	Total:\$40.00 11/19/2021 02:47 PM
APN# 1318-15-822-001	Pgs=8
Recording Requested by/Mail to: Name: D'TERRA LAW, LLC	00145933202109773590080087 KAREN ELLISON, RECORDER
Address: 1692 County Road, Suite C	
City/State/Zip: Minden, NV 89423	
Mail Tax Statements to: Name: Diana M. Beall	
Address: 8801 West 10th Street North	
City/State/Zip: Wichita, Kansas 67212	
Affidavit of Termination of	Joint Tenancy
Title of Document (Only use if applical The undersigned hereby affirms that the document DOES contain personal information as requi	ble)
XX_Affidavit of Death – NRS 440.38Judgment – NRS 17.150(4)	
Military Discharge – NRS 419.02 Signature	0(2)
Joan E. Neuffer, Esq.	
Printed Name	
This document is being (re-)recorded to correct document #	, and is correcting

DOUGLAS COUNTY, NV

Rec:\$40.00

2021-977359

APN: 1318-15-822-001

When Recorded Mail to: D'TERRA LAW, LLC 1692 County Road, Suite C Minden, NV 89423

Mail Tax Statements to:
Diana M. Beall
8801 West 10th Street North
Wichita, Kansas 67212

AFFIDAVIT OF TERMINATION OF JOINT TENANCY PROPERTY INTEREST (DEATH OF SPOUSE)

NRS 111.365

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

The affiant, DIANA M. BEAL, being first duly sworn, deposes and states that:

- 1. The affiant is of legal age for the state of Nevada.
- 2. That LEROY MYRON WROBLEWSKI, the decedent mentioned in the attached certified copy of a *Certificate of Death*, who died on February 20, 2021, in Sedgwick County, Kansas, is the same person as LEE M. WROBLEWSKI, one of the Grantees in that certain *Grant, Bargain, Sale Deed* signed and dated by Grantors, Wyndam Vacation Resorts, Inc., on July 12, 2007.
- 3. That the said LEROY MYRON WROBLEWSKI died on the 20th day of February, 2021, in Sedgwick County, State of Kansas, as set forth in the *Certificate of Death* issued February 25, 2021, as State File Number 115-2021-04688 with the State of Kansas, County of Sedgwick.

- 4. That the affiant and the decedent were both Grantees in that certain Grant, Bargain, Sale Deed, signed and dated by Grantors on July 12, 2007, and recorded on September 24, 2007, as Document Number 0709776, Book 0907, Pages 5276 in the records of the Office of the County Recorder of Douglas County, Nevada. The legal description is attached separately and incorporated herein as Exhibit A.
- 5. That the relationship between the affiant and the decedent was that of husband and wife and that the parties held the property as joint tenants with right of survivorship.
- That all interest in and to said real property vested absolutely in the affiant, DIANA 6. M. BEALL, as of the date of said decedent's death as set forth above.
- I declare under penalty of perjury under the laws of the State of Nevada that the 7. foregoing is true and correct.

12 day of <u>November</u>, 2021. In witness whereof, I set my hand this

Affiant

STATE OF KANSAS)
STATE OF KANSAS)): ss. COUNTY OF Sedgwick)
COUNTY OF Staguetck
On this day of November, in the year 2021, before me,, Notary Public, personally appeared Diana M. Beall, personally known to me (or proved to me on the basis of
appeared Diana M Reall, personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name is subscribed to this instrument
and acknowledged that he or she executed it.
Emala Cla Cofferly
EMALEE C. MCCAFFERTY NOTARY PUBLIC
Notary Public, State of Kansas My Appointment Expires
5-14-2025
\ \ \ \

EXHIBIT A

A timeshare estate comprised of:

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 and 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, its successors and assigns.

The property is/an Biennial Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated 168,000 Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee in Even Resort Year(s).

SUBJECT TO:

- 1. Any and all rights of way, reservations, restrictions, easements, mineral exceptions and reservations, and conditions of record;
- 2. The covenants, conditions, restrictions and liens set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore, and any supplements and amendments thereto:
- 3. Real estate taxes that are currently due and payable and are a lien against the Property.
- 4. All matters set forth on the plat of record depicting South Shore Condominium, and any supplements and amendments thereto.

By accepting this deed the Grantee(s) do(es) hereby agree to assume the obligation for the payment of a pro-rata or proportionate share of the real estate taxes for the current year and subsequent years. Further by accepting this deed the Grantee(s) accept(s) title subject to the restrictions, liens and obligations set forth above and agree(s) to perform the obligations set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore, in accordance with the terms thereof.

Title to the Property is herein transferred with all tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder or remainders, rents, issues and profits thereof.



