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Doc Number: **0824824**

06/05/2013 11:50 AM

OFFICIAL RECORDS

Requested By
GUNTER HAYES & ASSOCIATES

APN Parcel No. 1318-15-818-001 PTN
Contract No. 000570710426
Recording requested by: Gunter-Hayes & Associates

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

WHEN RECORDED RETURN TO:

Page: 1 of 2 Fee: \$ 15.00

Gunter-Hayes & Associates
3200 West Tyler Street, Suite D
Conway, AR 72034

Bk: 0613 Pg: 889



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 ROLAND SHANKS, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as ROLAND SHANKS, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Roland Shanks and Sharon Gardiner, Joint Tenants with the Right of Survivorship, , recorded as instrument No. 0208-5759 on February 26th, 2008 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 84,000/109,787,500 undivided fee simple interest as tenants in common in Units 8101, 8102, 8103, 8201, 8202, 8203, 8301, 8302 and 8303 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

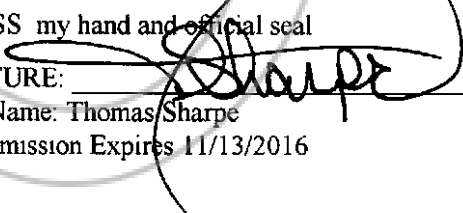

Affiant: Lashunda Davenport

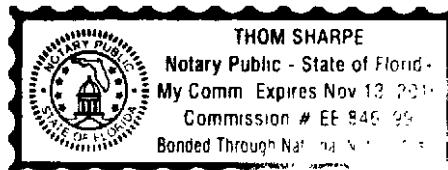
ACKNOWLEDGEMENT

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 ALASKA
CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
P.O. BOX 110675
JUNEAU, AK 99811-0675

150 10000947
STATE FILE NUMBER

APR 29 2010
DATE OF DEATH

TYPEPRINT
IN
PERMANENT
BLACK INK

BIRTH CERTIFICATE NUMBER		1. DECEDENT'S NAME (First, Middle, Last) Roland Eugene Shanks		2. SEX M		3. DATE OF DEATH (Month, Day, Year) April 9, 2010	
4. SOCIAL SECURITY NUMBER 7357		5a. AGE: Last Birthday (years) 60		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:	
6. STATE OF DEATH ALASKA		7. PLACE OF DEATH (Check only one; see instructions on attached sheet) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
8. FACILITY NAME (If not institution, give street and number) Providence Alaska Medical Center		9. CITY, TOWN, OR LOCATION OF DEATH Anchorage					
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		11. SURVIVING SPOUSE (If wife, give maiden name) Sherry Gardiner					
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Environmentalist		12b. KIND OF BUSINESS/INDUSTRY Federal Grants		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
14a. RESIDENCE - STATE Alaska		14b. CITY, TOWN, OR LOCATION Anchorage		14c. STREET AND NUMBER 8050 Pioneer Drive, #805			
14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		14e. ZIP CODE 99504		15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify		16. RACE - Filipino, Black, Alaska Native, White, etc. Specify: White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (11-A or 5-1) 5		18. FATHER'S NAME (First, Middle, Last) Robert Sanford Shanks		19. MOTHER'S NAME (First, Middle, Maiden Surname) Chloris Darothen Bilyeu			
20a. INFORMANT'S NAME (First, Middle, Last) Sherry Gardiner		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8050 Pioneer Drive, #805, Anchorage, Alaska 99504		20c. RELATIONSHIP TO DECEDENT Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Legacy Crematory		21c. LOCATION - City, Town, State Anchorage, Alaska			
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Christa M. Brown</i>		22b. NAME AND ADDRESS OF FACILITY Kehl's Legacy Funeral Home 11621 Old Seward Hwy., Anchorage, AK 99515					
23a. Complete items 23a-b only when the certifying physician is not available at time of death to certify cause of death.		23b. To the best of my knowledge, death occurred at the time, date, and place stated.		23c. SIGNATURE AND TITLE		23d. DATE SIGNED (Month, Day, Year)	
24. TIME OF DEATH		25. DATE PRONOUNCED DEAD (Month, Day, Year)		26. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
27. PART I: Enter the disease, injury, or complications that caused the death. Do not leave the middle of these, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>non-small cell lung cancer</i> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF) e. _____ DUE TO (OR AS A CONSEQUENCE OF) LAST (disease or injury that initiated events resulting in death)		27. PART II: OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 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 as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH <i>Michelle, MD</i>		29c. DATE SIGNED (Month, Day, Year) 4-20-2010			
29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/print name of certifier) <i>Dr. Beth Baker, M.D.</i> 2801 Debar Road, Suite 50, Anchorage, AK 99508		29e. LICENSE NUMBER 1863					
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL", ITEMS 31a-31f MUST BE COMPLETED.					
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY		31c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
31e. PLACE OF INJURY - At home, street, cannery, office, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

FORM VS-101
REV. 3-06

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

MAY 09 2012

DATE ISSUED

Phillip L. Mitchell
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

PERC00 (Rev.) 12/05

BK: 0613
PG: 890
6/5/2013

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