Q.

DOUGLAS COUNTY, NV

Rec:\$15.00 Total:\$15.00 2015-872770 11/16/2015 01:25 PM

GUNTER HAYES & ASSOCIATES

KAREN ELLISON, RECORDER

Pas=2

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

Contract No.: 000571202571

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 JOSEPH T NOVAK, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as JOSEPH T NOVAK, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Joseph T Novak and Monetta K Novak Joint Tenats with right of Survivorship, recorded as instrument No. 808232 on August 30th, 2012 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 210,000/183,032,500 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 09/15/2015

Subscribed and Sworn before me, Notary Public, on 09/15/2015 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 achaif of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

SIGNATURE:

Printed Name:

Orizalo Pullin

My Commission Expires



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

CERTIFICATION OF DEATH RECORD

	DUPAGE COUNTY HEALTH DEPARTMENT (# 57120257	1)
	WHEATON, ILLINOIS	,
 - `.	MEDICAL CERTIFICATE OF DEATH	

STATE FILE NUMBER 2014 00949	14	1	4.5		•		DATE ISSUED 12/15/2014					
DECEDENT'S LEGAL NAME JOSEPH T NOVAK					SEX MALE	DATE OF D	БЕАТН ИВЕR 09, 2014					
COUNTY OF DEATH DU PAGE		AGE AT LAST BIRTHDAY 74 YEARS		DATE OF B	SIRTH 21, 1940	5.	\					
CITY OR TOWN BLOOMINGDALE	, a	1	HOSPITAL OR OT		NAME 15.5	. \						
PLACE OF DEATH DECEDENT'S HOME	Sign of the sign o	1.75 3	1	· · · · · ·	7;	1	_					
BIRTHPLACE SC BERWYN, IL	CIAL SECURITY	NUMBER STATUS AT TIM 5 MARRIED		SURVIVING SPOUS	E/CIVIL UNION PAR	RTNER'S MAIDEN	EVER IN U.S. ARMED FORCES? YES					
RESIDENCE APT. NO. CITY OR TOWN INSIDE CITY LETTER STORMS OF THE PROPERTY OF TOWN BLOOMINGDALE YES												
COUNTY STATE		ATHER/CO-PARENT'S NAME P	_			ENT'S NAME PRIOR	R TO FIRST MARRIAGE/CIVIL UNION					
' INFORMANT'S NAME: MONETTA NOVAK	21	RELATIONSHIP WIFE	MAILING ADDRESS 263 IRONWOOD, BLOOMINGDALE, IL, 60108									
METHOD OF DISPOSITION	PLACE	E OF DISPOSITION LOCATION : CITY OR										
BURIAL	LAKE	LAKEWOOD MEMORIAL PARK			\		ECEMBER 19, 2014					
BURIAL LAKEWOOD MEMORIAL PARK ELGIN, IL DECEMBER 19, 2014 FUNERAL HOME SALERNO'S ROSEDALE CHAPELS, 450 WEST LAKE STREET, ROSELLE, IL, 60172												
FUNERAL DIRECTOR'S NAME JOSEPH G SALERNO	FUNERAL DIRECTOR'S NAME - FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER											
LOCAL REGISTRAR'S NAME KAREN J AYALA				\ /		ITH LOCAL REG ER 15, 2014						
CAUSE OF DEATH PART I. A	STROCYTOMA				7	۷.	<u></u>					
IMMEDIATE CAUSE a. 1 YEARS												
(Final disease or condition — resulting in death) b.	(Final disease or condition Due to (or as a consequence of):											
					1	APPRO INTERVAL ONSET AN						
С.	/ /	Due to (o	r as a consequence of);		. \	NO NO						
				/	$\mathcal{N}(x, y)$	7-	,					
+		Due to (o	r as a consequence of):	_								
PART II. Enter other significant condition	ns contributing to	death but not resulting in	the underlying cause	given in PART I.	. WA	S AN AUTOPSY	PERFORMED? NO					
The second	\ ₌ \.						INDINGS USED TO E OF DEATH? N/A					
FEMALE PREGNANCY STATUS NOT APPLICABLE	X SA		1	1	I	NNER OF DEAT	·					
DATE OF INJURY	ŢIN	ME OF INJURY	PLACE OF INJURY	/	-		INJURY AT WORK?					
LOCATION OF INJURY				7	i en	,						
DESCRIBE HOW INJURY OCCURRED:	, 6 - <u>-</u> 4 7				-	IF TRANS	PORTATION INJURY, SPECIFY:					
				, , ,								
	LAST SEEN ALIV		EXAMINER OR TACTED? YES	DATE PF	RONOUNCED		TIME OF DEATH 11:20 PM					
CERTIFIER PHYSICIAN			<u> </u>	, e ²	,	DATE CER DECE	RTIFIED EMBER 15, 2014					
NAME, ADDRESS AND ZIP CODE OF PE DOROTHY JONES, 351 DEL			60134		12 M 12 M		CIAN'S LICENSE NUMBER 6-067947					

STATE FILE NUMBER 2014 0094914

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen J. Ayala Local Registrar Not valid without the embossed seal of the DuPage County Health Department.