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KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-817-001 PTN
Contract No.: 000570503516
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

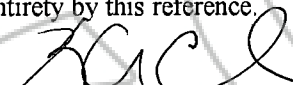
STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Claude Dupont, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Claude Dupont, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Claude Dupont and Ann Page Joint Tenants with Right of Survivorship, , recorded as instrument No. 08057535 on August 17th, 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: Keith Chapman

ACKNOWLEDGEMENT

Dated this 10/03/2014

Subscribed and Sworn before me, Notary Public, on 10/03/2014 personally appeared Keith Chapman, 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: Eileen Marquez
My Commission Expires 04/13/2016



EILEEN MARQUEZ
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE171991
Expires 4/13/2016

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK

OFFICE of VITAL STATISTICS

2006 010825

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. **6006-736**

1. DECEDENT'S NAME (First, Middle, Last, Suffix) A/K/A CLAUDE CLAUDE		JEAN DuPONT		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) December 14, 1943		4a. AGE-Last Birthday (Years) 62	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	
6. SOCIAL SECURITY NUMBER -6492		7. BIRTHPLACE (City and State or Foreign Country) Rimouski, Quebec, Canada		8. COUNTY OF DEATH PALM BEACH	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street address) 460 S. ROSEMARY AVENUE, APT. 305			11a. CITY, TOWN, OR LOCATION OF DEATH WEST PALM BEACH	11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married					
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)					
14a. RESIDENCE - STATE Florida		14b. COUNTY Palm Beach		14c. CITY, TOWN, OR LOCATION West Palm Beach	
14d. STREET ADDRESS 460 S. Rosemary Avenue		14e. APT. NO. 305	14f. ZIP CODE 33401	14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") Investor			15b. KIND OF BUSINESS/INDUSTRY Financial		
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 Isl. (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input 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 checked="" type="checkbox"/> Master's <input type="checkbox"/> Doctorate				19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix) Gerard Jean		21. MOTHER'S NAME (First, Middle, Maiden Surname) Maria Desrosiers			
22a. INFORMANT'S NAME Ann Page		22b. RELATIONSHIP TO DECEDENT Significant Other	23a. INFORMANT'S MAILING - STATE Florida		
23b. CITY OR TOWN West Palm Beach		23c. STREET ADDRESS 525 South Flagler Drive, # 11D		23d. ZIP CODE 33401	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Scobee-Combs-Bowden Crematory		25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN Boynton 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) 3990	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		
28. NAME OF FUNERAL FACILITY Quattlebaum Funeral & Cremation Services			29a. FACILITY'S MAILING - STATE Florida		
29b. CITY OR TOWN West Palm Beach		29c. STREET ADDRESS 1201 South Olive Avenue		29d. ZIP CODE 33401	
30. CERTIFIER: <input 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. (Check one) <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
31a. (Signature and Title of Certifier) Linda O'Neil, MD/ME		31b. DATE SIGNED (mm/dd/yyyy) 01-26-2006	32. TIME OF DEATH (24 hr.) 0211	33. MEDICAL EXAMINER'S CASE NUMBER 06-15-00112	
34a. LICENSE NUMBER (of Certifier) ME78519		34b. CERTIFIER'S NAME LINDA O'NEIL, MD.		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE FLORIDA		36b. CITY OR TOWN WEST PALM BEACH		36c. STREET ADDRESS 3126 GUN CLUB ROAD	
36d. ZIP CODE 33406					
37. SUBREGISTRAR - Signature and Date Paul Schifano Jan. 30, 2006		38a. LOCAL REGISTRAR - Signature Sonja Rethel		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JAN 30 2006	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

C. Meach G. J., State Registrar

Date Issued: September 23, 2014

REQ: 2015268480

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1947 (11/11)

CERTIFICATION OF VITAL RECORD



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