



KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-818-001 PTN
Contract No.: 000570806588
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 DWIGHT A CARLSON, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as DWIGHT A CARLSON, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Dwight A. Carlson and Virginia I. Carlson, Husband and Wife, , recorded as instrument No. 732588 on November 7th, 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.

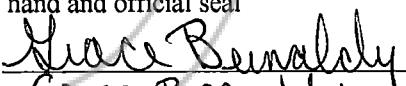

Affiant: Betsy D Gracia

ACKNOWLEDGEMENT

Dated this 10/09/2014

Subscribed and Sworn before me, Notary Public, on 10/09/2014 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: Grace Bernaldy
My Commission Expires 7/18/15



GRACE BERNALDY
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE113739
Expires 7/18/2015

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

570806588

COUNTY OF TULARE

TULARE, CALIFORNIA

3052013118453

CERTIFICATE OF DEATH

3201354001286

1. NAME OF DECEDENT—FIRST (Given) DWIGHT		2. MIDDLE AUGUST		3. LAST (Family) CARLSON	
AKA. ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/ccyy 03/12/1932		5. AGE Yrs. 81		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY KANSAS		10. SOCIAL SECURITY NUMBER ██████-7741		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/ccyy 06/16/2013		8. HOUR (24 Hours) 1755	
13. EDUCATION—Highest Level/Degree DOCTORATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED. ATTORNEY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW		19. YEARS IN OCCUPATION 53	
20. DECEDENT'S RESIDENCE (Street and number, or localite) 1629 E. SUNNYVIEW AVE.					
21. CITY VISALIA		22. COUNTY/PROVINCE TULARE		23. ZIP CODE 93292	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP VIRGINIA CARLSON, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1629 E. SUNNYVIEW AVE, VISALIA, CA 93292		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST VIRGINIA		29. MIDDLE MARGARET		30. LAST (BIRTH NAME) ISAAK	
31. NAME OF FATHER/PARENT—FIRST GEORGE		32. MIDDLE -		33. LAST CARLSON	
34. BIRTH STATE TEXAS		35. NAME OF MOTHER/PARENT—FIRST LISSA		36. MIDDLE -	
37. LAST (BIRTH NAME) WEBB		38. BIRTH STATE ILLINOIS			
39. DISPOSITION DATE mm/dd/ccyy 06/21/2013		40. PLACE OF FINAL DISPOSITION RES: VIRGINIA CARLSON 1629 E. SUNNYVIEW AVE., VISALIA, CA 93292			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SALSER & DILLARD FUNERAL CHAPEL		45. LICENSE NUMBER FD1781		46. SIGNATURE OF LOCAL REGISTRAR KAREN HAUGHT, MD	
47. DATE: mm/dd/ccyy 06/21/2013					
101. PLACE OF DEATH KAWAHEH DELTA MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY TULARE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 400 W. MINERAL KING AVE.		106. CITY VISALIA	
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) RESPIRATORY FAILURE Final disease or condition resulting in death. (B) ASPIRATION PNEUMONIA (C) CEREBRAL VASCULAR ACCIDENT (D) - Sequentially list conditions, if any, leading to cause, on A-A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) DAYS (B) DAYS (C) WKS (D) -		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/ccyy 06/13/2013		115. SIGNATURE AND TITLE OF CERTIFIER MONICA MIRELLA MANGA M.D.		116. LICENSE NUMBER A89257	
117. DATE mm/dd/ccyy 06/20/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MONICA MIRELLA MANGA M.D. 5400 W. HILLSDALE, VISALIA, CA 93291			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E *010001002379178* FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.

* 0 0 0 2 9 0 4 1 7 *

DATE ISSUED **JUN 24 2013** Karen Haught, M.D., M.P.H., Tulare County Health Officer
Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE