

APN: 40-300-01 (a portion of)

November 1, 2017

Return To:
Standard Timeshare Transfers
741 N. 20th St.
Ozark, MO 65721

AFFIDAVIT TERMINATING JOINT TENANCY

State of CALIFORNIA

County of SAN DIEGO

Before me, the undersigned Notary Public, personally known to me, appeared **Laura Palazzi N/K/A Laura Reyes**(hereinafter "Affiant"), who first being duly sworn, deposes and says that Affiant has personal knowledge of the facts and matters set forth herein.

1. Affiant is over the age of eighteen (18) years of age and resides at :
**2735 Mary Lane
Escondido, CA 92025**
2. That the Affiant is one of the two purchasers named in the **Tahoe Summit Village** deed and is the identical person named as joint tenant with **Nicetta Palazzi**, the decedent's date of demise being **May 18, 2003** as shown in the certain Death Certificate, a certified copy is attached hereto and made part hereof.
3. Legal Description of Property:

PARCEL 1:

An undivided **1/51st** interest in and to that certain condominium estate described as follows: (i) An undivided 2/9th interest, as tenants in common, in and to Lot 28 of Tahoe Village Unit No: **2** Third Amended Map, recorded February 26, 1981, as Document No: 53845, of Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit C, as shown and defined on said last mentioned map, Unit **A**.

PARCEL 2:

A non-exclusive right to use the real property known as The Common Area on the Official Map of Tahoe Village, Unit **2** recorded **March 29, 1974**, as Document No: 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions and Restrictions recorded September 28, 193 as Document No: 69063 in Book 976, Page 812 of Official Record and in the Modification recorded July 2, 1976 as Document No: 1472, in Book 776, Page 87 of Official Records.

PARCEL 3:

The exclusive right to use said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and 2 above during **two** "use period" within the **SWING** season" as said quoted terms are defined in the Declaration.

Affiant has caused this Affidavit to be executed this 11th day of November, 2017

[Signature]
Witness Signature

Kevin Swink
Witness Printed Name

[Signature]
Witness Signature

Charles Paddock
Witness Printed Name

[Signature]
Laura Palazzi N/K/A Laura Reyes

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)
)SS.
COUNTY OF SAN DIEGO)

On this 11th day of November, 2017, before me (insert NAME and TITLE of OFFICER) FABIO FERNANDES, Notary Public, personally appeared (insert name of signatory(ies)) Laura Palazzi N/K/A Laura Reyes, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that by he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(SEAL)

[Signature]
Signature



Note to Notary: Please keep seal out of the ¼ inch margin on all sides and do not place it over print of the document.

ONLY BLACK, NO BLUE INK MAY BE USED FOR SIGNATURES OR STAMPS.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200337 008172

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERNATES				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
Nicetta		-		Palazzi			
4. DATE OF BIRTH		5. AGE Yrs.		6. BIRTH DATE		7. SEX	
08/22/1926		76		08/22/1926		F	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
Italy		6347		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>		Divorced	
13. EDUCATION - Highest Level (Degrees)		14. WAS DECEDENT SPANISH/SPANGLATINO? (if yes, see worksheet on back)		15. DECEDENT'S RACE - (Up to 3 boxes may be listed (see worksheet on back))			
Bachelor's		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		White			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
Registered Nurse		Medical Office		20			
20. DECEDENT'S RESIDENCE (Street and number or location)							
105 Avenida Presidio #106							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		25. STATE/FOREIGN COUNTRY	
San Clemente		Orange		92672		CA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
Laura F. Reyes, Daughter				2735 Mary Ln. Escondido, CA 92025			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (maiden Name)			
Gualtiero		-		Arrigoni			
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
Gualtiero		-		Arrigoni		Italy	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (maiden)		38. BIRTH STATE	
Clorinda		-		Maffioli		Italy	
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION					
05/23/2003		RES: Laura F. Reyes 2735 Mary Ln. Escondido, CA 92025					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
CR/RES		NOT EMBALMED		-		Lesneski Mortuary, Inc.	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE		48. PLACE OF DEATH	
FD-232		Nancy L. Bowen M.D.		05/20/2003		Residence	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY			
San Diego		2735 Mary Ln.		Escondido			
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER (AT)		109. DEATH REPORTED TO CORONER (BY)			
Bronchopneumonia		3 Days		5-376			
Terminal Lung CA-Bronchioloalveolar Type		9 Mos.		9 Mos.			
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109? (if yes, list type of operation and date)		112. IF FEMALE, PREGNANT IN LAST YEAR?		113. DATE	
TB as Child, Glaucoma, Osteoarthritis		No		NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		05/19/2003	
114. I CERTIFY THAT TO THE BEST OF MY ANATOMICAL KNOWLEDGE OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE	
11/18/2002		Michael A. Harris M.D.		G47100		05/19/2003	
118. I CERTIFY THAT IN AN OPEN DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURY DATE			
11/18/2002		Michael A. Harris M.D. 27800 Medical Center Rd. #310 Mission Viejo, CA 92691		121. INJURY DATE			
122. PLACE OF INJURY (e.g., home, construction site, wounded area, etc.)		123. INJURY AT WORK?		124. INJURY DATE		125. HOUR (24 hours)	
-		NO <input type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>		-		-	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
Nancy L. Bowen M.D.		June 2, 2003		Nancy L. Bowen M.D. REGISTRAR OF VITAL RECORDS County of San Diego			

* A 01091033 *

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid

DATE ISSUED: June 2, 2003

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

