



KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-822-001 PTN
Contract No.: 000580636967
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 SUSAN W BARR, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as SUSAN W BARR, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Linnie W Barr and Susan W Barr Joint Tenants With The Right of Survivorship, , recorded as instrument No. 01077807 on January 25th, 2007 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 84,000/183,032,500 undivided fee simple interest as tenants in common in Units 12101, 12102, 12103, 12201, 12202, 12203, 12302, 14102, 14103, 14104, 14202, 14203, 14204 and 14302 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.

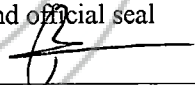

Affiant: Vernon Randall

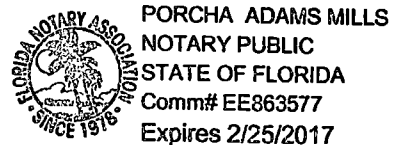
ACKNOWLEDGEMENT

Dated this 12/18/2014

Subscribed and Sworn before me, Notary Public, on 12/18/2014 personally appeared Vernon Randall, 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: Porcha Adams Mills
My Commission Expires 2/25/17



CERTIFICATE OF DEATH

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER

105

CERTIFICATE NUMBER

49

STATE FILE NUMBER

DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) Susan Womack Barr	2. SEX male female <input type="checkbox"/> <input checked="" type="checkbox"/>
	3. DATE OF DEATH (mo.) (day) (year) August 28, 2009	4. AGE years 57
	5. DATE OF BIRTH (mo.) (day) (year) Aug 29, 1951	6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no

PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) None	DOA <input type="checkbox"/>	Out Pgt. Emer. Rm. <input type="checkbox"/>	Inpatient <input type="checkbox"/>	8. COUNTY OF DEATH Appomattox
	9. CITY OR TOWN OF DEATH Appomattox	inside city or town limits? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 2438 North Creek Rd		

USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia	12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Appomattox
	13. CITY OR TOWN OF RESIDENCE Appomattox	14. STREET ADDRESS OR RT. NO. OF RESIDENCE 2438 North Creek Rd
		ZIP CODE 24522-

PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER Edmond Womack	16. MAIDEN NAME OF DECEDENT'S MOTHER Anne Booker
	17. RACE OF DECEDENT White	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes
	19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 2	
	20. CITIZEN OF WHAT COUNTRY USA	21. BIRTHPLACE (state or country) Virginia
	22. NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/>	23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced, leave blank) Linnie Wilson Barr
	24. SOCIAL SECURITY NUMBER -7373	25. USUAL OR LAST OCCUPATION Homemaker
	26. KIND OF BUSINESS OR INDUSTRY Own Home	27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP Linnie Wilson Barr - Husband

CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (A) small cell lung cancer	INTERVAL BETWEEN ONSET AND DEATH 14 months
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) DUE TO (OR AS A CONSEQUENCE OF):	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) DUE TO (OR AS A CONSEQUENCE OF):	
	(C) DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		28a. AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH	28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
28e. TIME OF INJURY (mo.) (day) (year)	28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc)
		28h. (city or town) (county) (state)

28i. To the best of my knowledge, death occurred at **11:45** (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE: *John MacNeill* DATE SIGNED: **8/31/2009**

NAME OF ATTENDING PHYSICIAN (Type or Print): **Dr John MacNeill M.D.** ADDRESS OF ATTENDING PHYSICIAN: **1701 Thomson Dr. Lynchburg**

FUNERAL DIRECTOR	29. BURIAL <input type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>	30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Tharp Cremation Center Lynchburg, VA 24502-
	31. (Signature of Service Licensee or person legally filing this certificate) <i>Janet Spitz</i>	NAME OF FUNERAL HOME AND ADDRESS: ROBINSON FUNERAL HOME, INC. P. O. BOX 6 Appomattox, Virginia 24522

REGISTRAR	32. (signature of registrar) <i>Weather Lee Swankberg</i>	DATE RECORD FILED: August 31 2009
	RESERVED FOR REGISTRAR'S USE	

This is to certify that this is a true and correct reproduction of the original record filed with the APPOMATTOX COUNTY DEPARTMENT OF HEALTH, APPOMATTOX, VIRGINIA and the DEPARTMENT OF HEALTH in RICHMOND, VIRGINIA.

DATE ISSUED **August 31, 2009** *Weather Lee Swankberg*
(SEAL) DEPUTY REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.