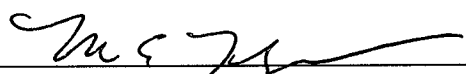


Dated: 2/3/2020

DECLARANTS:


MARK A. KLOEFKORN, SUCCESSOR TRUSTEE

State of North Carolina

County of Wake

Subscribed and sworn to (or affirmed) before me on this 3rd day of February, 20 20,
by **MARK A. KLOEFKORN, SUCCESSOR TRUSTEE**, proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.

(Seal) Signature 

Alexander Centeno Colon
NOTARY PUBLIC
Wake County, NC
My Commission Expires September 23, 2023

Exhibit A

The land situated in the State of Nevada, County of Douglas, and described as follows:

AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST as tenant in common in the following described real property:

A portion of the North one-half (1/2) of the Northwest one-quarter (1/4) 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.

Except from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto 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, and 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 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("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.



STATE OF OKLAHOMA
CERTIFICATE OF DEATH

AMENDED

STATE FILE NUMBER 2019-023660

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) GLADYS LOUISE KLOEFKORN						1a. LAST NAME PRIOR TO FIRST MARRIAGE MANHALTER		2. SEX FEMALE			
3. SOCIAL SECURITY NUMBER [REDACTED]-9645		4. EVER IN US ARMED FORCES? NO		5a. AGE- Last birthday (years) 89		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo/Day/Yr) MARCH 25, 1930	
7. BIRTHPLACE (City and State or Foreign Country) AKRON, COLORADO				8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County OKLAHOMA		8c. RESIDENCE-City or Town EDMOND			
8d. RESIDENCE-Zip Code 73013		8e. RESIDENCE-Inside City Limits? YES		8f. RESIDENCE-Street and Number 4205 WENDELL DR				8g. RESIDENCE-Apt. Number			
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown						10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)					
11a. FATHER'S NAME (First, Middle, Last) GUY MANHALTER			11b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE MANHALTER			12a. MOTHER'S NAME (First, Middle, Last) EMMA MANHALTER			12b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE KAHLER		
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.) OWNER/OPERATOR						17. KIND OF BUSINESS / INDUSTRY ANTIQUE STORE					
18a. INFORMANT'S NAME LUANN MOORE			18b. RELATIONSHIP TO DECEDENT DAUGHTER			18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 16401 PERSIMMON CREEK, JONES, OKLAHOMA 73049					
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. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MEMORIAL PARK CEMETERY				21. LOCATION - City, Town and State OKLAHOMA CITY, OKLAHOMA			
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BAGGERLEY FUNERAL HOME - EDMOND, 930 SOUTH BROADWAY, EDMOND, OKLAHOMA 73034						23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH MATTHEW R. BOYDSTUN					
						24. FH ESTABLISHMENT LICENSE # 1087ES					

25. PLACE OF DEATH (Check only one: see instructions)											
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify):					
26. FACILITY NAME (If not institution, give street & number) THE VERADEN				27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH EDMOND, OKLAHOMA, 73034				28. COUNTY OF DEATH OKLAHOMA			
29. DATE OF DEATH (Mo/Day/Yr) AUGUST 9, 2019		30. TIME OF DEATH 08:40		31. WAS MEDICAL EXAMINER CONTACTED? + YES		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 ventricular 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. + LEFT PELVIC FRACTURE SEQUELAE Due to (or as a consequence of):						Approximate interval: Onset to death + UNDETERMINED		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I + ALZHEIMER'S DISEASE, HYPERTENSION, CHRONIC KIDNEY DISEASE			
Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of):											
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. _____ Due to (or as a consequence of):											
1904647 d. _____ Due to (or as a consequence of):											
36. MANNER OF DEATH + <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			37. IF FEMALE: <input 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 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			38. DID TOBACCO USE CONTRIBUTE TO DEATH? + <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown					
39. DATE OF INJURY (Mo/Dav/Yr) + UNKNOWN		40. TIME OF INJURY + UNKNOWN		41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area) + UNKNOWN		42. DESCRIBE HOW INJURY OCCURRED: + FALL		43. INJURY AT WORK? + NO			
44. LOCATION OF INJURY: State: + UNKNOWN City or Town: + UNKNOWN Zip Code: + 99999				45. IF TRANSPORTATION INJURY, SPECIFY: + <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)							
46. CERTIFIER (Check only one) + ATTENDING PHYSICIAN: <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" 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. Certifier: + ERIC J DUVAL, DO						47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) + ERIC J. DUVAL, DO 921 NE 23RD STREET OKLAHOMA CITY, OKLAHOMA 73105					
48. LICENSE NUMBER + 4399OK				49. DATE DEATH CERTIFIED (Mo/Day/Yr) + OCTOBER 1, 2019							
50. REGISTRAR'S SIGNATURE <i>Lilly M Baker</i>						52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) AUGUST 15, 2019					
+ DENOTES AMENDED ITEMS: Items 31,34,35,36,38,39,40,41,42,43,44,45,46,47,48,49 MEDICAL INFORMATION CHANGE/ADDITION (BOX 25-49) : FALL, ME CASE 10/01/2019 LG.											

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Friday, October 04, 2019 9:50:34 AM