DOUGLAS COUNTY, NV

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2020-945011 04/21/2020 03:05 PM

WHITE ROCK GROUP, LLC

KAREN ELLISON, RECORDER

Contract Number: 571601020

Prepared by or under the supervision of:
Hayes, Johnson & Conley, PLLC
700 South 21st Street
Fort Smith, AR 72901

After recording please return to: White Rock Group, LLC 700 South 21st Street Fort Smith, AR 72901 479-242-2940

AFFIDAVIT TERMINATING RIGHT OF SURVIVORSHIP

I, NANCY WADDINGTON, residing at 8913 FREDRIC AVE, SACRAMENTO, CA 95826, being duly sworn on oath do depose and say:

That affiant is the surviving spouse and tenant of JAMES R WADDINGTON aida JAMES RICHARD WADDINGTON who died on January 29, 2020 in Sacramento, California and who was a resident of the State of California.

That at the time of death, said decedent was the owner in joint tenancy with this affiant of the following described property:

A 1,001,000/ 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, as previously reserved.

The Property is an <u>ANNUAL</u> Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated <u>1,001,000</u> Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee(s) in <u>EACH</u> Resort Year.

That the deceased was one and the same person named in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof;

Further, that there is no Estate Tax due,	either Federal or State, on the estate of said deceased.
Dated: 3/30/2020	Vancy Waselington
	NANCY WADDINGTON //
State of	
County of	9
	20, before me, a Notary Public, within and for said County and State, duly
	NGTON, to me personally well-known or proven with valid identification, as the
person(s) who executed the foregoing Affidavit.	
IN INTEREST WILLDESS I began to see my be	and and afficial and
IN WITNESS WHEREOF, I hereunto set my ha	and official seal.
(SEAL)	
	Notary Public
	Printed Name:
	My commission expires:

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Sacramento	
On March 30,000 before me,	Manay L. Parker Notary Public,
personally appeared Nancy Wadding	ton
name(s) is/are subscribed to the within i he/she/they executed the same in his/he	actory evidence to be the person(s) whose Instrument and acknowledged to me that Enritheir authorized capacity(ies), and that by Ent the person(s), or the entity upon behalf of Instrument.
	under the laws of the State of California that
the foregoing paragraph is true and corr	NANCY L. PARKER
WITNESS my hand and official seal.	Notary Public - California Sacramento County Commission # 2169958
Notary Public Signature (No	My Comm. Expires Nov 25, 2020 tary Public Seal)
	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT Affida vit Terminating Right	ON This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	 State and County information must be the State and County where the documen
	 signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which
(Title or description of attached document continued)	must also be the same date the acknowledgment is completed. • The notary public must print his or her name as it appears within his or her
Number of Pages 2 Document Date 3/30/2020	commission followed by a comma and then your title (notary public). • Print the name(s) of document signer(s) who personally appear at the time of
	notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this
☐ Corporate Officer	 information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible
	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
(Title) □ Partner(s)	 Signature of the notary public must match the signature on file with the office or
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could help to ensure this
☐ Trustee(s)	acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.
Other	 Indicate the capacity claimed by the signer. If the claimed capacity is corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document with a staple.

