

RECORDING REQUESTED BY:
And Return to:
Sterling Title Partners, Inc.
21845 Powerline Road suite 201
Boca Raton FL 33433

DOUGLAS COUNTY, NV **2020-940858**
Rec:\$40.00
\$40.00 Pgs=4 01/14/2020 11:24 AM
STERLING TITLE PARTNERS INC
KAREN ELLISON, RECORDER

APN 1318-15-822-001 PTN

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Texas

COUNTY OF Dewitt

Sally M. Staudt, OF LEGAL AGE, BEING FIRST DULY SWORN, AND DEPOSES AND SAYS:

THAT Thomas Edward Staudt, THE DECEDENT MENTIONED IN THAT

CERTIFIED COPY OF CERTIFICATE OF DEATH Attached hereto, IS THE SAME PERSON AS Thomas E. Staudt

NAMED AS ONE OF THE PARTIES IN THAT CERTAIN Grant Deed, DATED 03/15/2007 BETWEEN (Sellers) Wyndham Vacation Resorts, Inc. AND (Buyers) Sally M. Staudt and Thomas E. Staudt, Wife and Husband as Joint Tenants With The Rights of Survivorship RECORDED AS INSTRUMENT NO. **0701203** ON (date) **5//15/2007**, OF OFFICIAL RECORDS OF Douglas County, Nevada.

The date of death was 8/10/2014 and the County and State where the death occurred was Gillespie, Texas.

COVERING THE FOLLOWING DESCRIBED PROPERTY SITUATED IN THE COUNTY OF Douglas, State of Nevada:

See Attached Exhibit "A" for Legal Description

(SIGNATURE AND NOTARY ON SECOND PAGE)

Sally M. Staudt
Sally M. Staudt,
Affiant

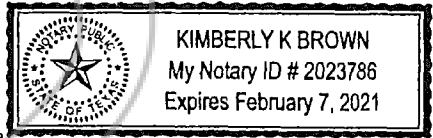
State of: Texas

County of: Dewitt

Subscribed and sworn to (or affirmed) before me on this 11th day of December,
2019, by Sally M. Staudt who is personally known to me or proved to me
on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary Kimberly K Brown

Print Name of Notary Kimberly K. Brown



seal

Exhibit "A"

A **84,000/183,032,500** 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"). Less and except all minerals and mineral rights which minerals and mineral rights are hereby reserved unto the Grantor, it's successors and assigns.

Subject to easements and rights of way of record; subject to all matters set forth on the Plat depicting the units above described and Subject to the reservations, restrictions, liens and covenants set out in the Declaration; and subject to mineral reservations, conveyances and leases of record, if any.

Together with all and singular the hereditaments and appurtenances thereunto belonging.

The property described above is/an Biennial ownership interest as described in the Declaration and such ownership interest has been allocated **168,000 Points** (as defined in the Declaration) for use by the Grantee(s) in Even year(s).

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
AUG 13 2014
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-14-109577

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) THOMAS EDWARD STAUDT				2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) AUGUST 10, 2014			
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) SEPTEMBER 16, 1951	5. AGE-Last Birthday (Years) 62	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	8. BIRTHPLACE (City & State or Foreign Country) SAN BENITO, TX		
7. SOCIAL SECURITY NUMBER 1144				9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) SALLY MARIE HAAS			
10a. RESIDENCE STREET ADDRESS 622 DAWN				10b. APT. NO.	10c. CITY OR TOWN FREDERICKSBURG		
10d. COUNTY GILLESPIE				10e. STATE TEXAS		10f. ZIP CODE 78624	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME CLEMENS JOSEPH STAUDT				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARINE HODGES			
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				14. COUNTY OF DEATH GILLESPIE			
15. CITY/TOWN, ZIP - (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) FREDERICKSBURG, 78624				16. FACILITY NAME (If not institution, give street address) 622 DAWN			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED SALLY STAUDT - WIFE				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 505 W. SAN ANTONIO ST., FREDERICKSBURG, TX 78624			
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BRYON A SCHAEFFER, BY ELECTRONIC SIGNATURE - 7424		21. <input checked="" type="checkbox"/> Unknown	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ST. MARY'S CATHOLIC CEMETERY				23. LOCATION (City/Town, and State) FREDERICKSBURG, TX			
24. NAME OF FUNERAL FACILITY SCHAEFFER FUNERAL HOME, INC - FREDERICKSBURG				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 301 E. SAN ANTONIO ST, FREDERICKSBURG, TX 78624			
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time date and place, and due to the cause(s) and manner stated.				27. SIGNATURE OF CERTIFIER MICHAEL JOHNSON, BY ELECTRONIC SIGNATURE			
28. DATE CERTIFIED (mm-dd-yyyy) AUGUST 12, 2014				29. LICENSE NUMBER L8750		30. TIME OF DEATH (Actual or presumed) 07:55 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) MICHAEL JOHNSON 1308 SOUTH STATE HIGHWAY 16, FREDERICKSBURG, TX 78624				32. TITLE OF CERTIFIER MD			
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH IMMEDIATE CAUSE (Final disease or condition resulting in death) a. GLIOBLASTOMA MULTIFORME Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d.						Approximate interval Onset to death 5 MONTHS	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. NONE						34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No							
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO. 0119814		42b. DATE RECEIVED BY LOCAL REGISTRAR AUGUST 13, 2014		42c. REGISTRAR REGISTRAR - GILLESPIE COUNTY CLERK, ELECTRONICALLY FILED			
EDR NUMBER 000001557395							

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2005

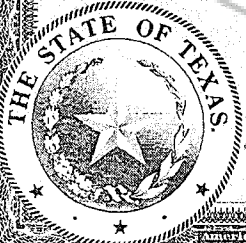
LHA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED
AUG 13 2014

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE