

**Recording Requested By:**

Betty Klaudt  
P.O. Box 1986  
Suwanee, GA 30024

**After Recording Mail To:**

TRCS, Inc.  
1583 E. Silver Star Rd #351  
Ocoee, FL 34761

**Send Subsequent Tax Bills To:**

Fairfield Resorts, Inc.  
8427 South Park Circle, Suite 500  
Orlando, FL 32819  
Escrow: 20110627KLABEG

DOC # 788776

08/30/2011 08:13AM Deputy: KE

OFFICIAL RECORD

Requested By:

TRCS, Inc.

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 3 Fee: \$41.00

BK-811 PG-5691 RPTT: 0.00



**AFFIDAVIT - DEATH OF JOINT TENANT**

**Betty Klaudt**, of legal age, being first duly sworn, deposes and says:

That **Vernon Klaudt** the decedent mentioned in the attached certified Certificate of Death, is the same person as **Vernon Klaudt** named as one of the parties in that certain conveyance document recorded December 07, 2005 and executed by Fairfield Resorts, Inc., a Delaware corporation, to **Vernon Klaudt and Betty Klaudt, husband and wife, as joint tenants with full rights of survivorship**, recorded in Book 1202, Page 2577, Document No. 0662489, Public Records of Douglas County, Nevada, conveying the real property commonly known as Fairfield Tahoe at South Shore and more particularly described as follows:

A **1,137,000 / 138,156,000** undivided fee simple interest as tenants in common in Units 7101, 7102, 7103, 7201, 7202, 7203, 7301, 7302 and 7303 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 described above is an **ANNUAL** Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such Ownership Interest has been allocated **1,137,000** 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).

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$10.00.



WITNESS my/our hands, this 15<sup>th</sup> day of August, 2011.

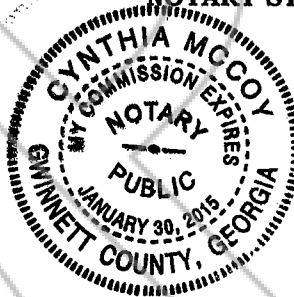
Betty Klaudt  
Betty Klaudt

STATE OF Georgia)  
COUNTY OF Gwinnett)

This instrument was acknowledged before me, this 15<sup>th</sup> day of August, 2011,  
by **Betty Klaudt**.

Cynthia McCoy  
Notary Public  
Relationship Banker  
Title and Rank  
My Commission Expires: Jan 30, 2015

