

OFFICIAL RECORD

Requested By:  
ROSE LAW GROUP

This instrument was recorded at the request of:

✓ Rose Law Group pc  
Attn: Laura A. Bianchi  
6613 N. Scottsdale Road, Suite 200  
Scottsdale, AZ 85250

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00  
BK-0411 PG-5498 RPTT: 0.00



The recording official is directed to return  
this instrument or a copy to the above person.

APN: 1318-15-820-001 PTN

### AFFIDAVIT - DEATH OF ANNE M. LENTINI

STATE OF NEVADA  
COUNTY OF DOUGLAS

VINCENZO A. LENTINI, being of legal age, and first duly sworn, deposes and says:

1. That the decedent mentioned in the attached certified copy of Certificate of Death is the same person named in the Last Will and Testament in that certain Will dated May 14, 2010 and executed by ANNE M. LENTINI, as Testator(s).

2. At the time of the demise of the Decedent, the Decedent was the record owner of Real Property commonly known as South Shore Condominium, which property is described in the deed which was signed by WYNDHAM VACATION RESORTS, INC., a Delaware corporation, as Grantor and recorded as Instrument No. 0729046 of Official Records on August 28, 2008. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:  
SEE EXHIBIT ONE ATTACHED HERETO AND MADE A PART HEREOF

3. I, am the named Personal Representative under the above referenced Will, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Personal Representative.

4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.

Executed on March 3, 2011

  
VINCENZO A. LENTINI

STATE OF ARIZONA

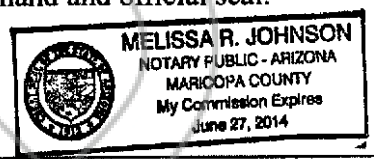
ss.

}

County of MARICOPA

On this date, March 3, 2011, the foregoing instrument was acknowledged before me, Melissa R. Johnson, the undersigned Notary Public, by VINCENZO A. LENTINI, who are personally known to me, or proved to me on the basis of satisfactory evidence, to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



Notary Public

*Melissa R. Johnson*

**EXHIBIT ONE**  
Legal Description

A **490,000/128,986,500** undivided fee simple interest as tenants in common in **Units 10101, 10102, 10103, 10104, 10201, 10202, 10203, 10204, 10301, 10302, 10303 sod 10304 in South Shore Condominium ("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 Number 559872 in Douglas County, Nevada, and subject to all 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.

The property is a/an Annual Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated 490,000 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).

**SUBJECT TO:**

1. Any and all rights of way, reservations, restrictions, easements, mineral exceptions and reservations, and conditions of record;
2. The covenants, conditions, restrictions and liens set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore, and any supplements and amendments thereto;
3. Real estate taxes that are currently due and payable and are a lien against the Property.
4. All matters set forth on the plat of record depicting South Shore Condominium, and any supplements and amendments thereto.

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

STATE OF ARIZONA  
 DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
 CERTIFICATE OF DEATH

State File NO. 102-2010-041519

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) ANNE MARIE LENTINI				2. AKA'S (IF ANY)				3. DATE OF DEATH NOVEMBER 18, 2010									
4. SEX FEMALE		5. SOCIAL SECURITY NUMBER 4488		6. DATE OF BIRTH 10-30-1958		7. AGE 52		8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY		10. HOURS		11. MINUTES			
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R. / OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL								13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER									
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): MAYO CLINIC HOSPITAL								15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: PHOENIX 85054				16. COUNTY OF DEATH: MARICOPA					
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) HUNTINGTON, NEW YORK								18. MARITAL STATUS AT TIME OF DEATH MARRIED				19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) VINCENT LENTINI					
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 4908 E TIERRA BUENA LN,								21. CITY AND COUNTY: SCOTTSDALE, MARICOPA				22. STATE ARIZONA		23. ZIP CODE 85254		24. EVER IN THE ARMED FORCES NO	
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR 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 (SPECIFY)				26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:				28. DECEDENT'S OCCUPATION: EVENT PLANNER					
29. FATHER'S NAME (FIRST, MIDDLE, LAST) CARL VOLCKMANN				30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) AUDREY LEAHY				31. INFORMANT'S NAME VINCENT LENTINI				32. RELATIONSHIP SPOUSE					
33. INFORMANT'S MAILING ADDRESS: 4908 E TIERRA BUENA LN, SCOTTSDALE, ARIZONA 85254								34. NAME AND ADDRESS OF FUNERAL FACILITY: MESSINGER PINNACLE PEAK MORTUARY 8555 EAST PINNACLE PEAK RD. SCOTTSDALE, AZ				35. FUNERAL DIRECTOR: CHRISTIAN P SIMMONS, FUNERAL DIRECTOR					
36. LICENSE NUMBER F1242				37. METHOD(S) OF DISPOSITION: CREMATION				38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, ARIZONA				39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE					
40. A IMMEDIATE CAUSE OF DEATH RESPIRATORY FAILURE																	
41. APPROXIMATE INTERVAL: 1 DAY																	
42. B DUE TO OR AS A CONSEQUENCE OF: APLASTIC ANEMIA																	
43. APPROXIMATE INTERVAL: 8 MONTHS																	
44. C DUE TO OR AS A CONSEQUENCE OF:																	
45. APPROXIMATE INTERVAL:																	
46. D DUE TO OR AS A CONSEQUENCE OF:																	
47. APPROXIMATE INTERVAL:																	
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: STATUS EPILEPTICUS NON TRAUMATIC																	
49. INJURY? NO				50. INJURY AT WORK? NO				51. MANNER OF DEATH NATURAL DEATH				52. TIME OF DEATH 2022					
53. WAS AN AUTOPSY PERFORMED? YES								54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO									
55. NAME OF PERSON COMPLETING CAUSE OF DEATH: JOSE F. LEIS, M.D.																	
56. DATE CERTIFIED: 11-22-2010																	
57. CERTIFIER'S ADDRESS: 5777 E MAYO BLVD PHOENIX, AZ 85054-4502								58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ				59. DATE REGISTERED: 11-30-2010					

Date issued: 12-06-2010

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*Patricia Adams*  
 PATRICIA ADAMS  
 ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency

