

A.P.N. 1318-15-818-001 PTN

AFTER RECORDING, PLEASE MAIL TO:
Resort Property Marketing Int., Inc.
PO Box 277
Quitman, AR 72131

MAIL TAX STATEMENTS TO:
Wyndham Vacation Resorts, Inc.
6277 Sea Harbor Drive
Orlando, FL 32821

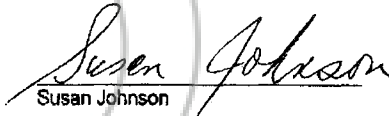
AFFIDAVIT TERMINATING JOINT TENANCY

Susan Johnson, being first duly sworn, deposes and says that affiant is over the age of twenty-one years and competent to be a witness as to the matter hereinafter stated.

That affiant is the person named as one of the grantees in the certain deed recorded August 16, 200, as Document No: 0682367, of official records, in the office of the County recorder of Douglas County, State of Nevada.

That John B. Johnson was one of the grantees named in said deed and was the identical person named as John Brice Johnson, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

FURTHER, AFFIANT SAYETH NOT.

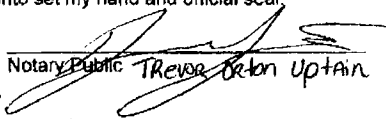

Susan Johnson

Acknowledgment

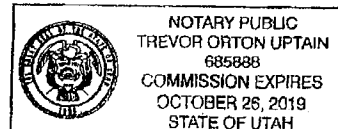
State of UTAH)
County of SALT LAKE)

On this 9 day of July, 2016, before me, a Notary Public, within and for said County and State, duly commissioned and acting, appeared Susan Johnson, to me personally well known as the person who has executed the foregoing Deed and has executed the same for consideration and purpose therein mentioned and set forth, and I do hereby so certify.

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


Notary Public Trevor Orton Uptain

My commission expires: 10-26-2019



CERTIFICATE OF DEATH

State File Number: 2012012387

John Brice Johnson

DECEDENT INFORMATION

Date of Death:	October 9, 2012	Time of Death:	16:45
City of Death:	Murray	County of Death:	Salt Lake
Age:	84	Date of Birth:	August 23, 1928
Place of Birth:	Silver City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Susan Bersick	Usual Occupation:	Business Owner
Industry/Business:	Computer Sales	Education:	9th Through 12th Grade
Residence:	Taylorville, Utah	Father's Name:	John Lars Johnson
Mother's Name:	Mabel Matilda Larson	Facility Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name:	Susan Johnson	Relationship:	Wife
Mailing Address:	3654 West 5180 South, Taylorville, Utah 84129		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Mount Olivet Cemetery, Salt Lake City, Utah
Date of Disposition:	October 13, 2012

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Mortuary
Address:	260 East South Temple, Salt Lake City, Utah 84111
Funeral Director:	William D Smith

MEDICAL CERTIFICATION

Medical Professional:	James L Orford MD, 5169 South Cottonwood Street Bldg. #520, Salt Lake City (Salt Lake), Utah 84107
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CAUSE OF DEATH


Cardiomyopathy
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: October 16, 2012

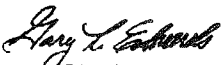
Date Issued: October 16, 2012

This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.




Janice L. Houston, State Registrar
Office of Vital Statistics




Gary L. Edwards
Director/Health Officer
County/District Health Department

