

A.P.N.: 1318-15-820-001
File No: 9928-4078022 (FJ)

When Recorded return to, and mail Tax Statements to:
Elizabeth Williams
18500 O'Hara Dr
Port Charlotte, FL 33948

AFFIDAVIT - TERMINATING JOINT TENANCY

Elizabeth Williams, of legal age, being first duly sworn, deposes and says:

That **Samuel Louis Williams**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Samuel Louis Williams** named as one of the parties in that certain **Grant Bargain, Sale Deed** dated **February 11, 2006** executed by **Fairfield Resorts, Inc.** to **Samuel Louis Williams and Elizabeth Williams** as joint tenants, recorded as Document No. **0671798** on **04/03/2006** in Book **n/a** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

A 154,000 /128,986,500 undivided fee simple interest as tenants in common in Units 10101, 10102, 10103, 10104, 10201, 10202, 10203, 10204, 10301, 10302, 10303, and 10304 in South Shore Condominium ("Property"), located at 180 Ellis Point Road in Zephyr Cove, Nevada 89449, according to the Final Map #01-026 and Condominium Plat of South Shore filed of record in Book 1202, Page 2181 as Document Number 559872 in Douglas County, Nevada, and subject to all provisions thereof and those contained in that certain Declaration of Condominium - South Shore ("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 559873, and also subject to all the provisions contained in that certain Declaration of Restrictions for Fairfield Tahoe at South Shore and recorded October 28, 2004 in Book 1004, Page 13107 as Instrument Number 628022, Official Records of Douglas County, Nevada, which subjected the Property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan"). Less and except all minerals and mineral rights which minerals and mineral rights are hereby reserved unto the Grantor, its successors and assigns.

The Property is a/an ANNUAL Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated 154,000 Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore which Points may be used by the Grantee in Each Resort Year(s).

Elizabeth Williams

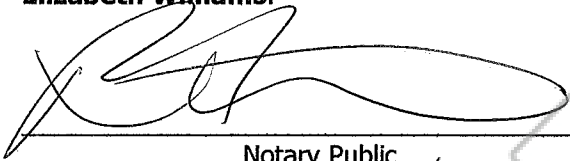
8-18-18

Elizabeth Williams

Date

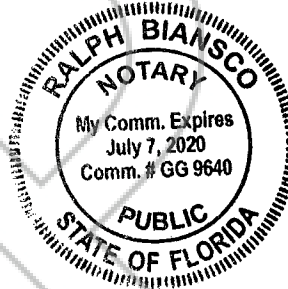
STATE OF FLORIDA)
COUNTY OF CHARLOTTE) **ss.**

This instrument was acknowledged before me on 8-18-2018 by **Elizabeth Williams.**



Notary Public

(My commission expires: 7/7/2020)



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NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) Carla Kneski

Address: 1930 Tamiami Tr Ft Charlotte FL 33948

Daytime Phone Number: 941-624-3321

State: FLA.

County: CHARLOTTE

In the event **First American Title Insurance Company**, a(n) **California** Corporation comes across a problem with the Notary section I, Carla Kneski (notary public) authorizes **First American Title Insurance Company**, a(n) **California** Corporation to make changes to the notary section only.

Carla Kneski
Notary Public signature

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.
OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013088218

DATE ISSUED: June 26, 2013

DECEDENT INFORMATION

STATE FILE DATE: June 26, 2013

NAME: SAMUEL LOUIS WILLIAMS

DATE OF DEATH: June 20, 2013

SEX: MALE

SSN: [REDACTED] 1485

AGE: 058 YEARS

DATE OF BIRTH: January 26, 1955

BIRTHPLACE: CANTON, OHIO, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 18500 OHARA DRIVE

LOCATION OF DEATH: PORT CHARLOTTE, CHARLOTTE COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE: ELIZABETH LANE

RESIDENCE: 18500 OHARA DRIVE, PORT CHARLOTTE, FLORIDA 33948, UNITED STATES

COUNTY: CHARLOTTE

OCCUPATION, INDUSTRY: PHYSICIAN, MEDICAL

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: DOCTORATE DEGREE (E.G., PHD, EDD) EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: SAMUEL C WILLIAMS

MOTHER: PATRICIA BRANDENBURG

INFORMANT: ELIZABETH WILLIAMS

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 18500 OHARA DRIVE, PORT CHARLOTTE, FLORIDA 33948, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATIONPLACE OF DISPOSITION: BRASOTA SERVICES, INC.
SARASOTA, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: LARRY TAYLOR, F046813

FUNERAL FACILITY: LARRY TAYLOR FUNERAL AND CREMATION SERVICE F041531
1515 TAMiami TRAIL, PUNTA GORDA, FLORIDA 33950**CERTIFIER INFORMATION**

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1930

CERTIFIER'S NAME: JUAN I RIVERA

CERTIFIER'S LICENSE NUMBER: ME50857

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

CAUSE OF DEATH AND INJURY INFORMATION

PROBABLE MANNER OF DEATH: NATURAL

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

a METASTATIC ADENOCARCINOMA OF GASTRIC CARDIA TO LUNGS, ADRENAL GLAND

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? NO

REASON FOR SURGERY:

IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR?

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:

C. Meade
State Registrar

State Registrar

REQ: 2013942596

**WARNING:**

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 ON PHOTOCOPIED OR 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 (11/11)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED