



KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-818-001 PTN
Contract No.: 000170508295
Recording requested by: Gunter-Hayes & Associates
WHEN RECORDED RETURN TO:
Gunter-Hayes & Associates
3200 West Tyler Street, Suite D
Conway, AR 72034

AFFIDAVIT OF DEATH

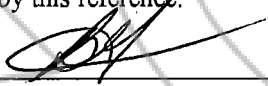
STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Denzel Edward Treece, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Denzel Edward Treece, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Denzel E Treece and Katherine M Treece Joint Tenants with Right of Survivorship, , recorded as instrument No. 1205-4177 on December 12th, 2005 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 110,000/109,787,500 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.

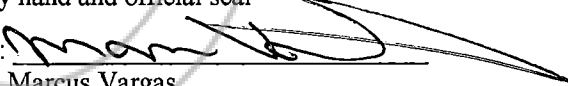

Affiant: Betsy D Gracia

ACKNOWLEDGEMENT

Dated this 09/04/2014

Subscribed and Sworn before me, Notary Public, on 09/04/2014 personally appeared Betsy D Gracia, 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: Marcus Vargas
My Commission Expires 05/17/2018



MARCUS VARGAS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF096243
Expres 5/17/2018



STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

2012-027855

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) DENZEL EDWARD TREECE
1a. LAST NAME PRIOR TO FIRST MARRIAGE TREECE
2. SEX MALE
3. SOCIAL SECURITY NUMBER 5274
4. EVER IN US ARMED FORCES? YES
5a. AGE- Last birthday (years) 80
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo/Day/Yr) JANUARY 12, 1932
7. BIRTHPLACE (City and State or Foreign Country) EDMOND, OKLAHOMA
8a. RESIDENCE-State OKLAHOMA
8b. RESIDENCE-County OKLAHOMA
8c. RESIDENCE-City or Town EDMOND
8d. RESIDENCE-Zip Code 73034
8e. RESIDENCE-Inside City Limits? YES
8f. RESIDENCE-Street and Number 2909 SHORT DRIVE
8g. RESIDENCE-Apt. Number
9. MARITAL STATUS AT TIME OF DEATH
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) KATHERINE M. O'DONOVAN
11. FATHER'S NAME (First, Middle, Last) CLYDE EDWARD TREECE
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) ELLA EUZETTA HUNTER
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO
14. DECEDENT'S RACE WHITE
15. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) ASSISTANT FIRE CHIEF
17. KIND OF BUSINESS / INDUSTRY TINKER AFB
18a. INFORMANT'S NAME KATHERINE TREECE
18b. RELATIONSHIP TO DECEDENT WIFE
18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2909 SHORT DRIVE, EDMOND, OKLAHOMA 73034
19. METHOD OF DISPOSITION:
20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MEMORIAL PARK CEMETERY
21. LOCATION - City, Town and State OKLAHOMA CITY, OKLAHOMA
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MATTHEWS FUNERAL AND CREMATION SERVICE - EDMOND, 601 S. KELLY, EDMOND, OKLAHOMA 73003
23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH BARBARA S MATTHEWS
24. FH ESTABLISHMENT LICENSE # 1530ES

25. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL:
IF DEATH OCCURRED OTHER THAN IN A HOSPITAL:
26. FACILITY NAME (If not institution, give street & number) OU MEDICAL CENTER HOSPITAL
27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH OKLAHOMA CITY, OKLAHOMA, 73104
28. COUNTY OF DEATH OKLAHOMA
29. DATE OF DEATH (Mo/Day/Yr) OCTOBER 16, 2012
30. TIME OF DEATH 22:35
31. WAS MEDICAL EXAMINER CONTACTED? NO
32. WAS AN AUTOPSY PERFORMED? NO
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
34. 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. CARDIOVASCULAR ARREST
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. b. DUE TO ACUTE MEDICAL DECOMPENSATION
Due to (or as a consequence of):
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c.
Due to (or as a consequence of):
d.
35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
36. MANNER OF DEATH
37. IF FEMALE:
38. DID TOBACCO USE CONTRIBUTE TO DEATH?
39. DATE OF INJURY (Mo/Day/Yr)
40. TIME OF INJURY
41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)
42. DESCRIBE HOW INJURY OCCURRED:
43. INJURY AT WORK?
44. LOCATION OF INJURY: State: City or Town: Zip Code:
Street & Number: Apartment Number:
45. IF TRANSPORTATION INJURY, SPECIFY:
46. CERTIFIER (Check only one)
ATTENDING PHYSICIAN:
MEDICAL EXAMINER:
47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)
48. LICENSE NUMBER
49. DATE CERTIFIED (Mo/Day/Yr)
50. REGISTRAR'S SIGNATURE
52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)



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This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma; certified on the date stamped.

Kelly M. Baker

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63 Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

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