



KAREN ELLISON, RECORDER

35
RECORDING REQUESTED BY:
LAURIE K. ADACHI
WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:
Laurie K. Adachi
28752 Darrow Ave.
✓ Saugus, CA 91390

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

APN: 1318-15-817-001

AFFIDAVIT — DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

LAURIE K. ADACHI, of legal age, being first sworn, deposes and says:

That KENJI J. ADACHI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ken Adachi, named as one of the parties in that certain Grant, Bargain, Sale Deed, dated August 11, 2004, executed by Kim Thompson and Helen Carlin, Vice President and Assistant Secretary, Fairfield Resorts, Inc. to Ken Adachi and Laurie Adachi, husband and wife as Joint Tenants, and recorded on 12/7/2005, in the Office of the Recorder of the County of Douglas, State of Nevada, as Document No. 0662520 of Official Records, relating to the real property located in said County and more particularly described as follows:

a 105000/138,156,000 undivided fee simple interest as tenants in common in Units 7101-7103, 7201-7203, 7301-7303 in the South Shore Condominium ("Property"), located at 180 Elks Point Road in Zephyr Cove, Nevada 89449, according to the Parcel Map filed at Parcel Map File 1202, Page 02181 in Douglas County, Nevada, subject to all provisions thereof and those contained in that certain Declaration of Restrictions for Fairfield Tahoe at South Shore ("Timeshare Declaration") dated September 29, 2004 and recorded October 28, 2004 in Book 1004/13107 as Instrument No. 628022, Official Records of Douglas County, Nevada, which subjected the property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan"). The property subject to the Timeshare Plan is hereinafter referred to as the "UDI".

and more commonly known as timeshare interest being a 105000/138,156,000 undivided fee simple interest as tenants in common in Units 7101-7103, 7201-7203, 7301-7303 in South Shore Condominium, NV.

Executed on May 8, 2018, in Los Angeles County, California. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


LAURIE K. ADACHI

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

SUBSCRIBED AND SWORN TO (or affirmed) before me on May 8, 2018, by LAURIE K. ADACHI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.


NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013095380

CERTIFICATE OF DEATH

3201319021575

STATE FILE NUMBER 3052013095380		STATE OF CALIFORNIA USE BLACK INK ONLY AND NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 (REV. 3/08))		LOCAL REGISTRATION NUMBER 3201319021575	
1. NAME OF DECEDENT—FIRST (Given) KENJI		2. MIDDLE J.		3. LAST (Family) ADACHI	
4. DATE OF BIRTH mm/dd/yyyy 06/07/1956		5. AGE Yrs. 56		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 0705		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 05/10/2013		8. HOUR (24 Hours) 0934	
13. EDUCATION—Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) JAPANESE	
17. US/JAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED PROPMAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 37	
20. DECEDENT'S RESIDENCE (Street and number, or location) 28752 DARROW AVENUE					
21. CITY SANTA CLARITA		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91390	
24. YEARS IN COUNTY 56		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LAURIE ADACHI, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 28752 DARROW AVENUE, SANTA CLARITA, CA 91390		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST LAURIE		29. MIDDLE K.		30. LAST (BIRTH NAME) FITZGERALD	
31. NAME OF FATHER/PARENT—FIRST SHO		32. MIDDLE -		33. LAST ADACHI	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT—FIRST SATOKO		36. MIDDLE -	
37. LAST (BIRTH NAME) MORI		38. BIRTH STATE JAPAN			
39. DISPOSITION DATE mm/dd/yyyy 05/17/2013		40. PLACE OF FINAL DISPOSITION RESIDENCE LAURIE ADACHI 28752 DARROW AVENUE, SANTA CLARITA, CA 91390			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT ROSE FAMILY FUNERAL HOME		45. LICENSE NUMBER FD1760		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy 05/16/2013					
101. PLACE OF DEATH HENRY MAYO NEWHALL MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ERVOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 23845 MCBEAN PKWY		106. CITY VALENCIA	
107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MYOCARDIAL INFARCTION Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) HYPERTENSION (C) HYPERGLYCEMIA (D) HYPERLIPIDEMIA		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2013-33697		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (at time of operation and date) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER TERRI DENISE HENRY, M.D.		116. LICENSE NUMBER A69585	
117. DATE mm/dd/yyyy 05/16/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TERRI DENISE HENRY, M.D. 25751 MCBEAN PKWY STE 210, VALENCIA, CA 91355			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	5010001002355487	FAX AUTH.#	CENSUS TRACT
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This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



Jonathan E. Fielding MD
Director of Public Health and Registrar

DATE ISSUED
MAY 21 2013

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE