

DOUGLAS COUNTY, NV

2015-872319

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\$16.00

Pgs=3

11/06/2015 11:23 AM

TIMESHARE TITLE, INC.

KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:

Laura T. McIntosh
4444 Pheasant Ridge Road #408
Roanoke, VA 24014

AFTER RECORDING MAIL TO:

Timeshare Title, Inc.
P.O. Box 3175
Sharon, PA 16146

APN Parcel No.: 1318-15-822-001 PTN

1318-15-820-001 PTN

Affidavit – Death of Joint Tenant

State of

County of

Laura T. McIntosh of legal age, being first duly sworn, deposes and says: that **William H. McIntosh, Jr. a/k/a William H. McIntosh**, the decedent named in the attached certified copy of Certificate of Death, is the same person as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated July 28, 2006 by FAIRFIELD RESORTS, INC., a Delaware corporation recorded on September 1, 2006 as Document No. 0683628, Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas Nevada

Legal Description

A **510,000/183,032,500** undivided fee simple interest as tenant 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").

Less and except all mineral and mineral rights which minerals and mineral rights are hereby reserved unto the Developer, its successors and assigns.

The property is an **Annual Ownership Interest** as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated **510,000 Points** as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee in **Each Resort Year(s)**.

WITNESS Affiant's hand this 3rd day of November, 2015

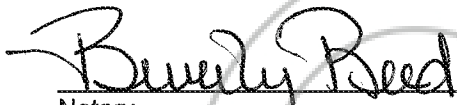

Laura T. McIntosh

STATE OF Virginia

COUNTY OF Roanoke City

Subscribed and sworn to (or affirmed) before me on this 3rd day of November, 2015, by Laura T. McIntosh, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.


Notary

Beverly Reed
Notary Printed Name

165720
Notary Commission No.

My Commission Expires: July 31, 2019

Press Notarial Seal/Stamp Here

BEVERLY REED
NOTARY PUBLIC
Commonwealth of Virginia
Reg. #165720
My Commission Expires 7/31/19

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

0413259

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

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

REGISTRATION AREA NUMBER 237		CERTIFICATE NUMBER 649		STATE FILE NUMBER	
1. FULL NAME OF DECEDENT (first, middle, last, suffix) William H. McIntosh, Jr.					
2. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED		3. DATE OF DEATH 9/8/2015		4. DATE OF BIRTH 12/14/1932	
5. AGE 82		IF UNDER 1 YEAR Years Months Days		IF UNDER 1 DAY Hours Minutes	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) Tennessee		8. SOCIAL SECURITY NUMBER [REDACTED]-5135	
9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 4444 Pheasant Ridge Rd. Unit 408		10. CITY OR TOWN OF RESIDENCE Roanoke		INSIDE CITY OR TOWN LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Virginia		12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia		12a. ZIP CODE 24014	
13. RACE OF DECEDENT (CHECK ONE OR MORE) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> KOREAN <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY)					
14. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN					
15. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ELEMENTARY/SECONDARY (0-12) <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> YEARS OF COLLEGE <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input checked="" type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN					
16. CITIZEN OF WHAT COUNTRY United States		17. USUAL OR LAST OCCUPATION Meteorologist		18. KIND OF BUSINESS OR INDUSTRY Weather Service	
19. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN					
20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Laura McIntosh		21. NAME OF DECEDENT'S FATHER (FIRST, MIDDLE, LAST, SUFFIX) William H. McIntosh, Sr.		22. MOTHER'S FULL MAIDEN NAME (FIRST, MIDDLE, LAST) Fannie Maye Jones	
23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION Spouse		24. FULL NAME OF INFORMANT OR NAME OF SOURCE Laura McIntosh			
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Lewis-Gale Medical Center					
25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL DOA <input type="checkbox"/> OUT PAT. EMER RM <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/>					
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY)					
27. CITY OR TOWN OF DEATH Salem		28. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 1900 Electric Road		28a. ZIP CODE 24153	
28b. COUNTY OF DEATH (if independent city, leave blank)					
29. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT / MAUSOLEUM <input checked="" type="checkbox"/> CREMATION / INCINERATION <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)					
30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY Simpson Funeral Home & Crematory					
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY 5160 Peters Creek Rd. NW		31a. CITY / COUNTY Roanoke		31b. STATE Va	
		31c. ZIP CODE 24019		31d. COUNTRY	
32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE) Allen Mark Simpson		32a. DIRECTOR/LICENSEE'S NO. 0502760042		32b. NAME OF FUNERAL HOME OR FACILITY Simpson Funeral Home	
33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN (TYPE OR PRINT) Allen Mark Simpson		33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code) 5160 Peters Creek Rd. Roanoke, Va. 24019			
34. TIME OF DEATH: To the best of my knowledge, death occurred at - 6:54 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND ON					
35. PART I. Enter the diseases, injuries, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.					
IMMEDIATE CAUSE → (A) Pneumonia DUE TO (OR AS A CONSEQUENCE OF):		INTERVAL BETWEEN ONSET AND DEATH			
(B) Severe sepsis DUE TO (OR AS A CONSEQUENCE OF):					
(C) Acute renal failure DUE TO (OR AS A CONSEQUENCE OF):					
(D)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
36. WAS THE MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/>	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input checked="" type="checkbox"/> UNKNOWN					
38. IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREGNANT WITHIN PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if decedent's age is 0-5 or 75+ years)					
39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? PRIMARY <input type="checkbox"/> CONTRIBUTING <input type="checkbox"/>		40. WAS THIS A MILITARY DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		40a. IF MILITARY DEATH, SELECT MANNER OF DEATH NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
ITEMS 41 TO 47 IN THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS					
41. DATE OF INJURY		42. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		43. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.)					
45. LOCATION OF INJURY - STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)		45a. CITY / COUNTY		45b. STATE	
		45c. ZIP CODE		45d. COUNTRY	
46. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY)					
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED					
48. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH Kristina Childers		48a. TITLE <input type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" type="checkbox"/> DOCTOR OF OSTEOPATHY (D.O.) <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/> OTHER		48b. DATE SIGNED: 9/23/15	
49. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH (Type or Print) Kristina Childers, DO, PhD		49a. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH (Type or Print) 1900 Electric Rd Salem VA 24153		49b. MEDICAL LICENSE NO. 102202905	
50. ARE YOU A DESIGNEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		51. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN		51a. ADDRESS OF AUTHORIZING PHYSICIAN	
52. SIGNATURE OF REGISTRAR Kathy Clemens		52a. PRINTED NAME OF REGISTRAR Kathy Clemens		52b. DATE RECORD FILED: 9/25/15	
53. RESERVED FOR REGISTRAR'S USE					

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia

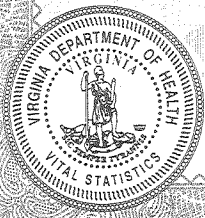
DATE ISSUED

SEP 25 2015

Janet M Rainey
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

VS 15C



VOID WITHOUT WATERMARK ORIGINAL OR REPRODUCED