

DOC # 836791
01/16/2014 09:48AM Deputy: SG

OFFICIAL RECORD

Requested By:

TRCS, Inc.

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 3 Fee: \$16.00

BK-114 PG-2385 RPTT: 0.00



Recording Requested By:

Elizabeth C. Gamble
1755 Deanna Drive
Apoka, FL 32703

After Recording Mail To:

TRCS, Inc.
13506 Summerport Village Pkwy, #397
Windermere, FL 34786

Send Subsequent Tax Bills To:

Fairfield Resorts, Inc.
8427 South Park Circle, Suite 500
Orlando, FL 32819

Escrow No.: 20131211GAMTUR

AFFIDAVIT – DEATH OF JOINT TENANT

Elizabeth C. Gamble, of legal age, being first duly sworn, deposes and says:

That **Saralyn H. Gamble**, the decedent mentioned in the attached certified Certificate of Death (as Exhibit "A"), and whose date of death is: October 2, 2006, is the same person as **Saralyn H. Gamble** named as one of the parties in that certain conveyance document recorded January 11, 2006 and executed by Fairfield Resorts, Inc., a Delaware corporation, to **Saralyn H. Gamble and Richard D. Gamble and Elizabeth C. Gamble, as joint tenants**, as Document No. 0665481, Official Records of Douglas County, Nevada, conveying the real property commonly known as Fairfield Tahoe at South Shore, and more particularly described as follows:

The following described real property situated in the County of **Douglas**, State of **Nevada**:

A 105,000 / 90,245,000 undivided fee simple interest as tenants in common in Units 9101, 9102, 9103, 9104, 9201, 9203, and 9204 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 described above is an **ANNUAL** Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such Ownership Interest has been allocated 105,000 Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore which Points may be used by the Grantee in Each Resort Year(s).

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$10.00.



WITNESS my/our hands, this 13th day of January, 2014.

Elizabeth C. Gamble
Elizabeth C. Gamble

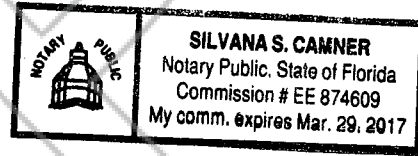
STATE OF Florida)
COUNTY OF Orange)

This instrument was acknowledged before me, this 13th day of January, 2014, by **Elizabeth C. Gamble.**

NOTARY STAMP/SEAL

S. Camner
Notary Public

Title and Rank
My Commission Expires: March 29, 2014



OFFICE of VITAL STATISTICS
CERTIFIED COPY
FLORIDA CERTIFICATE OF DEATH

410322598

BK 114
PG-2387
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11 DECEDENT'S NAME (First, Middle, Last, Suffix) Saralyn H. Gamble		2 SEX Female	
3 DATE OF BIRTH (Month, Day, Year) November 9, 1939	4a AGE - Last Birthday (Years) 66	4b UNDER 1 YEAR Months Days Hours Minutes	5 DATE OF DEATH (Month, Day, Year) October 2, 2006
6 SOCIAL SECURITY NUMBER 7379	7 BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio	8 COUNTY OF DEATH Volusia	
9 PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-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)		10 FACILITY NAME (If not institution, give street address) Florida Hospital - Ormond Memorial	
11a CITY, TOWN, OR LOCATION OF DEATH Ormond Beach		11b INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12 MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13 SURVIVING SPOUSE'S NAME (If wife, give maiden name) Richard Gamble	
14a RESIDENCE - STATE Florida	14b COUNTY Volusia	14c CITY, TOWN, OR LOCATION Ormond Beach	
14d STREET ADDRESS 2422 John Anderson Drive		14e APT. NO.	14f ZIP CODE 32176
14g INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15a (DECEDENT'S USUAL OCCUPATION) (Indicate type of work during most of working life.) Business Owner	
15b KIND OF BUSINESS/INDUSTRY Own Business		16 DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify)	
17 DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin) <input checked="" type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> No		18 DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input checked="" type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	
19 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20 FATHER'S NAME (First, Middle, Last, Suffix) Richard P. Howell	
21 MOTHER'S NAME (First, Middle, Maiden Surname) Thelma Totman		22a INFORMANT'S NAME Richard Gamble	
22b RELATIONSHIP TO DECEDENT Husband		22c INFORMANT'S MAILING - STATE Florida	
23a CITY OR TOWN Ormond Beach	23b STREET ADDRESS 2422 John Anderson Drive	23c ZIP CODE 32176	
24 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Volusia Crematory		25a LOCATION - STATE Florida	25b LOCATION - CITY OR TOWN Daytona Beach
26a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		26b IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27a LICENSE NUMBER (of Licensee) FE 4218		27b SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	
28 NAME OF FUNERAL FACILITY Lohman Funeral Home Ormond		28a FACILITY'S MAILING - STATE Florida	
29a CITY OR TOWN Ormond Beach	29b STREET ADDRESS 733 W. Granada Blvd.	29c ZIP CODE 32174	
30 CERTIFIER: <input checked="" type="checkbox"/> 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"/> Medical Examiner - On the basis of examination, and/or investigation, the manner and cause of death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a (Signature and Title of Certifier)		31b DATE SIGNED (month/day/yyyy) 10-9-2006	31c TIME OF DEATH (24 hr.) 0005
32 MEDICAL EXAMINER'S CASE NUMBER		33 NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
34a LICENSE NUMBER (of Certifier) 0005351	34b CERTIFIER'S NAME Kelly Hensgen, DO	35a CITY OR TOWN Ormond Beach	
35b STREET ADDRESS 500 Memorial Circle, Suite C	35c ZIP CODE 32174		36 SUBREGISTRAR: Signature and Date Walter Dean, DR
37 LOCAL REGISTRAR: Signature Walter Dean, DR		38 DATE FILED BY REGISTRAR (Mo., Day, Yr.) OCT 11 2006	
39 PROBABLE MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined		40 REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
41 CAUSE OF DEATH - PART I: Enter the chain of events - diseases, injuries or complications, that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. IMMEDIATE CAUSE (Final disease or condition resulting in death) Mesenteric Ischemia		42 APPROXIMATE INTERVAL ONSET TO DEATH	
43 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		44 PART II: Other external conditions contributing to death but not resulting in the underlying cause given in PART I.	
45a IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		45b DATE OF SURGERY (Mo., Day, Yr.)	45c DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
46 IF FEMALE: WAS SHE PREGNANT WITHIN THE PAST YEAR? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify trimester: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death			
47 DATE OF INJURY (Month, Day, Year)	47a TIME OF INJURY (24 hr.)	47b INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	47c LOCATION OF INJURY - STATE
48a CITY OR TOWN	48b STREET ADDRESS	48c APT. NO.	48d ZIP CODE
49 DESCRIBE HOW INJURY OCCURRED		50 PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
51 TRANSPORTATION INJURY, 52a Status of Decedent Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		52b Type of Vehicle Car/Minivan <input checked="" type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)	

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

CAUSE OF DEATH TO BE COMPLETED BY MEDICAL CERTIFIER

James P. Gray, CDR

OCT 11 2006



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

CERTIFICATION OF VITAL RECORD

51010820



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VOID IF ALTERED/DO NOT ERASE