

APN: 1318-26-101-006

HOA ACCT #470956065

MAIL TAX STATEMENTS TO:

THE LODGE AT KINGSBURY CROSSING
133 DEER RUN COURT
PO BOX 6600
STATELINE, NV 89449

WHEN RECORDED, MAIL TO:

BARBARA ANN PRICHARD OKLAHOMA CITY, OK 73170
11401 GATESHEAD DRIVE

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss
County of Clark)

Affiant, Barbara Ann Prichard, 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 Grant Deed recorded August 23, 2013, in Book 0813 of Official Records at Page 6473, Document No. 0829450, 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:

THE LODGE AT KINGSBURY CROSSING TIMESHARE

INTERVAL NUMBER: 4311-51
UNIT NUMBER: A/1332
HOA ACCOUNT NUMBER: 470956065
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):

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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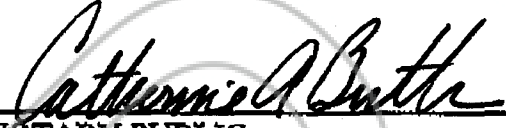
3. **FREDDIE RAY PRICHARD** was one of the Grantees named in said Deed and is the Decedent named in that certain Certificate of Death, attached hereto and made a part hereof by this reference.

4. This Affidavit hereby terminates the Joint Tenancy of said property and vests title solely in BARBARA ANN PRICHARD, as her sole and separate property.

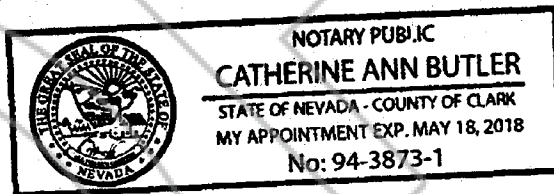
Dated this 1 day of May, 2018.


BARBARA ANN PRICHARD

SUBSCRIBED AND SWORN to before me this 1 day of May, 2018 by BARBARA ANN PRICHARD.


NOTARY PUBLIC
Exp.: 05/18/2018
No. 94-3873-1

Name: Catherine A. Butler





STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 2015-028643

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)
FREDDIE RAY PRICHARD
1a. LAST NAME PRIOR TO FIRST MARRIAGE
PRICHARD
2. SEX
MALE
3. SOCIAL SECURITY NUMBER
3064
4. EVER IN US ARMED FORCES?
YES
5a. AGE- Last birthday (years)
73
5b. UNDER 1 YEAR
Months Days
5c. UNDER 1 DAY
Hours Minutes
6. DATE OF BIRTH (Mo/Day/Yr)
JUNE 8, 1942
7. BIRTHPLACE (City and State or Foreign Country)
SULPHUR ROCK, ARKANSAS
8a. RESIDENCE-State
OKLAHOMA
8b. RESIDENCE-County
CLEVELAND
8c. RESIDENCE-City or Town
OKLAHOMA CITY
8d. RESIDENCE-Zip Code
73170
8e. RESIDENCE-Inside City Limits?
YES
8f. RESIDENCE-Street and Number
11401 GATESHEAD DR.
8g. RESIDENCE-Apt. Number
9. MARITAL STATUS AT TIME OF DEATH
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
BARBARA FULLBRIGHT
11. FATHER'S NAME (First, Middle, Last)
FREDDIE L. PRICHARD
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
WILMA MOSS
13. DECEDENT OF HISPANIC ORIGIN?
NO, NOT SPANISH/HISPANIC/LATINO
14. DECEDENT'S RACE
WHITE
15. DECEDENT'S EDUCATION
HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)
SYSTEMS ANALYST
17. KIND OF BUSINESS / INDUSTRY
FEDERAL AVIATION ADMINISTRATION
18a. INFORMANT'S NAME
BARBARA PRICHARD
18b. RELATIONSHIP TO DECEDENT
WIFE
18c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
11401 GATESHEAD DR., OKLAHOMA CITY, OKLAHOMA 73170
19. METHOD OF DISPOSITION:
20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)
RESTHAVEN MEMORY GARDENS
21. LOCATION - City, Town and State
OKLAHOMA CITY, OKLAHOMA
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
VONDEL L. SMITH AND SON MORTUARY, INC. (S. WESTERN) - OKLAHOMA CITY,
6934 S. WESTERN, OKLAHOMA CITY, OKLAHOMA 73139
23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH
CHARLES TREVOR SMITH
24. FH ESTABLISHMENT LICENSE #
1211ES

25. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL:
26. FACILITY NAME (If not institution, give street & number)
INTEGRIS BAPTIST MEDICAL INCORPORATED
27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH
OKLAHOMA CITY, OKLAHOMA, 73112
28. COUNTY OF DEATH
OKLAHOMA
29. DATE OF DEATH (Mo/Day/Yr)
SEPTEMBER 28, 2015
30. TIME OF DEATH
15:43
31. WAS MEDICAL EXAMINER CONTACTED?
NO
32. WAS AN AUTOPSY PERFORMED?
NO
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
34. 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 fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. RESPIRATORY FAILURE
Due to (or as a consequence of):
b. PULMONARY EDEMA
Due to (or as a consequence of):
c. CHRONIC KIDNEY DISEASE
Due to (or as a consequence of):
d. ISCHEMIC CARDIOMYOPATHY
35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
DIABETES; OBSTRUCTIVE SLEEP APNEA; CHRONIC OBSTRUCTIVE PULMONARY DISEASE
36. MANNER OF DEATH
37. IF FEMALE:
38. DID TOBACCO USE CONTRIBUTE TO DEATH?
39. DATE OF INJURY (Mo/Day/Yr)
40. TIME OF INJURY
41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)
42. DESCRIBE HOW INJURY OCCURRED:
43. INJURY AT WORK?
44. LOCATION OF INJURY: State: City or Town: Zip Code:
45. IF TRANSPORTATION INJURY, SPECIFY:
46. CERTIFIER (Check only one)
ATTENDING PHYSICIAN:
MEDICAL EXAMINER:
47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)
C. BRIAN WILLIAMS, MD
3433 NW 56TH ST SUITE 800
OKLAHOMA CITY, OKLAHOMA
73112
48. LICENSE NUMBER
21278
49. DATE DEATH CERTIFIED (Mo/Day/Yr)
OCTOBER 5, 2015
50. REGISTRAR'S SIGNATURE
51. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)
OCTOBER 14, 2015

Wednesday, October 14, 2015 3:05:23 PM