

A portion of: 1319-30-616-018  
Escrow No. 20211996

Recording Requested By:  
**Vacation Ownership Title Agency**

Mail Tax Statement to:  
TriCom Management  
4025 E. La Palma Ave. Suite #101  
Anaheim, CA 92807

When Recorded Mail to:  
Donald A. Smith  
9093 SW 206<sup>th</sup> St.  
Cutler Bay, FL 33189

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AFFIDAVIT – DEATH OF JOINT TENANT  
(Title of Document)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death of Joint Tenant – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

 Signature

Shanna Haney Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fee applies)

This cover page must be typed.

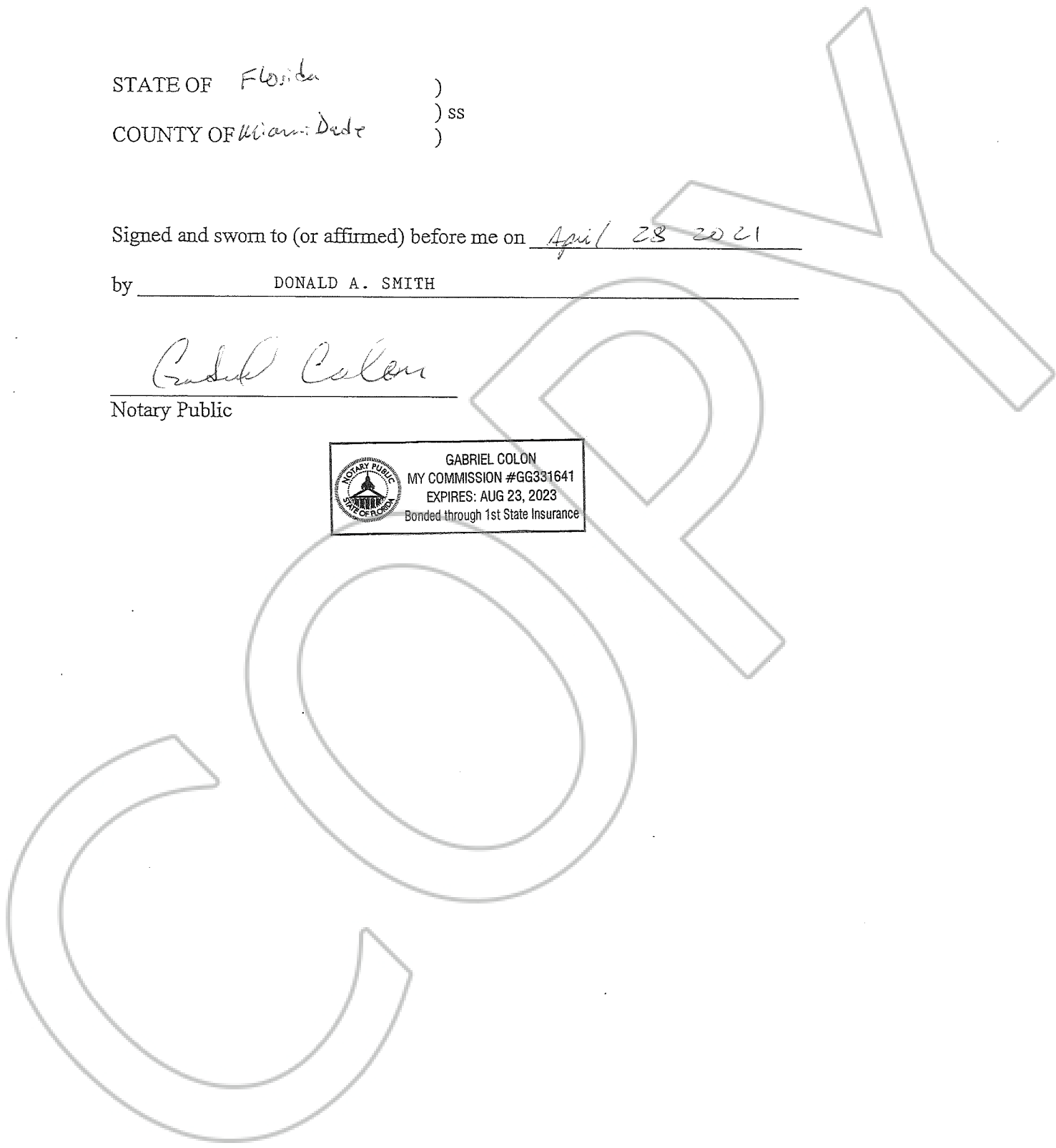
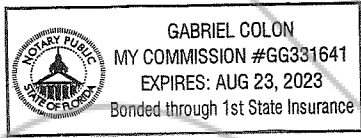


STATE OF Florida )  
 ) SS  
COUNTY OF Miami-Dade )