NOTARY STAMP/SEAL



CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number

Local File Number

State File Number

DECEDENT'S NAME (First, Middle, Last) <b>Vernon Ronald Klaudt</b>		IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME		SEX <b>Male</b>	DATE OF DEATH (Mo., Day, Year) <b>September 9, 2006</b>
1a. RACE (White, Black, Amer. Indian, etc.) (Specify) <b>Amer. Indian</b>	ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) <b>American</b>	DATE OF BIRTH (Mo., Day, Year) <b>July 5, 1930</b>	AGE - Last Birthday (Years) <b>76</b>	UNDER 1 YEAR 7a. Mos. Days	UNDER 1 DAY 7b. Hours Mins
CITY, TOWN OR LOCATION OF DEATH <b>Duluth</b>		HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) <b>Peachtree Christian Hospice</b>		IF HOSPITAL OR INST. (Indicate DOA, D/EMER, Inpatient, Spec.) <b>Inpatient</b>	
STATE AND COUNTY OF BIRTH <b>GA Gwinnett</b>		CITIZEN OF WHAT COUNTRY? <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SPOUSE (If married or widowed, give spouse's name - If wife, give maiden name) <b>Betty Marie Lauer</b>	
SOCIAL SECURITY NUMBER <b>4782</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Educator</b>		KIND OF INDUSTRY OR BUSINESS <b>Christian Ministry</b>	
RESIDENCE - STATE <b>GA</b>		COUNTY <b>Gwinnett</b>	CITY, TOWN OR LOCATION <b>Suwanee, 30024-</b>	STREET AND NUMBER AND ZIP CODE <b>1165 River Laurel Drive</b>	
FATHER'S NAME First Middle Last <b>Rheinholdt Klaudt</b>		MOTHER'S MAIDEN NAME First Middle Last <b>Lillian Littlefield</b>			
INFORMANT'S NAME First Middle Last <b>Betty Marie Klaudt</b>		MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) <b>1165 River Laurel Drive Suwanee, GA 30024</b>		RELATIONSHIP <b>Wife</b>	
BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		DISPOSITION DATE (Mo., Day, Year) <b>09/14/2006</b>	CEMETERY OR CREMATORIAL NAME <b>White Chapel Memorial Gardens</b>		LOCATION (City or Town, State, Zip, County) <b>Duluth, Georgia Gwinnett 30096</b>
FUNERAL DIRECTOR (Signature) <b>Alan Crowell</b>		FUN. DIR. LICENSE NO. <b>3387</b>	NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) <b>Crowell Brothers Funeral Home 5051 Peachtree Industrial Blvd Norcross, GA 30092-</b>		EST. LICENSE NO. <b>1165</b>
EMBALMER (Signature) <b>Richard E. Petersen</b>		EMBALMER LICENSE NO. <b>3575</b>			
23. IMMEDIATE CAUSE: (Enter only one cause per line for A, B, and C) Approximate interval between onset and death					
PART I A. <b>Prostate Ca</b> Due to, or as a consequence of: Approximate interval between onset and death					
B. Due to, or as a consequence of: Approximate interval between onset and death					
C. Due to, or as a consequence of: Approximate interval between onset and death					
24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part 1A. (If female, indicate if pregnant or birth occurred within 90 days of death.)					
WAS OPERATION PERFORMED (Yes or No) <b>No</b>				DATE OF OPERATION (Mo., Day, Year) <b>26b.</b>	CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify) <b>26c.</b>
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED <b>Natural</b>		DATE OF INJURY (Mo., Day, Year) <b>27a.</b>	DESCRIBE HOW INJURY OCCURRED <b>27b.</b>	HOUR OF INJURY <b>27c.</b>	
INJURY AT WORK? (Yes or No) <b>28d.</b>		PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) <b>28e.</b>	LOCATION (Street, R.F.D. No., City or Town, State, Zip, County) <b>28f.</b>		
29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <b>29b.</b>			30a. 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) stated (Signature and Title) <b>30b.</b>		
DATE SIGNED (Mo., Day, Year) <b>9-12-06</b>		HOUR OF DEATH <b>4:45 p.</b>	DATE SIGNED (Mo., Day, Year) <b>30b.</b>		HOUR OF DEATH <b>30c.</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>29d.</b>		DATE PRONOUNCED DEAD (Mo., Day, Year) <b>30d.</b>		HOUR PRONOUNCED DEAD <b>30e.</b>	
NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) <b>Dr. Hampton Groover 035059</b>		ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) <b>Duluth, GA 30096</b>			
REGISTRAR (Signature) <b>22a.</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>9-19-06</b>			

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEASED

Usual Residence Where Deceased Lived, if Death Occurred in Institution, See Handbook Regarding Completion of Residence Items.

PARENTS

INFORMANT

DISPOSITION

Conditions, if Any, Which Gave Rise To Immediate Cause Stating the Underlying Cause Last.

CAUSE OF DEATH

If Infant Death, Indicate Birth Certificate No. of Mate(s).

CERTIFIER

TYPE OR PRINT

REGISTRAR

Form 3903 (Rev. 03/04)

GEORGIA DEPARTMENT OF HUMAN RESOURCES/NATAL BIRTH REGISTRY SERVICE

DO NOT FOLD THIS CERTIFICATE



BK 811  
PG-5693

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This is an exact copy of the death certificate received for filing in Gwinnett County Probate Court.

*Walter J. Clarke*  
Walter J. Clarke  
County Custodian  
Vital Records

*Walter J. Clarke*  
issuing clerk  
date

SEP 19