

**Susan Kessler**  
Colleton County Register Of Deeds

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Office of the Colleton County Register Of Deeds



2025003340	
DEED (VAC TIMESHARE OWNERSHIP)	
RECORDING FEES	\$10.00
STATE TAX	\$19.50
COUNTY TAX	\$8.25
<b>PRESENTED &amp; RECORDED</b>	
07/15/2025 08:16:22 AM	
<b>SUSAN KESSLER</b>	
REGISTER OF DEEDS	
COLLETON COUNTY, SC	
<b>BK: RB 3459</b>	
<b>PG: 98-103</b>	

**SUSAN KESSLER**  
**REGISTER OF DEEDS COLLETON COUNTY SOUTH CAROLINA**

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BK:RB 3459 PG:98-103	

Contract Number: 000220110407  
This Instrument Prepared By:  
Ramona Harrington  
Edisto Beach, South Carolina

Sales Price: \$7,450.00  
The Village at Edisto Horizontal Property  
Regime  
T.M.S.:354-08-00 - 109

## **VACATION TIME SHARING OWNERSHIP DEED**

STATE OF SOUTH CAROLINA  
COUNTY OF COLLETON

THIS VACATION TIME SHARING OWNERSHIP DEED, made this 6th day of February 2025, by and between **Pleasant Paul Deaton and Jacqueline P. Deaton as Joint Tenants with the right of Survivorship as at common law**, whose address is 1 KING COTTON RD, EDISTO BEACH, SC 29438, "Grantor(s)" Fidelity National Title Insurance Company, a Florida corporation, successor by merger with Lawyers Title Insurance Corporation, "Grantee" as Nominee for Wyndham Vacation Resorts, Inc., a Delaware corporation, whose address is 6277 Sea Harbor Drive, Orlando, FL 32821 and who has a principal office at Edisto Beach, South Carolina, of the County of Colleton and State of South Carolina, as Beneficial Owner, et al, under the terms and provisions of a Title Clearing Agreement dated May 27, 2004, as amended and restated;

### **WITNESSETH:**

That the Grantor(s), in consideration of Ten and 00/100 Dollars (\$10.00), and other good and valuable consideration to them paid by the Grantee, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do grant, bargain, sell and convey, subject to the previous assignment of use, possessory and occupancy rights to Fairshare Vacation Owners Association, Trustee, recorded in Book 969, Page 241 pursuant to the terms and conditions of the Fairshare Vacation Plan Use Management Trust Agreement ("Trust Agreement") and recorded in Book 529, Page 135, et seq. and the restrictions, easements, and conditions contained in the Declaration of Horizontal Property Regime, Master Deed, and Bylaws applicable thereto, and amendments and supplements thereto all as recorded in the public records of Colleton County, South Carolina, unto the aforesaid Grantees, their heirs, devisees, successors and assigns the following described property:

Death Certificate Attached as Exhibit "A"

A 63,000/21,148,000 undivided fee simple absolute interest in Units 674 and 675 as tenants in common with the other undivided interest owners of said 13

of The Village at Edisto Horizontal Property Regime and as recorded in "As-Built Survey of Building 13 in Phase XII, The Village at Edisto Horizontal Property Regime owned by Fairfield Resorts, Inc. Located in Fairfield Ocean Ridge Edisto Beach, Colleton County, South Carolina," dated November 26, 2001, prepared by David Spell Surveying, recorded on March 20, 2002 in Plat Book 696, Page 10, and as further described in the aforesaid Declaration of Horizontal Property Regime, Master Deed, and Bylaws, applicable thereto, as recorded in , 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 126,000 Fairshare Plus Points symbolic of said property interest. Said points shall be renewed only every Biennial year for use in reserving property subjected to the terms of the Trust Agreement in such Even year.

Being part of or the same property conveyed to the Grantor(s) by Deed from Fairfield Resorts Inc recorded in the official land records for the aforementioned property on 10-28-2003, at Deed Book/Page 1037 / 102 and being further identified in Grantee's records as the property purchased under Contract Number 000220110407.

This conveyance is subject to and by accepting this Deed, each Grantee does hereby agree to assume the following:

1. Taxes for the current year and subsequent years; 2. Conditions, restrictions, limitations, reservations, easements, and other matters of record including but not limited to: (a) That certain Declaration of Covenants and Restrictions of Oristo Property Owners Association, Inc., recorded in Book 195 at Page 310, as amended by that certain First Supplemental Declaration thereto recorded in Book 438 at Page 22 on December 28, 1988, and as may be further amended and supplemented; (b) that certain Declaration of Rights, Restrictions, Affirmative Obligations and Conditions Applicable to all property in the Oristo Subdivision on Edisto Beach, South Carolina, recorded in Book 195 at Page 347, as may further amended and supplemented; 3. Declaration of Horizontal Property Regime, Master Deed and Bylaws, as recorded in , et seq., and as may be amended and supplemented; 4. Fairshare Vacation Plan Use Management Trust Agreement and Use Restriction, and any supplements or amendments thereto or hereafter filed; and Fairshare Vacation Ownership Assignment Agreement and Use Restriction; 5. Any liens created by a Grantee's failure to pay property owner's fees, dues and/or assessments.

TO HAVE AND TO HOLD unto Grantees and Grantees' heirs, executors, administrators, successors and assigns forever; subject, however, to the restrictions, easements, and other conditions hereinabove contained. Authority is hereby given from each Grantor to Grantee or a designee of Grantee to execute any and all instruments necessary to effect the recordation of this Vacation Time Sharing Ownership Deed, including, by way of illustration, declaration of property value, affidavit of consideration, seller's tax declaration and correction of clerical errors.

And Grantor(s), do(es) hereby fully warrant the title of the property hereby conveyed and will defend the same against the lawful claims of all persons whomsoever.

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, Grantor(s) has caused these presents to be signed this 10 day of February, 2025.

Signed, sealed and delivered in the presence of:

Pleasant Paul Deaton  
Grantor: PLEASANT PAUL DEATON

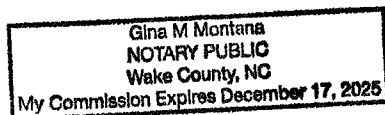
Deette D. Templeman  
Witness #1 Signature  
Print Name: Deette D. Templeman

Laura Klauke  
Witness #2 Signature  
Print Name: LAURA KLAUKE

STATE OF North Carolina )  
COUNTY OF Wake ) ss.

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this 10 day of February, 2025 by PLEASANT PAUL DEATON, who is personally known to me or has produced a photographic ID or driver's license as a type of identification and who did not take an oath.



Signature: Gina M Montana  
Print Name: Gina M Montana  
Notary Public, State of NC  
Serial Number, if any: 201535500056  
My Commission Expires: 12-17-2025

Deceased  
Grantor: JACQUELINE P DEATON

\_\_\_\_\_  
Witness #1 Signature  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Witness #2 Signature  
Print Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by JACQUELINE P DEATON, who is personally known to me or has produced a photographic ID or driver's license as a type of identification and who did not take an oath.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Serial Number, if any: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Affidavit

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

1. I have read the information on this affidavit and I understand such information.
2. The property being transferred in Unit Number 0000, Unit Week Number(s) 00 in The Village at Edisto Horizontal Property Regime at 1 KING COTTON RD, EDISTO BEACH, SC 29438, bearing Colleton County Tax Map Number \_\_\_\_\_, was transferred by Warranty Deed from Pleasant Paul Deaton and Jacqueline P. Deaton to Fidelity National Title Insurance Company on 03/24/2025.
3. Check one of the following: The deed is
  - (a) X subject to the deed recording fee as a transfer fee for consideration paid or to be paid in money or money's worth.
  - (b) \_\_\_\_\_ subject to the deed recording fee as a transfer between a corporation, a partnership, or other entity and a stockholder, partner, or owner of the entity, or is a transfer to a trust as a distribution to a trust beneficiary.
  - (c) \_\_\_\_\_ exempt from the deeding recording fee because (See Information section of affidavit);  
The deed is being reconveyed to Grantee.  
(If exempt, please skip items 4-7, and go to item 8 of this affidavit).
4. Check one of the following if either item 3(a) or item 3(b) above has been checked (See information section of this affidavit):
  - (a) X The fee is computed on the consideration paid or to be paid in money or money's worth in the amount of \$7,450.00.
  - (b) \_\_\_\_\_ The fee is computed on the fair market value of the reality which is \_\_\_\_\_.
  - (c) \_\_\_\_\_ The fee is computed on the fair market value of the realty established for property tax purposes which is \_\_\_\_\_.
5. Check Yes \_\_\_\_\_ or No X to the following: A lien encumbrance existed on the land, tenement, or realty before the transfer and remained on the land, tenement, or realty after the transfer. If "Yes," the amount of the outstanding balance of this lien or encumbrance is: \_\_\_\_\_.
6. The deed recording fee is computed as follows:
  - (a) Place the amount listed in item 4 above here: \$7,450.00
  - (b) Place the amount listed in item 5 above here: \$ 0  
(If no amount is listed, place zero here.)
  - (c) Subtract line 6(b) from 6(a) and place result here: \$7,450.00
7. The deed recording fee due is based on the amount listed on line 6(c) above and the deed recording fee due is: \$27.75.
8. As required by Code Section 12-24-70, I state that I am a responsible person who was connected with the transaction as: an Authorized Representative of Wyndham Vacation Resorts, Inc.,
9. 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.

Sworn to before me this 24th day of March,  
2025

Iris Delgado  
Notary Public for  
Orange County, Florida  
My Commission Expires: 02/03/2026



**IRIS DELGADO**  
Notary Public  
State of Florida  
Comm# HH224331  
Expires 2/3/2026

Ariel Rodriguez  
Responsible Person Connected with the Transaction  
Ariel Rodriguez  
Print or type the above name here

# CERTIFICATE OF VITAL RECORD - WAKE COUNTY, NC - REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
N.C. VITAL RECORDS  
**CERTIFICATE OF DEATH**

5816

Exhibit "A"

STATE FILE NO.