Signed and sworn to (or affirmed) before me on April 28 2021

by DONALD A. SMITH

Gabriel Colon  
Notary Public



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

### CERTIFICATE OF DEATH

3-2000-49-002849

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>Sunny</b>		2. MIDDLE <b>Ann</b>		3. LAST (FAMILY) <b>Smith</b>			
4. DATE OF BIRTH MM/DD/CCYY <b>07/17/1939</b>		5. AGE YRS. <b>61</b>		6. SEX <b>F</b>		7. DATE OF DEATH MM/DD/CCYY <b>09/22/2000</b>	
8. HOUR <b>2148</b>		9. STATE OF BIRTH <b>AZ</b>		10. SOCIAL SECURITY NO. <b>-2188</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>		14. RACE <b>Caucasian</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER <b>Self</b>		17. OCCUPATION <b>Housewife</b>		18. KIND OF BUSINESS <b>Home</b>		19. YEARS IN OCCUPATION <b>42</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>1301 Sirah Court</b>		21. CITY <b>Ukiah</b>		22. COUNTY <b>Mendocino</b>		23. ZIP CODE <b>95482</b>	
24. YRS. IN COUNTY <b>14</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>		26. NAME, RELATIONSHIP <b>Donald A. Smith - husband</b>			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>1301 Sirah Court Ukiah, CA 95482</b>		28. NAME OF SURVIVING SPOUSE—FIRST <b>Donald</b>		29. MIDDLE <b>Arthur</b>		30. LAST (MAIDEN NAME) <b>Smith</b>	
31. NAME OF FATHER—FIRST <b>Henry</b>		32. MIDDLE <b>R.</b>		33. LAST <b>Russell</b>		34. BIRTH STATE <b>MS</b>	
35. NAME OF MOTHER—FIRST <b>Eulah</b>		36. MIDDLE <b>B.</b>		37. LAST (MAIDEN) <b>Williams</b>		38. BIRTH STATE <b>OK</b>	
39. DATE MM/DD/CCYY <b>09/28/2000</b>		40. PLACE OF FINAL DISPOSITION <b>RES Donald Smith -husband 1301 Sirah Court Ukiah, CA 95482</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <i>[Signature]</i>				43. LICENSE NO. <b>8090</b>	
44. NAME OF FUNERAL DIRECTOR <b>Ukiah Valley Mortuary</b>		45. LICENSE NO. <b>FD1680</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY <b>09/26/2000</b>	
101. PLACE OF DEATH <b>Santa Rosa Memorial Hospital</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>Sonoma</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1165 Montgomery Drive</b>		106. CITY <b>Santa Rosa</b>		107. DEATH WAS CAUSED BY—(ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) Cardiac Arrest</b>			
108. TIME INTERVAL BETWEEN ONSET AND DEATH <b>Seconds</b>		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Severe Anemia caused by Renal Failure and Gastrointestinal Bleeding</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE <b>Percutaneous Renal Biopsy 09/18/2000, Hemodialysis 09/22/2000</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AND PLACE STATED FROM THE CAUSES STATED <b>09/15/2000 09/22/2000</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. <b>G41677</b>		117. DATE MM/DD/CCYY <b>09/26/2000</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP <b>James Robertson, MD 1265 N. Dutton Ave. Santa Rosa, CA.</b>		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF SONOMA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.



\* 0 0 0 5 8 4 9 7 1 \*

*Deva Marie Proto*  
DEVA MARIE PROTO, CLERK-RECORDER  
SONOMA COUNTY, CALIFORNIA

DATE ISSUED **MAY 03 2021**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





EXHIBIT "A"

LEGAL DESCRIPTION

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

A Time Share interest comprised of the following:

PARCEL ONE:

An undivided 1/51<sup>st</sup> interest in and to that certain condominium estate described as follows:

- (a) Condominium Unit No. 18, Building B as set forth in the condominium map of Lot 33, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records of Douglas County, State of Nevada, during ONE ( 1 ) "Use Period" within the SWING "Season" (also known as Interval 5) as defined in the Declaration of Time Share Covenants, Conditions and Restrictions originally recorded on April 5, 1983 as Document No. 78473, and as re-recorded May 24, 1983 as Document No. 80819, Official Records of Douglas County, State of Nevada, and the Declaration of Time Share Covenants, Conditions and Restrictions recorded on October 24, 1983 as Document No. 89976 and as amended by the First Amendment to Declaration of Time Share Covenants, Conditions and Restrictions recorded on November 10, 1983 as Document No. 090832, Official Records of Douglas County, State of Nevada. (Commonly known as Legacy Control Number 331705)
- (b) An undivided 1/11<sup>th</sup> interest in and to the common area designated, depicted and described in the condominium map of Lot 33, Building B, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981 as Document No. 53850, Official Records of Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL TWO:

A non-exclusive right to use the "Special Common Area" as defined, and for the purposes and on the terms and conditions set forth, in that certain Declaration of Annexation (Tahoe Summit Village) and Grant, Bargain and Sale Deed recorded May 27, 1987 in Book 587 at Page 2664 as Document No. 155368, Official Records of Douglas County, State of Nevada during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL THREE:

A non-exclusive right to use the real property known as Common Area on the Official Map of Tahoe Summit Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, Official Records of Douglas County, State of Nevada, as amended and modified, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973 as Document No. 63681, Official Records of Douglas County, State of Nevada, and as amended by instruments recorded with said County and State on September 28, 1973 as Document No. 69063 in Book 973, Page 812 and July 2, 1976 as Document No. 01472 in Book 776, Page 87 of Official Records of Douglas County, State of Nevada during and for the "Use Period" set forth in subparagraph (a) above.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said Use Period within said Season.