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code) 150 Beach Road Bigfork, Montana 59911
45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <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 stated. <input checked="" type="checkbox"/> Pronouncing & Certifying Physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/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.					49. DATE CERTIFIED (Month, Day, Year) August 09, 2017
SIGNATURE Mark T. Welch		46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) Mark T. Welch 310 Sunnyview Lane, Kalispell, MT 59901		48. LICENSE NO 8817	47. TITLE MD
		LOCAL REGISTRAR'S NAME Tonya Buxton		50. DATE FILED (Mo/Day/Yr) August 14, 2017	

To Be Completed By: Medical Certifier

To Be Completed By: Funeral Director

STATE OF MONTANA)
 FLATHEAD COUNTY): SS
 I, DEBBIE PIERSON,
 CLERK AND RECORDER,
 IN AND FOR THE SAID
 COUNTY OF FLATHEAD,
 STATE OF MONTANA,
 HEREBY CERTIFY THE
 ANNEXED AND FOLLOWING
 TO BE A FULL, TRUE AND
 CORRECT COPY OF A
 CERTAIN:
 () BIRTH CERTIFICATE
 () DEATH CERTIFICATE
 () TOGETHER WITH THE
 ENDORSEMENT THEREON,
 AS THE SAME APPEARS OF
 RECORD IN THIS OFFICE.
 AFFIXED THIS
 DAY OF AUGUST 2017
 DEBBIE PIERSON
 CLERK AND RECORDER
 DEPUTY

