



APN 1318-15-820-001 PTN  
Recording requested by & Return to:  
Rhonda Reynolds  
c/o Leisure Getaways Incorporated  
25010 Oakhurst Drive, Suite #200  
Spring, TX 77386

Mail Tax Bills to:  
Eric Robinson  
JTWROS 15294 Surrey House Way  
Centreville, VA 20120

**GRANT, BARGAIN, SALE DEED**  
Fairfield Tahoe at South Shore

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Martha Power, personal representative and legal heir and beneficiary of Walter Power, Deceased, whose address is 28125 Village 28, Camarillo, CA 93012, hereinafter referred to as "Grantor", does hereby Grant, Bargain, Sell and Convey unto Eric Robinson and Kristin Robinson, whose address is JTWROS 15294 Surrey House Way, Centreville, VA 20120, hereinafter referred to as the Grantee(s), the following described real property situated in the County of Douglas, State of Nevada:

A 105,000 / 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 ("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 original Grantor, Wyndham Vacation Resorts, Inc., a Delaware corporation, 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 105,000 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.



By accepting this deed the Grantee(s) do(es) hereby agree to assume the obligation for the payment of a pro-rata or proportionate share of the real estate taxes for the current year and subsequent years. Further, by accepting this deed the Grantee(s) accept(s) title subject to the restrictions, liens and obligations set forth above and agree(s) to perform the obligations set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore, in accordance with the terms thereof.

Title to the Property is herein transferred with all tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Dated this 15<sup>th</sup> day of April, 2014

**GRANTOR**

Martha Power  
Martha Power

**ACKNOWLEDGEMENT**

STATE OF CALIFORNIA           §  
   §  
COUNTY OF Ventura           §

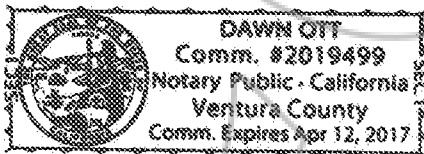
This instrument was acknowledged before me on this 15<sup>th</sup> of April, 2014 by Martha Power.

[Signature]

NOTARY PUBLIC, State of CALIFORNIA

DAWN OTT  
NOTARY PUBLIC PRINTED NAME

April 12, 2017  
Commission Expiration Date



CERTIFICATION OF VITAL RECORD

County of Ventura  
VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

3201156002193

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
WALTER		ROBERT		POWER JR.	
4. DATE OF BIRTH (month/day/year) 5. AGE Yrs. 6. MARRIAGE YEAR 7. DATE OF DEATH (month/day/year) 8. SEX					
11/07/1924 86 86 MARRIED 06/06/2011 1355 M					
9. BIRTH COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED SERVICES	
WA		[REDACTED]-5445		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> USR	
12. EDUCATION - Highest Level (Degree or certificate in field)		13. DATE WAS DECEDENT RESIDING IN CALIFORNIA (month/year) (If yes, see evaluation on back)		14. ANCESTRAL ETHNICITY (Use for 2 races only; see instruction on back)	
DOCTORATE		[ ] YES [ ] NO		MARRIED CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. RACE OF BUSINESS OR INDUSTRY (e.g., grocery store, food production, employment agency, etc.)		19. YEARS IN OCCUPATION	
PROFESSOR		UNIVERSITY EDUCATION		25	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
28125 VILLAGE 28					
21. CITY		22. COUNTY/PROVINCE		23. STATE/FOREIGN COUNTRY	
CAMARILLO		VENTURA		CA	
24. INFORMANT'S NAME, RELATIONSHIP					
MARTHA ANN T. POWER, WIFE					
25. NAME OF SURVIVING SPOUSE - FIRST					
MARTHA ANN					
26. NAME OF FATHER-IN-LAW					
WALTER					
27. NAME OF MOTHER-IN-LAW					
MARIE					
28. DISPOSITION DATE (month/year) 29. PLACE OF FINAL DISPOSITION					
06/09/2011 AT SEA OFF THE COAST OF VENTURA COUNTY					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/SEA		NOT EMBALMED		[REDACTED]	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
GUARDIAN MEMORIAL		FD 1457		ROBERT M LEVIN, MD	
47. DATE (month/year)		48. SIGNATURE OF LOCAL REGISTRAR			
06/09/2011		[REDACTED]			
101. PLACE OF DEATH					
ST. JOHN'S PLEASANT VALLEY HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. DEATH PREPARED TO DISSEMINATE (Food and flesh)	
<input checked="" type="checkbox"/> P <input type="checkbox"/> EROP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
105. CITY		106. DEATH PREPARED TO DISSEMINATE (Perme or other)			
CAMARILLO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition leading to death)					
IN GASTRIC CANCER					
108. BICOPY PERFORMANCE					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. AUTOPSY PERFORMANCE					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. LIES IN COFFIN (CASE)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESIDING IN THE UNDERLYING CAUSE GIVEN IN 107					
RENAL INSUFFICIENCY					
112. WAS OPERATION PERFORMED FOR ANY EDUCATION OR RESEARCH? (If yes, for type of operation and date)					
LAPAROTOMY 05/27/2011					
113. SIGNATURE AND TITLE OF CERTIFIER		114. LICENSE NUMBER		115. DATE (month/year)	
DAVID ANTHONY MESCHER M.D.		G25066		06/08/2011	
116. TYPE OF WORKING PHYSICIAN'S NAME, ADDRESS, ZIP CODE		117. SIGNATURE OF CORONER / DEPUTY CORONER			
DAVID ANTHONY MESCHER M.D.		[REDACTED]			
118. TYPE OF DEATH (Manner of death)		119. INJURED AS VICTIM?		120. BIRTH DATE (month/year)	
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Sudden <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		[REDACTED]	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
122. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
123. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
124. SIGNATURE OF CORONER / DEPUTY CORONER		125. NAME		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[REDACTED]		[REDACTED]		[REDACTED]	
STATE REGISTRAR		FAX OFFICE		CENSUS TRACT	
A B C D E		[REDACTED]		[REDACTED]	

BK 414  
PG-4006  
841331 Page: 3 of 3 04/21/2014



CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

DATE ISSUED: 6

HEALTH OFFICER  
VENTURA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

\*000924336\*