2015 Version www.NotaryClasses.com 800-873-9865



COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

	3052020026761										
	STATE FILE NUMBER						LOCAL REGISTRATION NUMBER				
	1. NAME OF DECEDENT- FIRST (Given) JAMES		3 LAST (FATHIN) WADDINGTON				. \ \				
DECE JENT'S PERSONAL DATA	AXA, ALSO KNOWN AS - Include for AKA (FIRST, MIDDLE, LA		· · · · · · · · · · · · · · · · · · ·			f Ukliffkör Moniks	NE YEAR IF	LADER 21 HOLE	M Sex		
	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECTION 50	U.S. ARMED FORCE				T .	DATE OF DEATH : presentery, 8 HOUR 124 Hunted 1/29/2020 0455				
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ă	17. USUAL OCCUPATION - Type of work for most of his DO NO CONTRACTOR		OF BUSINESS OR INDUSTRY (e.g., gracery state, road construction) in				employment agency, etc.) 19. YEARS IN OCCUPATION 43				
	20. DECEDENT'S RESIDENCE (Sires) and number, or location)										
USUAL	8913 FREDRIC AVE.		3 ZIP CODE	124	YEARS IN COUR	11 25 ST	ATE#OREIGN I	DOLINTRY			
	SACRAMENTO	SACRAMENTO	1 -			10	CA		DOM IN		
MEOR-	26 INFORMAYT'S NAME RELATIONSHIP NANCY WADDINTON, WIFE	8913 FREDRIC AVE., SACRAMENTO, CA 95826									
	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST	29 MICOLE		CY	T SBIRTH N	AMCI	λ				
SPOUSE/SRDP AND ARENT INFORMATION	31 NAMS OF PATHER/PARENT-FIRST	35 MICOLE	/	33 (487				·····	34 5	HRTH SLAVE	
JSE/SI	JAMES 35 NAME OF MOTHER/PARENT-FIRST	LINCOLN			DDING				ID	URTH 3!A!E	
SPOU!	LUCINDA	JANE	. \	I	CABE				ıĎ.	GRIH SIAIE	
	39 DSPOSITION DATE num'did/octy 40 PLACE OF FINAL	DISPOSITION RESIDEN	CE OF NAM	ICY WAD	DING	TON					
DIRECTOR/ HEGISTRAR	02/13/2020 8913 FRED	RIC AVE., SACRA	AMENTO, C			_/_	$-\!$		43 LICENS	E NUMBER	
AL DE	CR/RES	▶ NO	T EMBALM	IED	\ /	/	/		-		
FUNERAL LOCAL R	44 NAME OF FUNERAL ESTABLISHMENT SIMPLE TRADITIONS CREMATI BURIAL SERVICE INC							50 02/10/2020			
5 ±	101. PLACE OF DEATH MERCY GENERAL HOSPITAL	-	The same of the sa	102 IF HOSP:TAI	ER/OP		OTHER THA Huspice	Number LIC	["""] Dece	derkis Other	
PLACE OF DEATH	104. COUNTY 105. FACILITY ADDRESS OF LOCATION WHERE FOUND (Street and number; or location) 106 CTTV SACRAMENTO 400.1 J ST SACRA						ACRAM	ENTO			
	107. CAUSE OF DEATH Enter the chain of even	ls desages implies or namaloal	ties that descrip ca-	sed death DO NO	ender lectur	est provents scult		r Internat Believern oser 3no Death	108 OSAJIH PER	OFFED TO COPPOSER?	
	IMMEDIATE CAUSE IN ACUTE HYPOXEMIC RESPIRATORY FAILURE COndision resulting IP all disease or C					iAT	Dogo: this likelih				
	on dealist On SEPSIS						191		r1	PERFORMED?	
DEATH	conditions, if any, leading to cause on Line A Enter INDESTRIATION PNEU	DAONIA					D	AYS	110 AU/OPS	Y PERFORMED?	
OF DE	UNDERLYND CAUSE Ideases or inply that		\ \				AYS.	YES	(M)		
AUSE	resulting in death) LAST							111. USED IN DE	TERMINING CAUSE?		
	112. OTHER SIGNACIANT 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 1127 St yas, list type	of coersion and date	1.3	-			113A	1 1	SVANT IN LAST YEAR?	
- Z	114 LOZHTIFY THAT TO THE REST OF MY KNOWLEXZE DEATH-OCCUR	PED 115, SIGNATURE AND TITL	F OF CERTIFIER				1716	CENSE NUMB	ER LUT DAT	NO UNK	
ICAN'S	AT THE FOUR DOTE AND PLACE STATED FROM THE CAUSES STATED. Decembed Membed State — Oncoded Uset Shan Aliva	A GERARD AL	OVEILIE SO	MERS D.	Ο.	5(3)	20	DA16449	02/10	0/2020	
PHYSICIAN'S CERTIFICATION	(A) (mm/ed/copy (6) mm/ed/copy 01/25/2020 01/29/2020	3000 Q ST FL	ISICIAN'S NAME, MA 3. SACRAM	ILING ADDRESS. IENTO C	ZIP CODE (A. 9581	GERARD	ALOYS	sius so	MERS	0.0.	
	I SR : CEPTIFY THAT IN MY OPINION DEATH OCCURRED AT THE LOUR MANNER OF DEATH Nature Accident Hor	DATE AND PLACE STATED FROM THE	CALSES STATED		DARULNI	AT WORK?	121 I	NULRY CATE I	imidately; 18	2 HOUR (24 hours)	
≥	123 PLACE OF INJURY (e.g., home, construction site, wooder		águiton [det	Burateli -	YES	<u> </u>			<u> </u>		
SE ON											
ERSU	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)										
CORONER'S USE ONLY	125 LOCATION OF WURTY (Street and number, or focusion, and city, and sign										
Ů	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE THYOUGHOUSER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER										
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STA REGIS		D E		01000100443			FAX	AUTH.#	'	CENSUS TRACT	
			······································		<u> </u>						

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED February 11, 2020

* 0 0 1 8 5 9 7 7 6 *

OLIVIA KASIRYE. MD
LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

MANY AND ERATION OF ERACTURE VOIDES THE VERTIFICATE A

