

APN: Portion of 1319-15-000-015

RECORDING REQUESTED BY

Stewart Vacation Ownership
11870 Pierce St., Suite 100
Riverside, CA 92505

WHEN RECORDED MAIL TO:

Marla Parker
1510 Braman Ave.
Ft. Myers, FL 33901

190001 / 69506

RECORDERS USE ONLY

AFFIDAVIT-DEATH OF TRUSTEE

STATE OF FLORIDA

ss.

COUNTY OF LEE

Marla Parker, of legal age, being duly sworn, deposes and says

That FLORENCE HAIMOWITZ the decedent mentioned in the attached Certificate of Death, is the same person as Florence Haimowitz named as one of the Trustees of that certain Declaration of Trust dated June 22, 1998 and designated the Florence Haimowitz Living Trust in Deed recorded September 27, 2002 as Document No. 0553131 in Book 0902 at Page 09170

In accordance with the above referenced trust, Marla Parker shall act as successor trustee of said trust on the death of Florence Haimowitz.

Marla Parker is filing this Affidavit with the Douglas County Recorder to establish the succession of Marla Parker, as successor trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in Exhibit "A" attached hereto and incorporated herein by reference.

Dated: October 12, 2015

Handwritten signature of Marla Parker

Marla Parker

STATE OF FLORIDA )

COUNTY OF LEE )

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME DEBORAH A. ELY NOTARY PUBLIC ON THIS 20th DAY OF OCTOBER 2015, BY Marla Parker, PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.

SIGNATURE Deborah A Ely (SEAL)
NOTARY PUBLIC

NOTARY EXPIRATION DATE:



DEBORAH A. ELY
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF124389
Expires 5/19/2018

Exhibit "A"

LEGAL DESCRIPTION  
FOR  
DAVID WALLEY'S RESORT

The land referred to herein is situated in the

**State of Nevada**

**County of Douglas**

and is described as follows:

**An undivided 1/1989th interest** in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

**PARCEL E-1** of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at Page 3464, as Document No. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, at Page 467, as Document No. 0502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of **Parcel E-1**, as set forth in Quitclaim Deed recorded September 17, 1998, in Book 998, at Page 3250, as Document No. 0449574, Official Records, Douglas County, Nevada.

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document Nos. 0466255, 0485265, 0489957, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for **One Use Period** within a "STANDARD UNIT" **Each Year** in accordance with said Declaration.

Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Relocation recorded on May 26, 2006, in Book 0506 at Page 10729, as Document No. 0676008; and Access Easement recorded on July 26, 2006, in Book 0706 at Page 9371, as Document No. 0680633, all of Official Records, Douglas County, Nevada.

**Inventory No.: 17-044-42-01**

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014107231

DATE ISSUED: August 4, 2014

DECEDENT INFORMATION

STATE FILE DATE: August 1, 2014

NAME: FLORENCE HAIMOWITZ

DATE OF DEATH: July 31, 2014

SEX: FEMALE

SSN: [REDACTED] 4305

AGE: 087 YEARS

DATE OF BIRTH: November 26, 1926

BIRTHPLACE: PASSAIC, NEW JERSEY, UNITED STATES

PLACE OF DEATH: CAREGIVER'S HOME

FACILITY NAME OR STREET ADDRESS: 27 NE 10TH AVENUE

LOCATION OF DEATH: CAPE CORAL, LEE COUNTY, 33909

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE (IF FEMALE, MAIDEN NAME): NONE

RESIDENCE: 1510 BRAMAN AVENUE, FORT MYERS, FLORIDA 33901, UNITED STATES

COUNTY: LEE

OCCUPATION, INDUSTRY: BOOKKEEPER, PRINTING

RACE: [X] White [ ] Black or African American [ ] Asian Indian [ ] Chinese [ ] Filipino [ ] Native Hawaiian [ ] Japanese [ ] Korean [ ] American Indian or Alaskan Native-Tribe: [ ] Vietnamese [ ] Other Asian: [ ] Guamanian or Chamorro [ ] Samoan [ ] Other Pacific Is. [ ] Other: [ ] Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: AARON SCHURMAN

MOTHER: ESTHER BROWNSTEIN

INFORMANT: MARLA PARKER

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 1510 BRAMAN AVENUE, FORT MYERS, FLORIDA 33901, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: FORT MYERS CITY CEMETERY  
FORT MYERS, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: DANIEL P. BRYAN, F077850

FUNERAL FACILITY: FORT MYERS MEMORIAL GARDENS FUNERAL HOME F047570  
1589 COLONIAL BLVD, FORT MYERS, FLORIDA 33907

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0815

CERTIFIER'S NAME: BAKTHAVATSALAM VARDHINI

CERTIFIER'S LICENSE NUMBER: ME97420

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a. COMPLICATIONS OF DEMENTIA

MANY MONTHS

b.

c.

d.

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

*C. Meade G. J.*

, State Registrar

REQ: 2015121386

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:



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OH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD Florida HEALTH