

APN# 42-010-40



KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name: Mary Ann Warren

Address: 9010 Ramsey Street

City/State/Zip: Linden, NC 28356

**Mail Tax Statements to:**

Name: same as above

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Affidavit of Death

**Title of Document (required)**

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

*Mary Ann Warren*  
Signature

Mary Ann Warren  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit of Death**

STATE OF North Carolina  
COUNTY OF Cumberland

I, Mary Ann Warren, residing at 9010 Ramsey Street, Linden, North Carolina 28356, being of legal age, depose and say that:

That Robert Micheal Warren, 9010 Ramsey Street, Linden, North Carolina 28356, died on December 13, 2016 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;


That I am the successor to the estate of the decedent and to the decedent's interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in North Carolina for the administration of the decedent's estate;

That funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

**Oath or Affirmation:**

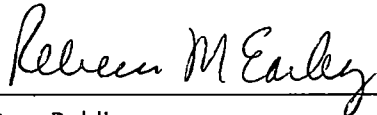
I certify under penalty of perjury under North Carolina law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

  
\_\_\_\_\_  
Signature

2/5/2018  
\_\_\_\_\_  
Date

STATE OF North Carolina, COUNTY of Cumberland, ss:

This Affidavit was acknowledged before me on this 5<sup>th</sup> day of February, 2018, by Mary Ann Warren, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

  
\_\_\_\_\_  
Notary Public

Rebecca M. Earley, Notary Public  
Cumberland County, North Carolina  
My Commission Expires July 26, 2020



**MOORE COUNTY  
OFFICE OF REGISTER OF DEEDS**

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
N.C. VITAL RECORDS  
CERTIFICATE OF DEATH

**1445  
ORIGINAL**

REGISTRATION DISTRICT NO. <u>063-161</u> LOCAL NO. _____ COUNTY OF DEATH <u>Moore</u> STATE FILE NO. _____	
<b>DECEDENT</b> 1. DECEASED'S LEGAL NAME 1a. FIRST <u>Robert</u> 1b. MIDDLE <u>Micheal</u> 1c. LAST <u>Warren</u> 1d. SUFFIX _____ 1e. LAST NAME PRIOR TO FIRST MARRIAGE _____	
2. SEX <u>M</u> 3a. AGE LAST BIRTHDAY (Yrs) <u>62</u> 3b. UNDER 1 YEAR Months _____ Days _____ 3c. UNDER 1 DAY Hours _____ Minutes _____ 4. DATE OF BIRTH (Month/Day/Year) <u>October 13, 1954</u> 5. BIRTHPLACE (County/State or Foreign Country) <u>Davidson, TN</u> 6. DATE OF DEATH (Month/Day/Year) <u>December 13, 2016</u>	
7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D/OA <input checked="" type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____ 7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL _____ 7c. FACILITY NAME (if not institution, give street and number) <u>First Health Hospice House</u> 7d. CITY OR TOWN <u>Southern Pines</u> 7e. COUNTY OF DEATH <u>Moore</u>	
8. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown 9. SURVIVING SPOUSE (Give name prior to first marriage) <u>Mary Ann Russell</u> 10a. DECEASED'S USUAL OCCUPATION (Do not use retired) <u>Owner/Operator</u> 10b. KIND OF BUSINESS/INDUSTRY <u>Heating &amp; Air</u>	
11. SOCIAL SECURITY NUMBER <u>9223</u> 12a. RESIDENCE—STATE OR FOREIGN COUNTRY <u>North Carolina</u> 12b. COUNTY <u>Cumberland</u> 12c. CITY OR TOWN <u>Linden</u>	
12d. STREET AND NUMBER <u>9010 Ramsey Street</u> 12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12f. ZIP CODE <u>28356</u> 13. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th–12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input checked="" type="checkbox"/> Associate 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, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	
15. DECEASED'S RACE (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if 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) _____	
16. DECEASED'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
<b>PARENTS</b> 17. FATHER'S NAME (First, Middle, Last) <u>Robert Harrell Warren</u> 18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <u>Mary Virginia Rogers</u>	
19a. INFORMANT'S NAME <u>Mary Ann Warren</u> 19b. RELATIONSHIP TO DECEASED <u>Spouse</u> 19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <u>422 McArthur Road, 2nd Floor, Fayetteville, NC 28311</u>	
<b>DISPOSITION</b> 20a. 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) _____ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <u>Lafayette Memorial Park</u> 20c. LOCATION (City or town and State) <u>Fayetteville, NC</u>	
21a. SIGNATURE OF FUNERAL DIRECTOR <u>[Signature]</u> 21b. LICENSE NUMBER <u>FD 3265</u> 21c. NAME OF EMBALMER <u>Lori Geary</u> 21d. LICENSE NUMBER <u>FS 3361</u>	
22. NAME AND ADDRESS OF FUNERAL HOME <u>Rogers and Breece Funeral Home 500 Ramsey Street Fayetteville, NC 28301</u>	
<b>MEDICAL CERTIFICATION</b> 23. 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 ventricular fibrillation without showing the etiology on lines b, c, and/or d. Enter only one cause on a line. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Cardiac body adenocarcinoma</u> Due to (or as a consequence of) <u>months</u> b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ d. _____ Due to (or as a consequence of) _____ PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Sarcoidosis, primary</u>	
24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>BURIAL/CREMATION PERMIT</b> 25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined 26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 26b. IF YES <input type="checkbox"/> Declined by Medical Examiner 27. TIME OF DEATH (Approximate) <u>0135</u> 28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown 29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <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"/> Unknown if pregnant within the past year	
<b>MEDICAL EXAMINER ONLY</b> 30. DATE PRONOUNCED (Month/Day/Year) _____ 31a. DATE OF INJURY (Month/Day/Year) _____ 31b. TIME OF INJURY _____ 31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc. _____ 31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 31f. DESCRIBE HOW INJURY OCCURRED _____ 31g. LOCATION OF INJURY (Street/Number/City/State) _____	
<b>CERTIFIER</b> 32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant -- 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 -- 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. 33a. SIGNATURE AND TITLE OF CERTIFIER <u>[Signature]</u> 33b. LICENSE NUMBER <u>2007-01966</u> 33c. DATE SIGNED (Month/Day/Year) <u>12-13-16</u>	
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly) <u>Aaron Gavitt, MD 155 Memorial Dr. Pinehurst, NC 28374</u> 38. DATE REGISTERED BY STATE _____	
<b>REGISTRAR</b> 34. FOR LOCAL REGISTRAR (Name) <u>Robert E. Wittmann-Jones</u> 35. DATE FILED (Month/Day/Year) <u>01-04-2017</u>	
DATE CORRECTED (Mo/Ds/Yr) _____ ITEM(S) CORRECTED: _____ DATE AMENDED (Mo/Ds/Yr) _____ ITEM(S) AMENDED: _____	

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

**063-294095**

**Judy D. Martin**  
Register of Deeds  
Moore County

Witness my hand and official seal

this the 4th day of January 20 17

By: [Signature]  
Deputy/Assistant Register of Deeds

DHHS 3914 (REVISED 8/15) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.



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 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th 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. 264 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, 13th 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 13th 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: 42-010-40

REQUESTED BY  
STEWART TITLE OF DOUGLAS COUNTY  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 DEC -5 10:09

LINDA SLATER  
RECORDER

\$9.00 PAID *K2* DEPUTY

376260

DK1295P60348