

APN Parcel No. 1318-15-819-001 PTN  
Contract No.: 000570903153  
Recording requested by: Gunter-Hayes & Associates  
WHEN RECORDED RETURN TO:  
Gunter-Hayes & Associates  
3200 West Tyler Street, Suite D  
Conway, AR 72034



KAREN ELLISON, RECORDER

**AFFIDAVIT OF DEATH**

STATE OF FLORIDA  
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT Christopher Clark Harrison, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as Chris Harrison, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Chris Harrison and Pamela K. Harrison, as Joint Tenants with Right of Survivorship, , recorded as instrument No. 01102630 on January 14th, 2010 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 105,000/90,245,000 undivided fee simple interest as tenants in common in Units 9101, 9102, 9103, 9104, 9201, 9203 and 9204 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.

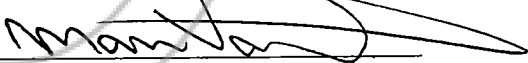
  
Affiant: Betsy D Gracia

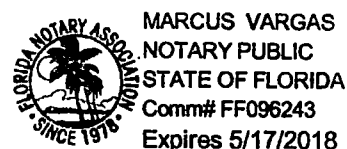
**ACKNOWLEDGEMENT**

Dated this 10/15/2015

Subscribed and Sworn before me, Notary Public, on 10/15/2015 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: Marcus Vargas  
My Commission Expires 05/17/2018



# STATE OF OKLAHOMA CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1 DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <b>CHRISTOPHER CLARK HARRISON</b>			2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]-9759</b>	4. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a AGE- Last Birthday (years) <b>55</b>	5b. Under 1 Year Months   Days	5c. Under 1 Day Hours   Minutes	6 DATE OF BIRTH <b>12/25/1955</b> (Mo/Day/Yr)		7. BIRTHPLACE (City, and State, or Foreign Country) <b>Keokuk, Iowa</b>
8a. RESIDENCE-State <b>Oklahoma</b>		8b. RESIDENCE-County <b>Tulsa</b>		8c. RESIDENCE-City or Town <b>Jenks</b>	8d. RESIDENCE-Zip Code <b>74037</b>
8e. RESIDENCE-Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					8f. RESIDENCE-Street and Number <b>12557 South 18th Circle</b>
8g. RESIDENCE-Apartment Number <b>n/a</b>					9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown
11 FATHER'S NAME (First, Middle, Last) <b>Paul Clifford Harrison</b>			10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>Pam Henthorn</b>		
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Barbara Jean Clark</b>			13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____		
14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of entitled or principal 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"/> Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____			15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, BS, etc.) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MEng, MSW, MBA) <input type="checkbox"/> Doctorate or Professional Degree (e.g. PhD, EdD or MD, JD, etc.)		
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life). DO NOT USE RETIRED. <b>Financial Advisor</b>				17. KIND OF BUSINESS/INDUSTRY <b>Finance</b>	
18a. INFORMANT'S NAME <b>Pam Harrison</b>		18b. RELATIONSHIP TO DECEDENT <b>Wife</b>		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>12557 S 18th Cir. Jenks, OK 74037</b>	
19. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (specify) _____			20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Regional Cremation Service</b>		21. LOCATION- City, Town and State <b>Tulsa, Oklahoma</b>
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Stanleys Funeral Service 3959 E 31st St Tulsa, OK 74135</b>			23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH <i>Stan Swyden</i> 24. FH ESTABLISHMENT LICENSE # <b>1296</b>		

To be completed by the Funeral Home

To be completed by the Attending Physician or Medical Examiner

25. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home or Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____					
26. FACILITY NAME (If not institution, give street & number) <b>CLAREHOUSE</b>			27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH <b>TULSA, OKLAHOMA 74133</b>			28. COUNTY OF DEATH <b>TULSA</b>					
29. DATE OF DEATH <b>11/08/2011</b> (Mo/Day/Yr)		30. TIME OF DEATH <b>16:38</b>		31. WAS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
34. PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest or respiratory arrest, ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> a. <b>GLIOBLASTOMA MULTIFORME</b> Due to (or as a consequence of): _____ b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ <b>1163635</b>						Approximate interval: Onset to death  Undetermined		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown					
39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY		41. PLACE OF INJURY (e.g. Decedent's home, construction site, wooded area)		42. DESCRIBE HOW INJURY OCCURRED		43. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No			
44. LOCATION OF INJURY: State _____ City or Town _____ Zip Code _____ Street & Number _____ Apartment Number _____			45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify) _____								
46. CERTIFIER (Check only one): ATTENDING PHYSICIAN: <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated <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, and due to the cause(s) and manner stated Signature of Certifier: <i>[Signature]</i>						47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) <b>JOSHUA LANTER M.D. 1115 W 17TH, TULSA, OK, 74107</b>					
48. LICENSE NUMBER <b>26295</b>			49. DATE CERTIFIED <b>11/10/2011</b> (Mo/Day/Yr)								

50. REGISTRAR'S SIGNATURE (Local) <i>Randy Cooper by WOK</i>		51. DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 23 2011</b> (Mo/Day/Yr)		52. DATE RECEIVED BY STATE REGISTRAR	
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For Use of Funeral Home Only  
Name \_\_\_\_\_ Date \_\_\_\_\_ Physician \_\_\_\_\_  
Type or print with black, permanent ink. THIS IS A PERMANENT RECORD  
Note to the Attending Physician: Do not sign unless the death occurred due to a natural disease process. Unnatural deaths are the responsibility of the Medical Examiner.



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

*Kelly M Baker*

Kelly M. Baker  
State Registrar  
Office of Vital Statistics  
Department of Health



It is in violation of Oklahoma Statutes, Title 63 Section 1-324.1, to “prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act.”

**CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.**

**VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW**

**WARNING:** THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK

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