**DOUGLAS COUNTY, NV** 

Rec:\$35.00

\$35.00

Pgs=4

2018-913734 05/02/2018 03:26 PM

**EVANS & ASSOCIATES** 

KAREN ELLISON, RECORDER

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	)
	) śs
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-incommon 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.

APN: 1318-26-101-006

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.

<ol> <li>This Affidavit hereby terminates the Joint Tenancy of said property and vests t BARBARA ANN PRICHARD, as her sole and separate property.</li> </ol>	itle solely in
Dated this / day o 2018.	
J.	$\wedge$
Daylore Chan-	Thichard
BARBARA ANN PRICHARD	<del>2007-00-0</del>
SUBSCRIBED AND SWORN to before me this day of	, 2018 by
Catherine a Butte	
NOTARY PUBLIC  Name: Catherine A. Butler  Exp.: 05/18/2018  No. 94-3873-1	\
110, 54, 56, 56,	
NOTARY PUBLIC CATHERINE ANN BUT	LER
STATE OF NEVADA - COUNTY OF MY APPOINTMENT EXP. MAY 18 No; 94-3873-1	CLARK I



## STATE OF OKLAHOMA CERTIFICATE OF DEATH

STATE FILE NUMBER

2015-028643

	si, Middle, Lest, Sulfoq	FREDDIE	RAY PRICHARD				14		RICHAR	rst marriage D	MALE
3. SOCIAL SECURITY NUMBER	4. EVER IN US ARMED	FORCES?	5e. AGE- Lest birthday (years)	50. UNDER 1	YEAR	5c. UNDER 1 D	AY	6. DATE OF B	IRTH (Mo/D	ay/Ye)	
3064	YES		73	Months	Days	Hours	Minutes	JUNE 8, 1942			
7. BIRTHPLACE (City and State of F SULPHUR ROC		88.1	ESIDENCE-State OKLAHOMA	8b. F	ESIDENCE	CLÉVELAN	D	8c, RESIDENCE-City or Town OKLAHOMA CITY			
8C. RESIDENCE-Zip Code	8e. RESIDENC			Seed and Numb				11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	8g. RESID	ENCE-Apt. Numbo
73170 D. MARITAL STATUS AT TIME OF I	JEATH J	YES				GATESHEA L SURVIVING SE		E (Il wife, give na	me prior la l	lirst marriage)	
Marriod Never Marri	ed 🔲 Widowed	☐ Divorcec	☐ Married, but soparate		1-	ARBARA FI				1 1	
11. FATHER'S NAME (First, Middle,	FREDDIE L.	PRICHAR	а	12	Z. MOTHER'S	NAME PRIOR T		RIAGE (FIRST, MIC WILMA MO			
13. DECEDENT OF HISPANIC ORIG		14. DECEDI						DECEDENTS EL		<del></del>	<del>                                     </del>
NO, NOT SPANISH/HIS	PANICALATINO			WHITE		4	HK	GH SCHOOL	. GRADU	IATE OR GED	COMPLETE
18 PECEDENTE HOUAL ACCUDA	Tidas (made do boso ef uso		North Parelle Mr. DD MOT III	ec occupen	42 MUD OF	DISCINITION / NA	DUCTOR				
16. DECEDENTS USUAL OCCUPA	SYSTEMS		MOST OF WORKER IN BURNOW TO 1805	ŞE KETIKED.	17. KING QF			AVIATION AL	DMINISTI	RATION	. "
18a. INFORMANT'S NAME			18b. RELATIONSHIP TO DECE	DENT 16		DDRESS (Street					1
19. METHOD OF DISPOSITION:	PRICHARD		WIFE 20. PLACE OF OR	SPOSITION (Ner						OKLAHOMA 7	3170
🖾 Sturiei 🔲 Cremation	☐ Donation ☐ Ente	ambment		STHAVEN			N.,			CITY, OKLAH	AMOI
	Other (specify)			<i>*</i>				\			
22. NAME AND COMPLETE ADDRE VONDEL L. SMITH			. ( S. WESTERN) - OKL	AHOMA CIT	Υ.	23. FUNERAL		TOR OR FAMILY VRLES T		ACTING AS SUCH	
			ITY, OKLAHOMA 7313		V.,					/ VIVILITY	
	·		7	<u> </u>	The same of	24. FH ESTAB	LISHMENT LIC	ENSE# 1211E	5		
		-	25. PLACE OF DE	794		ructions)	7	7			
F DEATH OCCURRED IN A HOSPI		1	EATH OCCURRED OTHER TO			\_/		Z	<b>.</b>		
Impallent ☐ Emergency Room 26. FACILITY NAME (If not institution		ATTIVBI	Hospice Facility Num		75.	OF LOCATION	- 40	Cition (specify	Ą;	on Acres	TY OF DEATH
	ST MEDICAL INCO	RPORATE				A CITY, OKL		3112			CLAHOMA
29. DATE OF DEATH (Mo/Day/Y/)	30. TIME OF	E DEATH	31, WAS MEDICAL E	la.	7%	32 WAS AN A	<u> </u>	_	MICHIE AS	TOPSY FINDING	
SEPTEMBER 28, 20		15:43		NO	NOILL	az mas an a	NO NO		OMPLETE T	THE CAUSE OF DI	ATH?
	CAU	SE OF DEATH	(See instructions and example	75	_		113	<b>L</b>	15	S. PART II. Entor	other skedfeset
<ol> <li>PART I. Enter the chein of events respiratory areast or ventricular lib</li> </ol>	- diseases, inicides or com	nilicaSane th	of directly covered the death DO	MOT cotor town	us einevo (sol	ch as cardiac arr	est.	Approximate it	nterval:	conditions conidbut caulting in the unde	ing to death but no
	E 45	in anniodà. De	HOT ROOKEVOLE. CHEFORY	A cute canse by s	I TOUR WOOD STORE	radim mež z uez	essury.	Discrib or	1 11	n PART I	
MMEDIATE CALISE (FIGH (TRANSA A		ATORY FAILL	RE	<u> </u>			- 1			DABETES: OBSTR APNEA; CHRONIC	OBSTRUCTIVE
		AT CAST TRUE			nA·	N		No. of		PULMONARY DISE	ASE
MMEDIATE CAUSE (Final disease of condition resulting in death		AICIN FAIC	Due to (or as	a consequence	uiş.	<b>N</b> .	1	<b>No.</b> 1	1		
condition resulting in death		NARY ÉDÉMA		, ,	\	\		<u> </u>	[		
condition resulting in death	ding b. <u>PULMO</u> T	NARY ÉDÉMA	Due lo (or as	a consequence	\	\		<u> </u>			
condition resulting in death	aing b. PULMOR	NARY ÉDÉMA	Due lo (or as SEASE	, ,	et):						
condition resulting in death	ding b. <u>PULMO</u> pass c. <u>CHRON</u> ling in	NARY ÉDÉMA IC KIDNEY DI	Dup to (or as BEASE Dup to (or as	á consequenca (	et):						
	ding b. <u>PULMO</u> pass c. <u>CHRON</u> ling in	NARY ÉDÉMA	Dup to (or as BEASE Dup to (or as	á consequenca (	et):						
condition resulting in death ————————————————————————————————————	ding b. PULMON  DOCU  C. OHRONI  d. ISCHEM	NARY EDEMA IC KIDNEY DIS IC CARDIOMY 37. IF FEMAL	Due to (or as SEASE Due to (or as COPATHY	a consequence (	oQ:			<u> </u>		D TOBAÇÇO USE	
condition resulting in death	dising b. PULLACO  DECRU  C. OHRON:  d. ISCHEM  dent   Suicible	NARY ÉDÉMA  C KIDNEY DE  C CARDIOM  37. IF FEMAL  I Not progr	Due to (or as SEASE  Due to (or as COPATHY  E;  and within pass year	à consequence d	of); of): 				38. DII	DEATH?	СОМТКІВІ/ТЕ
condition resulting in death	ding b. PULLACY  page c. CHRON:  d. ISCHEM  dent Soictile not be datermined	NARY ÉDÉMA C KIDNEY DE C CARDIOM 37. IF FEMAL I Not progr	Due to (or as SEASE  Due to (or as COPATHY  E;  ant within past year	à consequence de cons	ori); ori); elth	yn if progrant will	nin the pest yea	ar	38. Dii	DEATH?	CONTRIBUTE
condition resulting in death	ding b. PULLACY  page c. CHRON:  d. ISCHEM  dent Soictile not be datermined	NARY ÉDÉMA C KIDNEY DE C CARDIOM 37. IF FEMAL I Not progr	Due to (or as SEASE  Due to (or as COPATHY  E;  and within pass year	à consequence de cons	ori); ori); elth	yn if progrant will	nin the pest yea		38. Dii	DEATH?	CONTRIBUTE:
condition resulting in death	ding b. PULMON  BECO C. OHRON:  d. ISCHEM  dent Soictic not be dearmined  40. TIME OF INJURY	NARY ÉDÉMA C KIDNEY DE C GARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C	Due to (or as SEASE  Due to (or as COPATHY  E: Pregnant within pass year Pregnant 43 days to 1 y F SUURY (e.g., Decudent's hor	à consequence de cons	eth	yn if progrant will 1288) 42.	nin the pest yea	OW INJURY CO	38. DII TO SY YE	DEATH?	CONTRIBUTE  Adoly Unknown  URY AT WORK?
condition resulting in death  Sequentiatly Est conditions, If any, to a to the accuse listed on line a.  Erner the UNDERLYWIG CAUSE (ob- for Injury that initiated the events result each) LAST.  36. MANNER OF DEATH  Manual Hounda's Accus Pending treatigation Could 39. DATE OF INJURY (MorDeyYY)  44. LOCATION OF INJURY: Size	ding b. PULMON  BECO C. OHRON:  d. ISCHEM  dent Soictic not be dearmined  40. TIME OF INJURY	NARY ÉDÉMA C KIDNEY DE C GARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C	Due to (or as SEASE  Due to (or as COPATHY  E;  ant within past year	à consequence de cons	eth Noti	vn if programt will sres) 42. de:	nin the pest yea	OW INJURY OCC 45. IF TRA	38 DIII TO TO SURRED:	DEATH?	CONTRIBUTE  MONOTORY THE UNKNOWN  LURY AT WORK?
condition resulting in death —  Sequentially list conditions, If any, loa to the acuse listed on line a.  Enter the UNDERLYING CAUSE (discription of indirect in the UNDERLYING CAUSE) (discription of indirect in	ding b. PULMON  BECO C. OHRON:  d. ISCHEM  dent Soictic not be dearmined  40. TIME OF INJURY	NARY ÉDÉMA C KIDNEY DE C GARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C	Due to (or as SEASE  Due to (or as COPATHY  E: Pregnant within pass year Pregnant 43 days to 1 y F SUURY (e.g., Decudent's hor	à consequence de cons	sth  Not;  Ske; wooded i	vn if progrant will sree) 42. de: nont Numbor:	in the past year	SW INJURY OCC 45. IF TRA	36 DII TO TO SY Ye SURRED: UNSPORTATE er/Operator w (specify)	DEATH?  S No Prot  43. IN.  FION INJURY, SPE	CONTRIBUTE  Addly Unknown  URY AT WORK?  ECIFY:  IP Pedestrion
condition resulting in death  Sequentially list conditions, If any, loa to the cause listed on line a.  Enter the UNDERLYING CAUSE (cits Of injury that invitated the events result costs) LAST.  36. MANNER OF DEATH  MANNER OF DE	dang b. PULMON  Bacco c. OHRON:  d. ISCHEM  dent Subtition  not be determined  40. TIME OF INJURY	NARY ÉDÉMA C KIDNEY DE C GARDIOM  37. IF FEMAL  I Not pregr  41. PLACE C	Due to (or as SEASE  Due to (or as COPATHY  E; ant within past year  Pregnant 43 days to 1 y F DUURY (e.g., Decodern's how or Town:	à consequence de cons	eth Note Unknow Ske; wooded i Zip Ce	vn if progrant will sree) 42. de: nont Numbor:	in the past yea DESCRIBE HC S AND ZIP CC	45. IF TRA	38. DII TO  X Ye  CURRED:  INSPORTA*  ar/Operator  x (specify)  N COMPLET	DEATH?  S No Prot  43. IN.  From Injury, spe  Passenger  FING CAUSE OF C	CONTRIBUTE  Addly Unknown  URY AT WORK?  ECIFY:  IP Pedestrion
