

DOUGLAS COUNTY, NV

2019-924802

Rec:\$35.00

\$35.00

Pgs=2

01/22/2019 09:30 AM

FIRST RELIABLE TRANSFER

KAREN ELLISON, RECORDER

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO:

Name First Reliable Transfers
Address 3741 South Hwy 27, Suite A
City, St. Zip Clermont, FL 34711

SPACE ABOVE THIS LINE FOR

RECORDER'S USE

Affidavit - Death of joint tenants

Assessor's Parcel Number: 1318-15-822-001

Debbie Funderburk of legal age, being first duly sworn, deposes and says: that Otto Milgram, the decedent named in the attached certified copy of Certificate of Death, is the same person as Otto Milgram one of the parties in that certain Deed dated, 02/08/2007 by Wyndham Vacation Resorts, Inc., recorded on 05/04/2007 as Document No. 0700489 Official Records of Douglas County, Nevada,.

A 80,000 / 183,032,500 undivided fee simple interest as tenants in common in Units 12101, 12102, 12103, 12201, 12202, 12203, 12302, 14102, 14103, 14104, 14202, 14203, 14204 and 14302 in South Shore Condominium ("Property"), located at 180 Elks 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").

This 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 80,000 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).

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.

Debbie Funderburk
Debbie Funderburk

State of Florida
County of Lake

Subscribed and sworn to (or affirmed) before me on this 18th day of Jan 2019

by Debbie Funderburk, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

My Commission Expires 4/29/19

(This area for official notarial seal)



STATE OF NEW JERSEY

00002725842

REG-18
JAN 07

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

1a. Legal Name of Decedent (First, Middle, Last)
OTTO MILGRAM

2. Sex **M** 3. Social Security Number **9269**

7a. Residence-State **NJ** 7b. County **Middlesex** 7c. Municipality/City **Edison**

7d. Street and Number **52 Holly Court** 7e. Apt. No. **08820** 7f. Zip Code **08820** 7g. Inside City Limits? Yes No

8a. Ever in US Armed Forces? Yes No Unknown 8b. If Yes, Name of War: **Korean War Army** 8c. War Service Dates (From>To): **50-51**

9. Domestic Status at Time of Death (Check only one)
 Single/Never Married Widowed Domestic Partner
 Married, but Separated Civil Union Partner Domestic Partnership Terminated
 Divorced Civil Union Dissolved Domestic Partner (Deceased)
 Unknown

10. Name of Surviving Spouse/Partner (List name given at birth or on birth certificate)
Ruth Azulay

11. Father's Name (First, Middle, Last) **Ruth Milgram** 12. Mother's Name Prior to First Marriage (First, Middle, Last) **Volanda Puzos**

13a. Name of Informant **Ruth Milgram** 13b. Relationship to Decedent **Wife**

13c. Mailing Address (Street and Number, City, State, Zip Code)
52 Holly Court, Edison, NJ 08820

14. Method of Disposition
 Burial Donation Cremation Entombment
 Shipment from State Other (Specify):

15. Place of Disposition (Name of cemetery, crematory, other place)
Beth Israel Cemetery

16. Location-City or Town and State
Woodbridge, NJ

17. Name and Complete Address of Funeral Facility
THE GOLDSTEIN FUNERAL CHAPEL, INC., 2015 Woodbridge Ave, Edison

18. Signature of Funeral Director **Walter Hauer** 19. NJ License Number **#4025** NJ

20. Decedent Education (Highest degree or level of school completed at time of death)
 Grade 8 or less
 Grade 9-12; no diploma
 High school graduate or GED
 Some college credit, no degree
 Associate degree (AA, AS)
 Bachelor's degree (BA, AB, BS)
 Master's degree (MA, MS, MEd, MSW)
 Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)

21. Decedent of Hispanic Origin? (Check one or more boxes that best describe if decedent is Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino.)
 No, Not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, Other Spanish/Hispanic/Latino (Specify):

22. Decedent Race (Check one or more boxes to indicate what race the decedent considered himself/herself to be.)
 White Black or African American
 American Indian or Alaska Native (Enrolled or principal tribe)
 Asian Indian Filipino Korean
 Chinese Japanese Vietnamese
 Other Asian (Specify)
 Native Hawaiian Guamanian or Chamorro
 Samoan
 Other Pacific Islander (Specify)
 Other (Specify)

23. Occupation of Decedent (Type of work done most of life, even if retired)
Environmental Civil Engineer

24. Kind of Business/Industry
Engineering

25. Name and Address of Last Employer
n/a

26. Date Pronounced Dead (Mo/Da/Yr) **10-14-07** 27. Time Pronounced Dead **5:43** AM PM

28. Signature of Person Pronouncing Death (Print Name) **John M. Mitch** 29. License Number **26N06016300** 30. Date Signed (Mo/Da/Yr) **10-14-07**

31. Date of Death (Mo/Da/Yr) **10-14-07** 32. Time of Death **5:30** AM PM 33. Was it a Natural Death? Yes No

34. PLACE OF DEATH (Check only one)
If Death Occurred in a Hospital:
 Inpatient Emergency Room or Outpatient Dead on Arrival
If Death Occurred Somewhere Other Than a Hospital:
 Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify):

35a. Facility Name (If not institution, give street and number)
Hennepin @ STE Med Ctr 35b. Municipality **Edison** 35c. County **Middlesex**

36a. PART I
IMMEDIATE CAUSE - fatal disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.
a. **METASTATIC ADENOCARCINOMA OF LUNG**
Due to (or as a consequence of):
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.

37. Was an Autopsy Performed? Yes No 38. Were Autopsy Findings Available to Complete Cause of Death? Yes No

39. Date of Injury (Mo/Da/Yr) 40. Time of Injury AM PM 41. Place of Injury (e.g., home, construction site, restaurant) 42. Injury at Work? Yes No

43a. Location of Injury (Number and Street, Zip Code) 43b. Municipality 43c. County 43d. State

44. Describe How Injury Occurred 45. If Transportation Injury:
 Driver/Operator Pedestrian
 Passenger Other (Specify):

46. Manner of Death
 Natural Pending Investigation Accidental Suicide Homicide Could not be determined

47. Did Decedent Have Diabetes? Yes No Unknown

48. Did Tobacco Use Contribute to Death? Yes Probably No Unknown

49. If Female:
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

50. Certifier (Check only one)
 Certifying physician to the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Pronouncing and Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
 Medical Examiner-On the basis of examiner's investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

51. Name, Address and Zip Code of Certifier
BOUCE V. SOLIANO MD 171 AMBOY AVENUE METUCHEN NJ 08840

52. Signature of Certifier **Bouce V. Soliano MD** 53. License Number **MA039038** 54. Date Certified (Mo/Da/Yr) **10/14/2007**

55. Signature of Local Registrar **John M. Mitch** 56. District No. **V1278** 57. Date Received **10-15-07** Local File Number

Time of Death **5:30**
Date of Death **10-14-07**
Name of Decedent as Known by Physician **Milgram, Otto**

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY MEDICAL CERTIFIER

FOR STATE USE ONLY
Place of Accident

Cross Class

Received for Limb Only

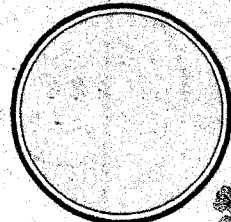
Record Contains Amendment

October 15, 2007
Issued By:
Woodbridge Township
Office of Vital Statistics
John M. Mitch, Registrar

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Joseph A. Komosinski
Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics



REG-42B
JULY 04

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD, VOID IF ALTERED

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK

HOLD TO LIGHT TO VIEW WATERMARK