

15-

Doc Number: **0824822**

06/05/2013 11:49 AM

OFFICIAL RECORDS

Requested By
GUNTER HAYES & ASSOCIATES

APN Parcel No. 1318-15-822-001 PTN
Contract No.: 000570700252
Recording requested by: Gunter-Hayes & Associates
WHEN RECORDED RETURN TO:
Gunter-Hayes & Associates
3200 West Tyler Street, Suite D
Conway, AR 72034

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00
Bk: 0613 Pg: 883



Deputy ar

AFFIDAVIT OF DEATH

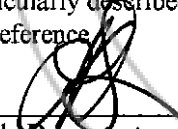
STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT DEEANA SCHULLERTS, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as DEEANA SCHULLERTS, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Eric Schullerts and Deena Schullerts, Joint Tenants With The Right of Survivorship, recorded as instrument No. 05071482 on May 4th, 2007 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 238,000/183,032,500 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").

Being more particularly described in the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.


Affiant: Lashunda Davenport

ACKNOWLEDGEMENT

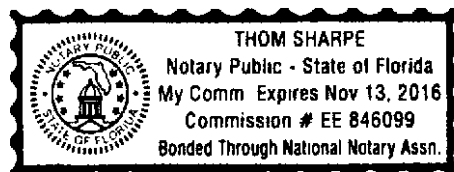
Dated this 03/04/2013

Subscribed and Sworn before me, Notary Public, on 03/04/2013 personally appeared Lashunda Davenport, personally known to me (or 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.

WITNESS my hand and official seal

SIGNATURE: 

Printed Name: Thomas Sharpe
My Commission Expires 11/13/2016



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201101005940

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DEEANA		2. MIDDLE MARIE	
3. LAST (Family) SCHULLERTS		4. DATE OF BIRTH mm/dd/yyyy 03/12/1960	
5. AGE Yrs. 51		6. UNDER ONE YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____	
7. DATE OF DEATH mm/dd/yyyy 09/17/2011		8. HOUR (24 Hour) 1520	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 5597	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRCP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED ACTOR	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT INDUSTRY		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 7571 AMADOR VALLEY BLVD #75			
21. CITY DUBLIN		22. COUNTY/PROVINCE ALAMEDA	
23. ZIP CODE 94568		24. YEARS IN COUNTY 1	
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP ERIC SCHULLERTS, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7571 AMADOR VALLEY BLVD #75, DUBLIN, CA 94568		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ERIC	
29. MIDDLE WEST		30. LAST (BIRTH NAME) SCHULLERTS	
31. NAME OF FATHER/PARENT - FIRST JOSEPH		32. MIDDLE ANTHONY	
33. LAST PAMPENA		34. BIRTH STATE PA	
35. NAME OF MOTHER/PARENT - FIRST SHIRLEY		36. MIDDLE JOAN	
37. LAST (BIRTH NAME) UPTON		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 09/23/2011		40. PLACE OF FINAL DISPOSITION ERIC SCHULLERTS RES 7571 AMADOR VALLEY BLVD #75, DUBLIN, CA 94568	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER WILHELMINA RYBICKI	
43. LICENSE NUMBER EMB8487		44. NAME OF FUNERAL ESTABLISHMENT A SPECIAL TOUCH FUNERAL & CREMATION SERVICE	
45. LICENSE NUMBER FD.1810		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 09/20/2011		48. SIGNATURE OF LOCAL REGISTRAR	
101. PLACE OF DEATH HACIENDA CARE CENTER		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> * <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Convalescent Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 76 FENTON STREET	
106. CITY LIVERMORE		107. DEATH REPORTED TO CORONER? Oral and Death: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
108. DEATH REPORTED TO CORONER? Referral Number: _____		109. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) SUBARACHNOID HEMORRHAGE		113. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. COUNTY (FIND ON THE LIST OF SANITARY AGENCIES OCCUPYING AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED) Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF PHYSICIAN: MICHAEL ALPER M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL ALPER M.D., 87 FENTON STREET, LIVERMORE, CA 94550		117. LICENSE NUMBER G067014	
118. DATE mm/dd/yyyy 09/15/2011		119. DATE mm/dd/yyyy 09/17/2011	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF CORONER / DEPUTY CORONER	

EX 0619
 BX 05 884
 6/5/2013

0824022 Page 2 of 2

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT *000840445*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **SEP 22 2011**

M.D.
 HEALTH OFFICER AND LOCAL REGISTRAR
 ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