condition resulting in death  Sequentially list conditions, If any, loa to the course listed on line a.  In the course listed on line a.  In the course listed on line a.  Or Injury that initiated the events recult course (or line) LAST.  36. MANNER OF DEATH  M. Natural Homicide Accided Pending threating investigation Could see that the course of the line of the li	deng b. PULMOT de CHRONT d	NARY ÉDÉMA C KIDNEY DIS C CARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C  City  objent's coro c, dete, and pl	Due to (or as SEASE  Due to (or as COPATHY  E: Physician in attendance at the cause(s) a not the cause(s) a second of the	a consequence of a cons	eth Note Unknow Ske; wooded i Zip Ce	vn if progrant will sree) 42. de: nont Numbor:	nin the past yea DESCRIBE HO S AND ZIP CO	SW INJURY OCC 45. IF TRA	38 DII TO SI Ye CURRED: NSPORTA: er/Operator × (apedity) N COMPLET LLIAMS,	D DEATH?  S No Prot  43. IN.  FRON INJURY, SPE  IPASSENGER  TING CAUSE OF D  MD	CONTRIBUTE  Addly Unknown  URY AT WORK?  CCIFY:  Pedestrian
condition resulting in death  Sequentially list conditions, If any, loa to the cause listed on line a.  Enter the UNIDERLYING CAUSE (dis Originy that initiated the events result each) LAST.  36. MANNER OF DEATH  M. Natural Homicide Accided Pending tweetigation Could 39. DATE OF INJURY (Mo/DeyYY)  44. LOCATION OF INJURY:  Sizest & Number 16. CERTIFIER (Check only one) To the beat of my knowledge, di MEDICAL EXAMENER On the box	deng b. PULMO?  dent Suicide  not be determined  40. TIME OF INJURY  tet:  hysician in charge of the particle of examination, and/or	NARY ÉDÉMA C KIDNEY DIS C CARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C  City  objent's coro c, dete, and pl	Due to (or as SEASE  Due to (or as COPATHY  E: Physician in attendance at the cause(s) a not the cause(s) a second of the	a consequence of a cons	eth Note Unknow Ske; wooded i Zip Ce	vn if progrant will sree) 42. de: nont Numbor:	nin the past year DESCRIBE HO S AND ZIP CO 343	45. IF TRA  45. IF TRA  D Drivi D OPE COP OF PERSON C. BRIAN WIII 3 NW 56TH AHOMA CIT	38. DII TO YE	DEATH?  143. IN.  150N INJURY, SPE  170S CAUSE OF C  MD  E 800	CONTRIBUTE  Addly Unknown  URYAT WORK?  CCIFY:  Pedestrian
Sequentisty list conditions, If any, loa to the cause listed on line a.  Enter the UNDERL YING CAUSE (disconding to fingly that initiated the events result costs) LAST.  36. MANNER OF DEATH  M. Natural Homicide Accided Pending treastgation Could State of INJURY (Mo/Dey/Yr)  44. LOCATION OF INJURY: State of Central Results (Central Results of Injury)  45. CERTIFIER (Check only one)  ATTENDING PHYSICIAN: P IT to the best of my knowledge, di	deng b. PULMO?  dent Suicide  not be determined  40. TIME OF INJURY  tet:  hysician in charge of the particle of examination, and/or	NARY ÉDÉMA C KIDNEY DIS C CARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C  City  objent's coro c, dete, and pl	Due to (or as SEASE  Due to (or as COPATHY  E: Physician in attendance at the cause(s) a not the cause(s) a second of the	a consequence of a cons	on:  In Not Unknow  Zip Ce  Aportri	va if program will sres) 42. de: nont Numbor: NAME, ADDRES	nin tho pest you DESCRIBE HO S AND ZIP CO Q 343 OKL	45. IF TRA  45. IF TRA  Driving Doc of Person  BRIAN WIII  3 NW 56TH  AHOMA CIT  731	JS. DITTO YES	O DEATH?  S No Prot  43. IN.  FROM INJURY, SPE  Passenger  FING CAUSE OF C  MD  E 800  HOMA	CONTRIBUTE  addly Unknown  URY AT WORK?  CIFY:  IP Pedestrian  EATH (form 34)
Sequentisty list conditions, If any, loa to the course listed on line a.  Enter the UNDERL YING CAUSE (discretifying that initiated the events resulted to the course of the property of the property of the course	dent Soickle  dent Soickle not be dearmined  40. TIME OF INJURY  tet:  hysician in charge of the path occurred at the time its of examination, and/or a) and manner stated.	NARY ÉDÉMA C KIDNEY DIS C CARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C  City  objent's coro c, dete, and pl	Due to (or as SEASE  Due to (or as COPATHY  E: Physician in attendance at the cause(s) a not the cause(s) a second of the	a consequence of a cons	on:  In Not Unknow  Zip Ce  Aportri	va if program will sees) 42.  de: norst Numbor; NAME, ADDRES	nin the pest year DESCRIBE HX S AND ZIP CX Q 343 OKL	45. IF TRA  45. IF TRA  Driving Doc of Person  BRIAN WIII  3 NW 56TH  AHOMA CIT  731	Jab Dil TC SURRED: UNSPORTA: er/Operator x (specily) V COMPLET LLIAMS, ST SUIT Y, OKLA 12 49. DATE DI	DOEATH?  A IN.  A IN.	CONTRIBUTE  Adoly Unknown  URY AT WORK?  CIFY:  IP Pedestrion  EATH (liers 34)
Sequentisty list conditions, If any, loa to the cause listed on line a.  Enter the UNDERLYING CAUSE (classes) LAST.  36. MANNER OF DEATH  Natural   Hounda's   Accident to the events resulted on line a.  Pending twestigation   Could see the cause of the	dent Soickle  dent Soickle not be dearmined  40. TIME OF INJURY  tet:  hysician in charge of the path occurred at the time its of examination, and/or a) and manner stated.	NARY ÉDÉMA C KIDNEY DIS C CARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C  City  objent's coro c, dete, and pl	Due to (or as SEASE  Due to (or as COPATHY  E: Physician in attendance at the cause(s) a not the cause(s) a second of the	a consequence of a cons	on:  In Not Unknow  Zip Ce  Aportri	va if program will sees) 42.  de: norst Numbor; NAME, ADDRES	nin tho pest you DESCRIBE HO S AND ZIP CO Q 343 OKL	45. IF TRA  45. IF TRA  Driving Doe of person  3. BRIAN WII  33 NW 56TH AHOMA CIT  731	JS. DITTO YES	O DEATH?  S No Prot  43. IN.  FROM INJURY, SPE  IP PASSENGER  FING CAUSE OF C  MD  E 800  HOMA  EATH CERTIFIED  CTOBER 5	CONTRIBUTE  Labily Unknown  URY AT WORK?  CIFY:  IP Pedestrian  EATH (Ilora 34)  (Modayyy)  1, 2015
