

DOUGLAS COUNTY, NV

2020-945011

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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 a/k/a 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 **ANNUAL** **Ownership Interest** as described in the **Declaration of Restrictions for Fairfield Tahoe at South Shore** and such **ownership interest** has been allocated **1,001,000** **Points** as defined in the **Declaration of Restrictions for Fairfield Tahoe at South Shore**, which points may be used by the **Grantee(s)** in **EACH** **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

Nancy Waddington
NANCY WADDINGTON

State of _____

County of _____

On this _____ day of _____, 20____, before me, a **Notary Public**, within and for said **County** and **State**, duly commissioned and acting, appeared, **NANCY WADDINGTON**, to me personally well-known or proven with valid identification, as the person(s) who executed the foregoing **Affidavit**.

IN WITNESS WHEREOF, I hereunto set my hand 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, 2020 before me, Nancy L. Parker Notary Public,
(Here insert name and title of the officer)

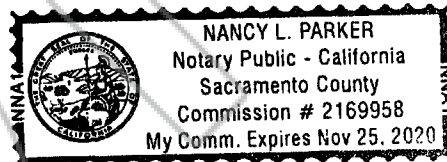
personally appeared Nancy Waddington
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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.

Nancy L. Parker
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Affidavit Terminating Right
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 2 Document Date 3/30/2020
including Notary

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer
(Title)
 Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

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.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which 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 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.
- 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 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.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

3052020026761

CERTIFICATE OF DEATH

3202034001085

Form containing fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

CERTIFIED COPY OF VITAL RECORDS

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



* 001859776 *

Olivia Kange MD

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.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

