

A portion of Assessor's Parcel #1319-15-000-022

Recording Requested by:  
1862, LLC  
2001 Foothill Road  
Genoa, Nevada 89411

After recording, please return to:  
1862, LLC  
3179 N. Gretna Road  
Branson, MO 65616



KAREN ELLISON, RECORDER

**AFFIDAVIT – DEATH OF JOINT TENANT**

Martin Blank, of legal age, being first duly sworn, deposes and says: That Fredric Blank, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Fredric Blank named as one of the parties in that certain Grant Deed dated August 12, 2014, executed by

1862, LLC to Fredric Blank, a Single Person, recorded as:

Instrument No. 863624 on June 8, 2015, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the Recorder in and for Douglas County, Nevada in Book 0801 Page 6980, as amended:

Unit Type: 2 bd Phase: 4

Inventory Control No: 36024086241 Alternate Year Time Share: Odd

Martin Blank

**ACKNOWLEDGMENT**

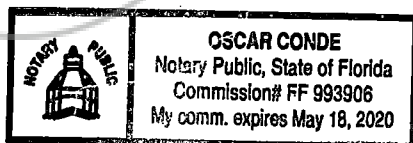
(STATE OF FL)  
(COUNTY OF Palm Beach)

On this 29<sup>th</sup> day of December, 2016 before me personally appeared Martin Blank, to me known to be the person described herein and who executed the foregoing.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County of Palm Beach, State of FL, the day and year first above written.

NOTARY PUBLIC

My Term Expires: 5/18/2020



## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016089583

DATE ISSUED: June 21, 2016

## DECEDENT INFORMATION

STATE FILE DATE: June 14, 2016

NAME: FREDRIC LEE BLANK.

DATE OF DEATH: June 7, 2016

SEX: MALE

SSN: [REDACTED]-2751

AGE: 080 YEARS

DATE OF BIRTH: September 5, 1935

BIRTHPLACE: MARYLAND, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 21205 NE 37TH AVENUE #1704

LOCATION OF DEATH: AVENTURA, MIAMI-DADE COUNTY, 33180

## SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: NEVER-MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): NONE

RESIDENCE: 21205 NE 37TH AVENUE #1704, AVENTURA, FLORIDA 33180, UNITED STATES COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: SELF-EMPLOYED, TRAVEL AGENT

RACE:  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 Isl.  Other:  Unknown

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

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

## PARENTS AND INFORMANT INFORMATION

FATHER: EDWARD BLANK

MOTHER: MILDRED POMERANTZ

INFORMANT: MARTIN BLANK

RELATIONSHIP TO DECEDENT: BROTHER

INFORMANT'S ADDRESS: 6754 MILANI STREET, LAKE WORTH, FLORIDA 33467, UNITED STATES

## PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: GOLD COAST CREMATORY  
FORT LAUDERDALE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: JIMMY S. SASSER JR, F045498

FUNERAL FACILITY: NEPTUNE SOCIETY-POMPANO BEACH F064804  
3404 N ANDREWS AVE, POMPANO BEACH, FLORIDA 33064

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1145

CERTIFIER'S NAME: BERNARD WEINBACH

CERTIFIER'S LICENSE NUMBER: ME36936

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 CARDIOPULMONARY ARREST

b ATHEROSCLEROTIC HEART DISEASE

c

d

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

AUTOPSY PERFORMED? UNKNOWN

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? UNKNOWN

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

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:



, State Registrar

REQ: 2017135790

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

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.

DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



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VOID IF ALTERED OR ERASED

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