Sequentially list conditions, If any, loa to the cause listed on line a.  Enter the UNDERLYING CAUSE (observed in the cause listed on line a.  Seritar the UNDERLYING CAUSE (observed in the cause listed on line a.  36. MANNER OF DEATH  Natural   Hounda's   Acciding the manual   Acciding the cause   Acci	dent Soickle  dent Soickle not be dearmined  40. TIME OF INJURY  tet:  hysician in charge of the path occurred at the time its of examination, and/or a) and manner stated.	NARY ÉDÉMA C KIDNEY DIS C CARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C  City  objent's coro c, dete, and pl	Due to (or as SEASE  Due to (or as COPATHY  E; ant within past year  Pregnant 45 days to 1 y F DUURY (e.g., Occudent's hor or Town:  Physician in attendance at the cause(s) and due to the cause(s) and my opinton, death occurred at	a consequence of a consequence of a consequence of a construction of the construction	sth Note Unknow ske; wooded i Zip Ce Aportuted.	va if program will sees) 42.  de: norst Numbor; NAME, ADDRES	nin the pest year DESCRIBE HX S AND ZIP CX Q 343 OKL	45. IF TRA  45. IF TRA  Driving Doe of person  3. BRIAN WII  33 NW 56TH AHOMA CIT  731	Jab Dil TC Signation Signation A (apocily) O COMPLET LLIAMS, ST SUIT Y, ONL A 12 99. DATE DO Civil Company Graph Company Compa	DOEATH?  10 No Prot  43 IN.  100 INJURY, SPE  IP PASSENGER  FING CAUSE OF C  MD  E 800  HOMA  EATH CERTIFIED  CTOBER 5  STATE REGISTRA	CONTRIBUTE  Leably Unknown  URY AT WORK?  CIFY:  Pedestrion  EATH (liers 34)  (Mo/DBy/Yr)  1, 2015  R (Mo/Dby/Yr)
Sequentisty list conditions, If any, loa to the course listed on line a.  Enter the UNDERL YING CAUSE (discretifying that initiated the events resulted to the course of the property of the property of the course	dent Soickle  dent Soickle not be dearmined  40. TIME OF INJURY  tet:  hysician in charge of the path occurred at the time its of examination, and/or a) and manner stated.	NARY ÉDÉMA C KIDNEY DIS C CARDIOM  37. IF FEMAL  I'Not pregr  41. PLACE C  City  objent's coro c, dete, and pl	Due to (or as SEASE  Due to (or as COPATHY  E: Physician in attendance at the cause(s) a not the cause(s) a second of the	a consequence of a consequence of a consequence of a construction of the construction	sth Note Unknow ske; wooded i Zip Ce Aportuted.	va if program will sees) 42.  de: norst Numbor; NAME, ADDRES	nin the pest year DESCRIBE HX S AND ZIP CX Q 343 OKL	45. IF TRA  45. IF TRA  Driving Doe of person  3. BRIAN WII  33 NW 56TH AHOMA CIT  731	Jab Dil TC Signation Signation A (apocily) O COMPLET LLIAMS, ST SUIT Y, ONL A 12 99. DATE DO Civil Company Graph Company Compa	O DEATH?  S No Prot  43. IN.  FROM INJURY, SPE  IP PASSENGER  FING CAUSE OF C  MD  E 800  HOMA  EATH CERTIFIED  CTOBER 5	CONTRIBUTE  Leably Unknown  URY AT VIORICY  ECIFY:  Pedestrion  EATH (liens 34)  (Mo/Day/Yr)  1, 2015  R (Mo/Day/Yr)