

COLLETON COUNTY ASSESSOR

Tax Map:

354-03-00-292

354-03-00-293

354-03-00-294

354-03-00-295

354-03-00-296

354-03-00-297

354-03-00-298

354-03-00-299

Date: 07/29/2019

THOMAS W. HILL - BLB

Contract Number: 229604475

Tax Map Number: 354-03-00-292 Thru 354-03-00-299

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



2019004706

DEED	
RECORDING FEES	\$10.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00

PRESENTED & RECORDED: 07-22-2019 12:12:01 PM

BK: RB 2762

PG: 49 - 52

WHITE ROCK GROUP LLC
700 SOUTH 21ST ST
FORT SMITH AR 72901

DEBORAH H. GUSLER
REGISTER OF DEEDS
COLLETON COUNTY, SC

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

THAT, **KAREN L SWOFFORD**, surviving joint tenant of **STEVE L SWOFFORD**, a/k/a **STEVIE LEE SWOFFORD**, whose address is 1 King Cotton Road, Edisto Beach, SC 29438, hereinafter called GRANTORS for and in consideration of the sum of ZERO Dollars (\$0.00) and other good and valuable consideration paid by **TIMOTHY M SWOFFORD** and **ELLEN A SWOFFORD**, Husband and Wife, as joint tenants with right of survivorship, and not tenants in common, whose address is 1 King Cotton Road, Edisto Beach, SC 29438, hereinafter called GRANTEES, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents do hereby grant, bargain, sell and convey unto the aforesaid GRANTEES and each of their heirs, devisees, successors and assigns, the following described property located in Colleton County, South Carolina, to wit:

A 105,000 / 56,952,000 undivided fee simple absolute interest in Units 968, 969, 970, 971, 972, 973, 974 and 975, as tenants in common with the other undivided interest owners of said Units in Building 3

of Bay Point at Edisto Condominiums Horizontal Property Regime, Phase IV as recorded in Plat Book 638, Page 9, and as described in the aforesaid Declaration of Horizontal Property Regime, Master Deed, Covenants and Restrictions and Bylaws for Bay Point at Edisto Condominiums, applicable thereto, as recorded in Book 411, Page 57, et seq., and any amendments and supplements thereto, all in the Office of the Clerk of Court of Colleton County, South Carolina, together with an undivided interest in the common areas as described in said Declaration, which undivided interest has been assigned 105,000 Fairshare Plus Points symbolic of said property interest; LESS AND EXCEPT oil, gas, and other minerals, as previously reserved. Points shall be renewed only every Each Year for use in reserving property subject to the terms of the Trust Agreement each Year.

Being part of or the same property, and subject to the same terms, conditions, and restrictions as conveyed to the GRANTOS by Deed from FAIRFIELD RESORTS, INC, recorded in the official land records for the aforementioned property on July 12, 2005 at Deed Book 01120 / Page 329.

Together With all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

GRANTOR(s) do(es) hereby covenant with GRANTEE(s) that they are lawfully seized of the Vacation Ownership Interest conveyed herein; that GRANTOR(s) has/have good and lawful authority to sell and convey said VOI; that GRANTOR(s) do/does hereby fully warrant title to said VOI and will defend the same against the lawful claims of all persons claiming by and through GRANTOR(s); and that said Vacation Ownership Interest is free of all encumbrances except easements, restrictions, and reservations of record and taxes for the current year and subsequent years.

Capitalized or block terms used herein shall have those meanings ascribed to them in the Declaration.

The plural number as used herein shall equally include the singular and vice versa. The masculine or feminine gender as used herein shall equally include the neuter.

IN WITNESS WHEREOF, this Deed has been executed on this 2nd day of July, 2019.

GRANTOR:

Karen L Swofford
KAREN L SWOFFORD
1 King Cotton Road, Edisto Beach, SC 29438

WITNESS #1:

David P. Celee
Signature
Printed Name: David P. Celee

WITNESS #2:

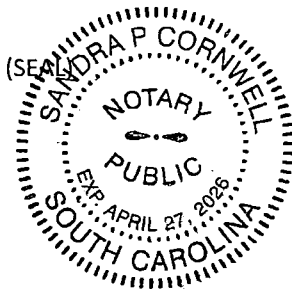
Mildred Hurd
Signature
Printed Name: Mildred Hurd

State of South Carolina
County of York

Acknowledgment

On this 2nd day of July, 2019, before me, a Notary Public, within and for said County and State, duly commissioned and acting, appeared, **KAREN L SWOFFORD**, to me personally well-known or proven with valid identification, as the person(s) who executed the foregoing Deed and executed the same for consideration and purposes therein mentioned and set forth, and does hereby so certify.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



Sandra P. Cornwell
Notary Public
Printed Name: SANDRA P. CORNWELL
My commission expires: 4-27-2026

(Please **DO NOT** Stamp or Sign outside this Box)

STATE OF SOUTH CAROLINA

CERTIFICATION OF VITAL RECORD

STATE BIRTH NUMBER

State of South Carolina
Department of Health and Environmental Control
CERTIFICATE OF DEATH

STATE FILE NUMBER
12-026195

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last) Stevie Lee Swofford				2. SEX Male		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) 76		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5. DATE OF BIRTH (MM/DD/YYYY) 01/07/1936		6. BIRTHPLACE (City and State or Foreign Country) Cherokee County, SC	
7a. RESIDENCE-STATE SC		7b. COUNTY Spartanburg		7c. CITY OR TOWN Inman		7d. STREET AND NUMBER 590 Hickory Nut Rd.	
7e. APT. NO. 29349		7f. ZIP CODE 29349		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Karen Lawing					
11. FATHER'S NAME (First, Middle, Last) James William Swofford				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Ethel Pearson			
13a. INFORMANT'S NAME Karen Swofford		13b. RELATIONSHIP TO DECEDENT Wife		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 590 Hickory Nut Rd. Inman, SC 29349			
14. PLACE OF DEATH (Check only one: see instructions) <input checked="" type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)							
15. FACILITY NAME (If not institution, give street and number) Spartanburg Regional HCS				16. CITY OR TOWN, STATE AND ZIP CODE Spartanburg, SC 29303		17. COUNTY OF DEATH Spartanburg	
18. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Shiloh Memorial Cemetery			
20. LOCATION-CITY, TOWN, AND STATE Inman, SC				21. NAME AND ADDRESS OF FUNERAL FACILITY Bobo Funeral Chapel PO Box 2554 Spartanburg, SC 29304			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT <i>Ralph D. West</i>				23. LICENSE NUMBER (Of Licensee) 1917		23a. EMBALMER'S SIGNATURE <i>Shannon D. Nelson</i>	
23b. EMBALMER LICENSE NUMBER 2727				23c. LICENSE NUMBER (Of Facility) 625		24. DATE PRONOUNCED DEAD (MM/DD/YYYY) 08/15/2012	
25. TIME PRONOUNCED DEAD 20:23				26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			
27. LICENSE NUMBER				28. DATE SIGNED (MM/DD/YYYY)			
29. ACTUAL OR PRESUMED DATE OF DEATH (Spell Month) August 15, 2012				30. ACTUAL OR PRESUMED TIME OF DEATH 20:23		31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. PART I. 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 a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. lung cancer Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. COPD						33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
36. 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		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		38. DATE OF INJURY (Spell Month)		39. TIME OF INJURY	
40. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. LOCATION OF INJURY: State: City or Town: County: Apartment Number: Zip Code:			
43. DESCRIBE HOW INJURY OCCURRED:				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
45. 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"/> Pronouncing and Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner/Medical Examiner-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. Signature of certifier: <i>[Signature]</i>							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) Robert HADDAD 101 E. Wood Street, Spartanburg, SC 29303				46a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
47. TITLE OF CERTIFIER M.D.		48. LICENSE NUMBER 28812		49. DATE CERTIFIED (MM/DD/YYYY) 08/20/2012		50. FOR REGISTRAR ONLY-DATE FILED (MM/DD/YYYY) 08/22/2012	

SC 02432654

ISSUED AUG 22 2012

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

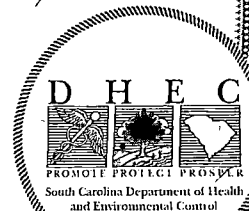
Catherine Templeton
Catherine Templeton
Director and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 03/21/2012

RB BK 2762 PG 51

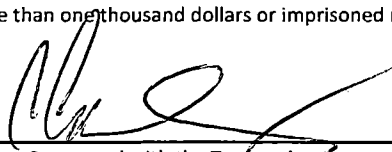


STATE OF ARKANSAS)
COUNTY OF SEBASTIAN)

AFFIDAVIT FOR EXEMPT TRANSFERS

PERSONALLY appeared before me the undersigned, who being duly sworn, deposes and says:

- 1) I have read the information on the back of this affidavit and I understand such information.
- 2) The Property being transferred is located at: A 105,000 / 56,952,000 undivided fee simple absolute interest in Units 968, 969, 970, 971, 972, 973, 974 and 975, as tenants in common with the other undivided interest owners of said Units in Building 3 of Bay Point at Edisto Condominiums Horizontal Property Regime, Phase III as recorded in Plat Book 638, Page 9, and as described in the aforesaid Declaration of Horizontal Property Regime, Master Deed, Covenants and Restrictions and Bylaws for Bay Point at Edisto Condominiums, applicable thereto, as recorded in Book 411, Page 57, et seq., and any amendments and supplements thereto, all in the Office of the Clerk of Court of Colleton County, South Carolina, together with an undivided interest in the common areas as described in said Declaration, which undivided interest has been assigned 105,000 Fairshare Plus Points symbolic of said property interest; LESS AND EXCEPT oil, gas, and other minerals. Tax Map Number 354-03-00-292 Thru 354-03-00-299 was transferred by KAREN L SWOFFORD to TIMOTHY M SWOFFORD and ELLEN A SWOFFORD on July 2, 2019.
- 3) The deed is exempt from the deed recording fee because (See Information section of affidavit):
The transfer is less than \$100.00
- 4) If exempt under exemption #14 as described in the Information section of this affidavit, did the agent and principal relationship exist at the time of the original sale and was the purpose of this relationship to purchase the realty? Check Yes ☐ or No ☐
- 5) As required by Code Section 12-24-70, I state that I am a responsible person who was connected with the transaction as: Attorney / Closing Company
- 6) I understand that a person required to furnish this affidavit who willfully furnishes a false or fraudulent affidavit is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned not more than one year, or both.



Responsible Person Connected with the Transaction

Christopher B. Conley

Print or Type Name Here

SWORN to and subscribed before me this

17th day of July 2019
Notary Public for Sebastian County, Arkansas
My Commission Expires: Sept. 6, 2026
Notary (LS.): [Signature]
Notary(printed name): S.L. Hicks-Howard

