

RECORDING REQUESTED BY:

SUZANNE D. McGUIRE

DOUGLAS COUNTY, NV  
Rec:\$17.00  
Total:\$17.00  
SULLIVAN & SULLIVAN

**2016-879545**

**04/18/2016 03:00 PM**

Pgs=4

AND WHEN RECORDED MAIL TO:

THOMAS C. McGUIRE and

SUZANNE D. McGUIRE

6030 West Country Court

Visalia, CA 93277



00033706201608795450040043

KAREN ELLISON, RECORDER

**AFFIDAVIT  
DEATH OF JOINT TENANT**

STATE OF NEVADA        }  
                                  }ss.  
COUNTY OF DOUGLAS    }

SUZANNE D. McGUIRE, of legal age, being first duly sworn, depose and say:

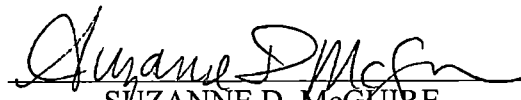
That the Decedent is the Step-Mother of your Affiant. The Decedent was married to Affiant's Father at the time of her death. The Affiant's Father has since passed away. The Decedent died October 10, 2014, at Fresno, Fresno County, California.

That LORNA D. MISKULIN-HIPWELL, the Decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LORNA D. MISKULIN-HIPWELL, named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 21, 2007, executed by WYNDHAM VACATION RESORTS, INC., to DAVID HIPWELL and LORNA D. HIPWELL, as joint tenants, and recorded as Instrument No. 0713246, on November 19, 2007, in the Official Records of Douglas County, Nevada, concerning the following described real property situated in the County of Douglas, State of Nevada, described as follows:

Please see Attached Exhibit "A"

APN: 1318-15-819-001 PTN

DATED: March 14, 2016

  
\_\_\_\_\_  
SUZANNE D. McGUIRE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California

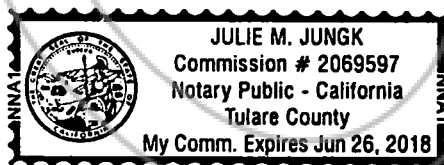
County of Tulare

Subscribed and sworn to (or affirmed) before me on this 14<sup>th</sup> day of March, 2016, by SUZANNE D. McGUIRE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature

  
(Signature of Notary Public)



A 84,000/90,245,000 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")

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

The property is a/an Biennial Ownership Interest as described in the Declaration of Restrictions for Fairfield Tahoe at South Shore and such ownership interest has been allocated 168,000 Points as defined in the Declaration of Restrictions for Fairfield Tahoe at South Shore, which points may be used by the Grantee in Even Resort Year(s).

**SUBJECT TO:**

1. Any and all rights of way, reservations, restrictions, easements, mineral exceptions and reservations, and conditions of record;
2. The covenants, conditions, restrictions and liens set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore, and any supplements and amendments thereto;
3. Real estate taxes that are currently due and payable and are a lien against the Property.
4. All matters set forth on the plat of record depicting South Shore Condominium, and any supplements and amendments thereto.

By accepting this deed the Grantee(s) do(es) hereby agree to assume the obligation for the payment of a pro-rata or proportionate share of the real estate taxes for the current year and subsequent years. Further, by accepting this deed the Grantee(s) accept(s) title subject to the restrictions, liens and obligations set forth above and agree(s) to perform the obligations set forth in the Timeshare Declaration and the Declaration of Restrictions for Fairfield Tahoe at South Shore, in accordance with the terms thereof,

Title to the Property is hereby transferred with all tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

APN: 1318-15-819-001 PTN

**EXHIBIT "A"**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of FRESNO**  
**FRESNO, CALIFORNIA**

3052014191353

**CERTIFICATE OF DEATH**

3201410005230

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)		LOCAL REGISTRATION NUMBER				
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>LORNA</b>		2. MIDDLE <b>D.</b>		3. LAST (Family) <b>MISKULIN-HIPWELL</b>			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH m/m/dd/copy <b>07/28/1931</b>		5. AGE Yrs. <b>83</b>		
	9. BIRTH STATE/FOREIGN COUNTRY <b>AR</b>		10. SOCIAL SECURITY NUMBER <b>████████-7196</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) <b>MARRIED</b>	
	13. EDUCATION - Highest Level/Degree <b>SOME COLLEGE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/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) <b>WHITE</b>		8. HOUR (24 Hours) <b>2238</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>BUSINESS OWNER</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CHILD CAREGIVER</b>			19. YEARS IN OCCUPATION <b>24</b>		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1752 WEST TENAYA WAY</b>							
	21. CITY <b>FRESNO</b>		22. COUNTY/PROVINCE <b>FRESNO</b>		23. ZIP CODE <b>93711</b>			
	24. YEARS IN COUNTY <b>42</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>					
SPOUSE/SRDP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP <b>GREGORY MISKULIN, SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1006 LORENE STREET, FOWLER, CA 93625</b>				
	28. NAME OF SURVIVING SPOUSE/SRDP-FIRST <b>DAVID</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>HIPWELL</b>			
	31. NAME OF FATHER/PARENT-FIRST <b>ERNEST</b>		32. MIDDLE <b>-</b>		33. LAST <b>SWANK</b>			
34. BIRTH STATE <b>KS</b>		35. NAME OF MOTHER/PARENT-FIRST <b>BLANCHE</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>CALLIS</b>		
38. BIRTH STATE <b>AR</b>		39. DEPOSITION DATE m/m/dd/copy <b>10/27/2014</b>						
FUNERAL DIRECTORY / LOCAL REGISTRAR	40. PLACE OF FINAL DISPOSITION <b>AT SEA OFF THE COAST OF MARIN COUNTY</b>							
	41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>			42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>		
	44. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY OF CENTRAL CALIFORNIA</b>			45. LICENSE NUMBER <b>FD1332</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ KENNETH D BIRD, MD MPH</b>		
	47. DATE m/m/dd/copy <b>10/20/2014</b>			48. SIGNATURE OF LOCAL REGISTRAR <b>▶ KENNETH D BIRD, MD MPH</b>				
PLACE OF DEATH	101. PLACE OF DEATH <b>FRESNO COMMUNITY HOSPITAL</b>			102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> UOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY <b>FRESNO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2823 FRESNO STREET</b>				106. CITY <b>FRESNO</b>	
	107. CAUSE OF DEATH Enter the chain of events - disease, injury, or comp. causes - that directly caused death. DO NOT write legal events such as cardiac arrest, respiratory arrest, or venous thrombulation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) SEPTIC SHOCK</b> Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) URINARY TRACT INFECTION</b> <b>(C)</b> <b>(D)</b>						108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FEDERAL NUMBER	
	109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NO</b>		
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NONE</b>						113A. IF FEMALE, PREGNANT AT LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: <b>Alondra S. Rose</b> Decedent Last: <b>Sean Awe</b> (A) m/m/dd/copy <b>09/25/2014</b> (B) m/m/dd/copy <b>10/10/2014</b>			115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ UMESHA N. BOREGOWDA M.D</b>		116. LICENSE NUMBER <b>A131265</b>		
	117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>UMESHA N. BOREGOWDA M.D</b>			118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>UMESHA N. BOREGOWDA M.D</b>				
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined			120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE m/m/dd/copy		
CORONER'S USE ONLY	122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
	123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
	124. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
	125. SIGNATURE OF CORONER / DEPUTY CORONER			126. DATE m/m/dd/copy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
 COUNTY OF FRESNO }

DATE ISSUED **NOV 07 2014**

\* 000197051 \*

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.  
 PUBLIC BANG MIDDLEBURY CO.

PAUL DICTOS, C.P.A.  
 COUNTY RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