<b>DECEDENT</b> TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	<b>DECEDENT'S LEGAL NAME</b>									
	1a. FIRST Jacqueline		1b. MIDDLE Pittman		1c. LAST Deaton		1d. SUFFIX ****		1e. LAST NAME PRIOR TO FIRST MARRIAGE Pittman	
<b>PARENTS</b>	2. SEX Female		3a. AGE-LAST BIRTHDAY (Yrs) 92		3b. UNDER 1 YEAR Months Days		3c. UNDER 1 DAY Hours Minutes		4. DATE OF BIRTH MAY 29, 1931	
	5. BIRTHPLACE (County/State or Foreign Country) Richmond (city), VA		6. DATE OF DEATH October 04, 2023		7a. PLACE OF DEATH Decedent's Home		7b. FACILITY NAME (If not institution, give street, number, city or town) 109 Prince William Lane, Cary, NC 27511			
<b>DISPOSITION</b>	7c. COUNTY OF DEATH Wake		8. MARITAL STATUS Currently Married		9. SURVIVING SPOUSE (Give name prior to first marriage) Pleasant Paul Deaton		10a. DECEDENT'S USUAL OCCUPATION Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
	10c. DECEDENT'S SOCIAL SECURITY NUMBER		12a. RESIDENCE- STATE OR FOREIGN COUNTRY North Carolina		12b. RESIDENCE- COUNTY Wake		12c. RESIDENCE- CITY OR TOWN Cary			
<b>MEDICAL CERTIFICATION</b>	12d. RESIDENCE- STREET AND NUMBER 109 Prince William Lane		12e. INSIDE CITY LIMITS Yes		12f. ZIP CODE 27511		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? No			
	14. DECEDENT'S EDUCATION Bachelor's degree		15. DECEDENT OF HISPANIC ORIGIN? Not Spanish/Hispanic/Latino		16. DECEDENT'S RACE White		17. FATHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Edwin Temple Pittman		18. MOTHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Dorothy Smith	
<b>BURIAL/CREMATION PERMIT</b>	19a. INFORMANT'S NAME Pleasant Paul Deaton		19b. RELATIONSHIP TO DECEDENT Spouse		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 109 Prince William Lane, Cary, NC 27511		20a. METHOD OF DISPOSITION Cremation		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Wake Crematory Services	
	20c. LOCATION (City or town and State) Cary, North Carolina		21a. SIGNATURE OF FUNERAL DIRECTOR Bradford Lee Bailey (Signature Authenticated)		21b. LICENSE NO. FD4184		21c. NAME OF EMBALMER		21d. LICENSE NO.	
<b>MEDICAL EXAMINER ONLY</b>	22. NAME AND ADDRESS OF FUNERAL HOME Wake Funeral And Cremation Services, Inc. 600 Gathering Park Cir Suite 101, Cary, NC 27519									
	23. 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 on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.									
<b>CERTIFIER</b>	IMMEDIATE CAUSE (Final disease or condition resulting in death) Breast cancer metastatic to brain		Due to (or as a consequence of)		Approximate interval Onset to death for IMMEDIATE CAUSE 3 years					
	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		Due to (or as a consequence of)							
<b>REGISTER</b>	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		24a. WAS AN AUTOPSY PERFORMED? No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
	25. MANNER OF DEATH Natural		26. WAS CASE REFERRED TO MEDICAL EXAMINER? No		27. TIME OF DEATH (Approximate) 10:00 PM		28. DID TOBACCO USE CONTRIBUTE TO DEATH? No		29. PREGNANCY STATUS, IF APPLIES: Not Applicable	
<b>MEDICAL EXAMINER ONLY</b>	30. DATE PRONOUNCED		31a. DATE OF INJURY		31b. TIME OF INJURY		31c. INJURY AT WORK?		31d. PLACE OF INJURY	
	31e. IF TRANSPORTATION INJURY SPECIFY		31f. DESCRIBE HOW INJURY OCCURRED		31g. LOCATION OF INJURY (Street/Number/City/State)					
<b>CERTIFIER</b>	32. CERTIFIER I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.									
	33a. SIGNATURE AND TITLE OF CERTIFIER Alisha Beth Benner, MD (Signature Authenticated)		33b. LICENSE NO. 2006-00796		33c. DATE SIGNED 10/10/2023		34. CASE ID NUMBER 8804785			
<b>REGISTER</b>	35. SIGNATURE OF LOCAL REGISTRAR Donneshica Isom (Signature Authenticated)		36. LOCAL FILE DATE 10/13/2023		37. DATE REGISTERED BY STATE					
	ITEM(S) AND DATE(S) CORRECTED/AMENDED									

WHS 1572  
REVISED 03/04/2019  
N.C. VITAL RECORDS

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

Tammy L. Brunner

*Tammy L. Brunner*

Register of Deeds, Wake County

Witness my hand and official seal  
this the 16th day of October 2023

Printing specifications/security features: 24 lb. Security Paper • Void Pantograph • Micro Printing • Watermark

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE