

16
When Recorded Return To:
Resort Closing Services, LLC
10923 State Hwy 176 W.
Walnut Shade, MO 65771

DOUGLAS COUNTY, NV 2015-868480
Rec:\$16.00
Total:\$16.00 08/21/2015 11:39 AM
RESORT CLOSING SERVICES, LLC Pgs=3



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KAREN ELLISON, RECORDER

AFFIDAVIT

STATE OF VA

COUNTY OF James City

Eric S. Harfst being duly sworn according to law, deposes and attests under penalty of perjury to the following:

I, Eric S. Harfst, of the City of WILLIAMSBURG, State of VA, being first duly sworn on oath, state that:

1. I am over 18 years of age and competent enough to testify of my own knowledge of the facts stated herein.
2. All the facts stated by me herein are true, correct and complete to the best of my knowledge and understanding.
3. Deed to a timeshare in Nevada in names of Eric S, and Patricia Harfst. Patricia died on December 8, 2012. Affidavit to Terminate Joint Tenancy and a certified copy of Patricia's death certificate are enclosed.
Affidavit to terminate joint tenancy and certified copy of Patricia's death certificate are enclosed.

(Printed Name of Affiant) Eric S. Harfst

(Signature of Affiant) Eric S. Harfst

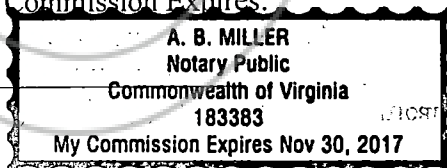
(Address of Affiant) 119 Reserve Way Apt 213, WILLIAMSBURG, VA 23185

NOTARY CERTIFICATION

SWORN to and subscribed before me, this the 6 day of November, 2014.

A. B. Miller
NOTARY PUBLIC

My Commission Expires:



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

FOR DIVISION OF VITAL RECORDS	REGISTRATION AREA NUMBER 147	CERTIFICATE NUMBER 391	STATE FILE NUMBER		
DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) Patricia Harfst			2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) December 8, 2012	4. AGE 70 years	IF UNDER 1 YEAR months days <input type="checkbox"/>	IF UNDER 1 DAY hours minutes <input type="checkbox"/>	5. DATE OF BIRTH (mo.) (day) (year) March 13, 1942
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Hospice House of Williamsburg			8. COUNTY OF DEATH (if independent city, leave blank) James City	
	9. CITY OR TOWN OF DEATH Williamsburg		10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 4445 Powhatan Pkwy.		
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) James City	
	13. CITY OR TOWN OF RESIDENCE Williamsburg		14. STREET ADDRESS OR RT. NO. OF RESIDENCE 133 Mid Ocean	ZIP CODE 23188	
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER John A. Reynaud			16. MAIDEN NAME OF DECEDENT'S MOTHER Anne Byrne	
	17. RACE OF DECEDENT White	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+) 2	
	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) Eric Harfst	
	24. SOCIAL SECURITY NUMBER 3152	25. USUAL OR LAST OCCUPATION Executive Secretary	26. KIND OF BUSINESS OR INDUSTRY Machinery	27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP Eric Harfst - spouse	
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) LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF):				
TO PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) _____ DUE TO (OR AS A CONSEQUENCE OF):				
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. (C) _____				
MEDICAL CERTIFICATION	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)	
NOTE: if "Pending" must be indicated, so state in part 1 and notify registrar of final decision as soon as possible.	28i. To the best of my knowledge, death occurred at 5:15 PM (a.m.) (p.m.) on the date and place and from the cause(s) stated.				
	ACTUAL SIGNATURE John F. Miller, M.D.	NAME OF ATTENDING PHYSICIAN (Type or Print) John F. Miller, M.D.			DATE SIGNED 12/10/12
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) Rose Hill Memorial Park Putnam Valley, NY	
	31. (Signature of funeral director or person legally filing this certificate) [Signature]			NAME OF FUNERAL HOME AND ADDRESS: Nelsen Funeral Home 3785 Strawberry Plains Rd., Williamsburg, VA 23188	
REGISTRAR	32. (signature of registrar) [Signature]			DATE RECORD FILED: 12/11/2012	
	RESERVED FOR REGISTRAR'S USE				

MARGIN RESERVED FOR BINDING

IMPORTANT: Use black ribbon in lieu of print legibly with ballpoint pen having black unfinishing ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

VS 25/12

CERTIFIED COPY OF DEATH RECORD

This is to certify that this is a true and correct reproduction of the original record filed with the Williamsburg – James City County Health Department in Williamsburg, Virginia.

Date Issued: December 11, 2012

[Signature]
 DEPUTY REGISTRAR (SEAL)

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE.
DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE WILLIAMSBURG – JAMES CITY COUNTY HEALTH DEPARTMENT CLEARLY AFFIXED.
 Section 32.1-272. Code of Virginia – as amended.

EXHIBIT "A"
LEGAL DESCRIPTION

A timeshare estate comprised of:

PARCEL 1:

An undivided 1/102nd interest in and to that certain condominium

- (a) An undivided 1/6th interest as tenants in common, in and to the Common Area of Lot 21 of Tahoe Village Unit No. 1, as shown on the map recorded December 27, 1983, as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of boundary line adjustment map recorded April 21, 1986, as Document No. 133713, Official Records of Douglas County, State of Nevada.
- (b) Unit No. B3 as shown and defined on said condominium map recorded as Document No. 93406, Official Records of Douglas County, State of Nevada.

PARCEL 2:

A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Areas as set forth in said condominium map recorded as Document No. 93406, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on the Record of Survey of Boundary line adjustment map recorded as Document No. 133713, Official Records of Douglas County, State of Nevada.

PARCEL 3:

An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above, one "alternate use week" in Odd numbered years within the First Amended restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Sierra recorded as Document No. 134786, Official Records, Douglas County, State of Nevada (the "C,C & R's"). The above-described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Sierra project during said "use week" in the above referenced "use season" as more fully set forth in the C,C & R's.

A Portion of APN 40-360-13