

A.P.N. 1318-15-820-001 PTN

After Recording, Please Mail to:

Kendra Rice

Title Outlet, Inc.
12200 W. Colonial Dr, Suite 203
Winter Garden, FL 34787

Mail Tax Statements to:

Fairfield Resorts, Inc.

8427 South Park Circle, Suite 500
Orlando, Florida 32819



AFFIDAVIT - DEATH OF JOINT TENANT

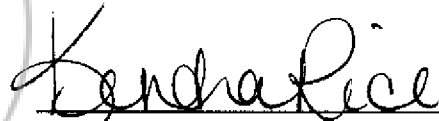
State of: Orange
County of: Florida

Kendra Rice, of legal age, being first duly sworn, deposes and says:

That William Fass, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William Fass named as one of the parties in that certain Grant, Bargain, Sale Deed dated February 4, 2006, executed by Fairfield Resorts, Inc. to William Fass and Frances Fass, as joint tenants, recorded as Document No. 0670787, on 03/24/2006, in Book 0306, Page 9030, of Official Records of Douglas County, Nevada, covering the following described property situated in Zephyr Cove, County of Douglas, State of Nevada:

See attached **EXHIBIT 'A'**


Dated: November 18, 2010


Kendra Rice

On November 18, 10, before me, Maria Gonzalez Notary Public, personally appeared **Kendra Rice**, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Seal


Notary Signature

Notary Public Commissioned for said County and State



MARIA GONZALEZ
MY COMMISSION # DD 649002
EXPIRES: March 8, 2011
Bonded Thru Budget Notary Services



Exhibit "A"

A **539,000 / 128,986,500** undivided fee simple interest as tenants in common in Units 10101, 10102, 10103, 10104, 10201, 10202, 10203, 10204, 10301, 10302, 10303, and 10304 in **South Shore Condominium** (the "Property"), located at 180 Elks Point Road in Zephyr Cove, Nevada 89449, according to the Final Map #01-026 and Condominium Plat of South Shore filed of record in Book 1202, Page 2181 as Document No 559872 in Douglas County, Nevada, and subject to the provisions thereof and those contained in that certain Declaration of Condominium- South Shore ("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 559873, and also subject to all the provisions contained in that certain Declaration of Restrictions for Fairfield Tahoe at South Shore and recorded October 28, 2004 in Book 1004, Page 13107 as Instrument Number 628022, Official Records of Douglas County, Nevada, which subjected the property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan"). Less and except all minerals and mineral rights which minerals and mineral rights are hereby reserved unto the Grantor, its successors and assigns.

This property is a/an **ANNUAL** Ownership Interest described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated **539,000** Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore which Points may be used by the Grantee in **Each** Resort Year(s).

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER **120** CERTIFICATE NUMBER **901**

STATE FILE NUMBER

DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) William Fass			2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) August 9, 2009	4. AGE 78	IF UNDER 1 YEAR months days	IF UNDER 1 DAY hours minutes	5. DATE OF BIRTH (mo.) (day) (year) Oct 02, 1930
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) None			DOA <input type="checkbox"/> Out Pat. Emer Rm <input type="checkbox"/> Inpatient <input type="checkbox"/>	8. COUNTY OF DEATH (if independent city, leave blank) Chesterfield
	9. CITY OR TOWN OF DEATH Midlothian			inside city or town limits? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 912 Dawnwood Rd
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia			12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Chesterfield	
	13. CITY OR TOWN OF RESIDENCE Midlothian			inside city or town limits? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	14. STREET ADDRESS OR RT. NO. OF RESIDENCE 912 Dawnwood Rd
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER Isaac Fass			16. MAIDEN NAME OF DECEDENT'S MOTHER Mollie Sauer	
	17. RACE OF DECEDENT Caucasian	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes		19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 4	
	20. CITIZEN OF WHAT COUNTRY USA	21. BIRTHPLACE (state or country) New York	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>	23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced, leave blank) Frances Esta Fass	
	24. SOCIAL SECURITY NUMBER 4649	25. USUAL OR LAST OCCUPATION Engineer	26. KIND OF BUSINESS OR INDUSTRY IBM	27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP Robert Fass - Son	
CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) Lymphoma DUE TO (OR AS A CONSEQUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (C)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				28a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input type="checkbox"/>	
28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH		28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
28e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____		28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>		28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	
28h. (city or town) (county) (state)		28i. To the best of my knowledge, death occurred on 5:23		(a.m.) (p.m.) on the date and place and from the cause(s) stated.	
ACTUAL SIGNATURE Raymond G. Becker MD		DATE SIGNED Wednesday, August 12, 2009			
NAME OF ATTENDING PHYSICIAN (Type or Print) Raymond G. Becker MD		ADDRESS OF ATTENDING PHYSICIAN 13911 St Francis Blvd St 101 Midlothian, VA			
FUNERAL DIRECTOR	29. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Richmond Beth El Cemetery Henrico, VA			
	31. (Signature of funeral director or person legally filing this certificate) Joseph W. Bliley Co., Inc.		NAME OF FUNERAL HOME AND ADDRESS: P.O. Box 6257 Richmond, VA 23230		
REGISTRAR	32. (Signature of registrar) Deborah Bonds, Deputy		DATE RECORD FILED: Aug. 14, 2009		

MARGINAL RESERVE FOR BINDING
IMPORTANT: Use black ribbon in disassembling or print legibly, with ballpoint pen having back unloading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

Complete and sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.
NOTE: If "Pending" must be indicated, so late in part 1 and notify registrar of final decision as soon as possible.

MEDICAL CERTIFICATION

RESERVED FOR REGISTRAR'S USE

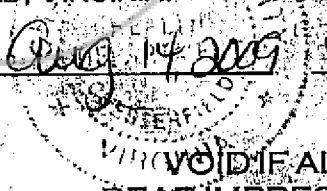


BK-1110 PG-4954

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE CHESTERFIELD COUNTY DEPARTMENT OF HEALTH, CHESTERFIELD, VIRGINIA.

DATE ISSUED **Aug 14 2009** **Deborah Bonds** DEPUTY REGISTRAR

(SEAL)



VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL OF REGISTRAR