2015-855368

Rec:\$15.00 Total:\$15.00

01/07/2015 12:24 PM

GUNTER-HAYES & ASSOCIATES

Pas=2

APN Parcel No. 1318-15-817-001 PTN

Contract No.: 000430508085

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

00006229201508553680020029

KAREN ELLISON, RECORDER

STATE OF FLORIDA

COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT <u>John Edward Oristian</u>, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as <u>John Edward Oristian</u>, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to John Oristian and Joan Oristian Joint Tenants with Right of Survivorship, , recorded as instrument No. 1205-2827 on December 7th, 2005 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 154,000/138,156,000 undivided fee simple interest as tenants in common in Units 7101, 7102, 7103, 7201, 7202, 7203, 7301, 7302 and 7303 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 Thomas

ACKNOWLEDGEMENT

Dated this 08/06/2014

Subscribed and Sworn before me, Notary Public, on 08/06/2014 personally appeared Lashunda Thomas, 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:

My Commission Expires

ONE PUBLIC

ONZALO PULLIN
MY COMMISSION # EE 122431
EXPIRES: September 24, 2015
Bonded Thru Budget Notary Services

CERTIFICATION OF VITAL RECORD OREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE

STATE OF ARIZONA

ORIGINAL STATE		DEPARTMEN		LTH SERV		ICE OF VIT	AL REC	ORDS	DEA	TH NO.			
COPY					TE OF DE	ATH				. 1	9-017206		
NAME OF DECEASED		A. FIRST	EDWARD		C. LAST ORISTIAN		3 MALE		ATE OF EATH	мог 5-2009	ATH D	ΑY	YEAR
1. RACE	JOHN		WAS DECEDENT	OF HISPANIC OF		IF YES, INDICATE	12.	3. ANISH, PUERT			SED EVER IN U	.S.ARMED	FORCES?
4A. CAUCAS	SIAN		4B. NO			CUBAN, ETC. 4C.				5. YES	1 1		
PLACE OF DEATH	6	A. COUNTY	6B. TOWN OR CIT	Ŷ		6C. HÖSPITAL OI INSTITUTION	R (IF RESID	DENCE GIVE ST	REET ADD	RESS)		6D. DEC	CEDENT'S
6. MARICO	PA MONTH	DAY YEAR	SURPRIS	E IF UNDER 1 YEAR	IF UNDER 1 DAY	16415 W			URVIVING		(IF WIFE, GIV	RES	SIDENCE
BIRTH 7. 01-14-19	947		LAST BIRTHDAY) 8A,62	MOS DAYS 8B.	HRS. MIN. 8C.	WIDOWED, DIVO	RCED (SPECIF)	FY) SI	POUSE JO	AN E CA	SSIDY	\	·
STATE AND CITY OF BIRTH M	IONTGOM IARYLAND) _ '	12.BLANK	NALLY LEFT	13	-6178	14A.	AL OCCUPATIO COLONEI	L		KIND OF BUS	RMY	INDUSTRY
USUAL RESIDENCE	15A STATE	1		15C, TOWN OR		15D. ZIP COUÉ		LONG IN ARIZ	ONA?		EDUCA LIGHEST GRADI	E COMPLE	TED
15. ARIZON STREET ADDRESS		MARICOPA	NSIDE CITY LIMIT	SURPRIS	E SERVATIONS	85387 PREVIOUS STAT		YEARS	<u> </u>	17.	EARS OF	796.	COLLEGE
15E. 16415 W		CT	15F. YES	15G. N	T.J	OF RESIDENCE	· . · · · · · ·	BLANK	١\.		(0-12)		(1-4 or 5+) 5
FATHER'S NAME	A, FIRST	B. MIDDL		C,LAST		MOTHER'S MAID NAME		A. FIRST	\neg	B. MIDDLE		C. LAST	
19. MICHAE			ŧ	ORISTIA	796	20. MARIE			GINLE		BAISH		
INFORMANT'S SIG			i i	DECEA		ADDRESS		STREET NO.		CITY AND ST			ZIP CODE
21. JOAN E. BURIAL CREMATI		AN DATE	CEMETER	Y OR CREMATO	OUSE RY NAME/LOCATION	23. 16415 V	1	CT, SUR			IA 85387	1	CERT. NO.
REMOVAL, OTHER	R (Specify)	5, 05-07-2009	REGI 26.ARIZ	ENCY MOR	TUARY SERV	CES INC: SU	N.CITY	27A. INTE	NTION	ALLY LE	FT BLAN		27B.
FUNERAL HOME		IAME	STREET A	DDRESS .	СПҮ	AND STATE	125	FUNERAL DIF	RECTOR or I	person acting a	s such (SIGNATU 3 , FUNERA	JRE)	CERT. NO.
28. REGENO					D RD SUN C	ITY, AZ	ION THE D	29A DIREC	CTOR				29B.F0898
> >	DUE TO THE	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					AT THE TE	ME, DATE AND PI	LACE DUE TO	THE CAUSE(S) AND MANNER S	TATED	COORNED
To be completed by CERTIPYING PHYSICIAN ONLY		FRANC BRC	DDAR, M.D.			AND TITLE			Day Vear)			OF DEATH	
comp ERTIF SICIAL	31.05-05			32 10:30	196	De complination of the complete of the complet	35. PRONOUNCED DEAD (A				36. PRONOUNCED DE		
전 8.25 9.44		TTENDING PHYSICIAN	FOTHER THAN CE	RTIFIER	North R	MEDICAL THE							EAD (Hour)
LIALIE AND ADDO	33.	FIER, PHYSICIAN, MEDI	CAL EVALUNED OF	TOIDAL LAW E	NEODOCEMENT AUT	ORITY TAUTH	37. ON	CREMATION M	EDICAL EXA	MINER'S SIG	38. AT	——	
39. FRANC I			1 ***		IOENIX; ÀZ 85	907		13	. JOHN		WIT OFFIC		
DATE REGISTERE		REG. FILE NO. 2009MC-	REGISTRAR'S SIG			***			STRICT ENTION		E REC'D IN STA	TE OFFIC	Ē
42. 05 -27-2 0	09 4	з.017473			EDA-MARTIN		UE CALIFE CAL	45LEF.	T BLAN	46.	INTENTIO	VALLY I	LEFT BLAN
SECUENTIALLY LIST CONDITIONS, IF ANY. LEADING TO IMMEDIATE. CAUSE, ENTER UNDERLYNG CAUSE (DISEASE OR INJURY)	EATH)	47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTE MALIGNANT NEOPLASM OF BRAIN / HEMANGIO					/ / /			UI	UNKNOWN APPROXMATE INTERVAL		
TIALLY WS. (F O DAM E. ENTI NING C	ATED E	47B. DUE TO OR AS A CONSEQUENCE OF:										المحاث	BETWEEN ONSET
CUCEN WOTTION ONG T ONG CAUSI DERLY		76. DUE TO OR AS A CO	-	/				AND DEATH					
%2⊈ ₹ <u>5</u>	AH.			Name of Street, or other Designation of the Street, or other Desig									
PART II. Other	significant cond	tions contributing to death	but not resulting in t	he underlying cau:	se given in Part I			AUTOPS		WAS CASE F	REFERRED TO A	MEDICAL E	XAMINER
48. MANNER OF DEAT	TU	DATE OF	: MO	DAY YR	HOUR	INJURY AT WOR	K2 INESCRIE	49. NO		50. YES			
WANNER OF DEA		INJURY	. 1010	In in	1			anon moon	. 55501ME	-			
/		0050151	FINURY	\rightarrow	53,	54. WHERE LOC	ATED?	STREET	ADDRESS	cm	OR TOWN		STATE
NATURA		SPECIFY 56.	/			57.							
SUPPLEMENTARY	ENTRIES										-		

C5585813 C5585813

Date Issued: 06-22-2009

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

PATRICIA ADAMS ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