Kansas Department of Health and Environment Office of Vital Statistics

CERTIFICATE OF DEATH

115-2021-04688

						···				-4			Number
1. Decedent's Legal Name (First, Middle, I	.ast)		2. Sex	3. Date Of	Death (Month, D	ay, Year)	4. Social S	ecurity Num	ber		5. Date Filed	By Sta	te Registrar
LEDOV MYDON MIDORI EMICIO		MALE	02/20/2021			E1E2		- 1	02/24/20	24			
LEROY MYRON WROBLEWSk 6. Last Name Prior to First Marriage			7b. Age	02/20/2021 8. Place Of Birth (City And State Or F			eign Country)			02/24/2021 9. Decedent Ever In U.S. Armed Forces			
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	07/14/1	1949	71 YEAF	R(S)	PLOVER, V	VISCONSIN			1	NO	1		
10a. Place Of Death		10b. Facilit	y Name (If Not Inst	itution, Street	And Number)				10c. Co	ounty Of	Death		10d. Zip Code
	}									λ	\		
INPATIENT 10e. City or Town Of Death	11. Marital Si		ON VIA CHRIS		VCIS ame Prior to First	Mandaga	115	a. Residence	SEDG				67214
10e. City or Town Of Death	II. Mantai S	Latus	12. Surviv	ang spouse (w	ame Prior to Firs	, Matriage)	/- 13	a. Residence	: - Sireet	Address	` \		
WICHITA	MARRIED		DIANA	MARTENS		/	88	01 W 107	TH ST N	ı l	\		
13b. State or Foreign Country		County or Pro		d. City or Tow		-			e. Zip Coo		13f.	Inside	City Limits
								The same of the sa					
KANSAS	SEDO	SWICK	W	ICHITA				67	212		YES		
14. Decedent's Ancestry				15. Decede	ent's Race		The state of the s			-	The same of the sa	1	
POLISH				WHITE			7/4				7	"4	N
16. Decedent's Hispanic Origin		.		1 AALITIC			. ^						
, ,					/ /		N	\			7	N	1
NOT SPANISH, HISPANIC, LATT	NO							1					. >
17. Decedent's Education			18. Deced	lent's Occupati	on 🧪		19	. Decedent's	Industry				\/
						•							100
MASTER'S DEGREE 20. Father/Parent Birth Name (First, Midd	dla (net)		STOCK	TRADER	Mother/Parent B	uth Name /Eint		NANCIAL					.,
20. Pagler/Patent bijut Name (First, Mich	iie, Last)			21.	muulei/raieili o	irus Marille (Filst	i, Milutie, Last)	/					
MYRON WROBLEWSKI				RE	TTY SANKE	v 🔪 .	/ /	/					
22a. Informant's Name (First, Middle, Las	t)		22b. Maili		reet, Number, C		Zip Code)			22	c. Relationsh	p To De	cedent
				-	- N					1			
DIANA BEALL		and the same of		10TH ST N	, WICHITA,	KANSAS, 67				W	IFE		, .:
23. Method Of Disposition	24	a. Place Of I	Disposition	7	No. 1	- N.	24b. Loca	tion					
CREMATION	1.4	VELUE IN	CREMATORY	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the			WICHIT	A VANCA	·c				
25. Funeral Service Licensee And License		WEATEAN	CREMATORT	7	26. No	me Of Embalm		A, KANSA Number					
	/	/			V \		N	The same of					
/e/BETHANY M WATSON-JAC	QUIS - 5795	5 /			NOT	EMBALMED	- 9999	- 3					
27. Name And Address Of Firm RESTH						ISAS, 67209	9						·
28, Cause Of Death Part I. Events (dise	ases, Injuries,	or complicat	ions) that directly o	aused the deal	th.	\	7	w	Apr	proxima	te Interval:	Onset To	Death.
	CORONAR	VADTED	V DICEACE		\	\							
IMMEDIATE CAUSE (Final A) Disease Or Condition Resulting	CORONAR	YAKIEK	Y DISEASE		1				A)				
I -	HEART FA	ILURE											
	ne\								B)				
Conditions, if any, leading C) To cause listed on line A)	RENAL FA	ILUKE	N		/	- /							
	RESPIRAT	ORY FAIL	.URE			/			(C)				
or Injury that Initiated the		- N.	The state of the s			/			(D)				
events resulting in death) LISTED LAST		- N	The state of the s						"				
Part II. Other Significant Conditions Contri							Autopsy				ailable To		
MYOCARDIAL INFARCTION UNI					TENTS, BYPA	SS		Complet	te The Car	use Of L	eath	Conta	cted
SURGERY, AND HAD CARDIOGE	INIC SHOC	K, IHEN	MULIISYSTEM	FAILURE.		NO.						NO	
30. Did Tobacco Use Contribute To Death	?	31. If F	female:								32. Manner	Of Deat	h
_ \										1	A1 A 77 (D A1		
NO 33a. Date Of Injury 33	b. Time Of Inj	iun. 33	c. Injury At Work	33d Hour	Injury Occurred						NATURAL	•	
Source of Injury	·~• suuc Ot III]	, 33	- Injury AC WORK	JJU: NOW	jury oquaried								
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33e. Place Of Injury					33f. Location	(Street And Nur	mber Or Rural	Route, City C	or Town,	State, A	nd Zip Code)		
		and the same of th											
34a, Date Pronounced Dead		34h Timel	Pronounced Dead	Rde Action	I Or Presumed T	me Of Doath	94	d. Name Of	Darcon Dr	กกกเลดี	ng Oeath		34e. License
S-a; pace Frondunced Dead		Jan. Lime	rronounceu Dead	34C ACTUB	i or riesumed J	me of Death	34	u. Mailis Al	i ciaun PN	or rouffel	ng peaul		No.
02/20/2021 1:27 PM			1:27 PM			BR	BRETT GRIZZELL						
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35a. Pronouncing and Certifying Physician)	35	b. License No.	35c. Date	Certified	35d. Address	And Zip Code	Of Person Co	mpleting	Cause C	of Death		
35a. Pronouncing and Certifying Physician /e/GAURAV TYAGI - MD	1	35	b. License No.	35c. Date]		And Zip Code		. •			1	

This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2021 FEB 25 AM 10:19



Hay Thung

Kay Haug,

State Registrar

Office of Vital Statistics

Department of Health & Environment

N1816081

It is in violation of KSA 65-2422d(g) to prepare or issue any certificate which purports to be an original, certified copy or abstract or copy of a certificate, except as authorized in the Uniform Vital Statistics Act or rules and regulations adopted under this act.

CERTIFIED COPIES WILL BE PRODUCED ON WATERMARKED MULTI-COLOR SECURITY PAPER.

