



KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-822-001 PTN
Contract No.: 000571302280
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

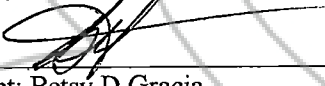
STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT James Russell Lambert, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as James Lambert, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Georgia Lambert and James Lambert, Joint Tenants with the Right of Survivorship , , recorded as instrument No. 833456 on November 7th, 2013 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 300,000/183,032,500 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: Betsy D Gracia

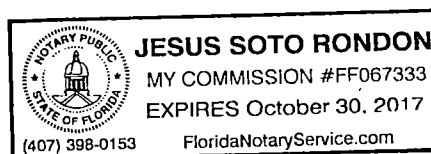
ACKNOWLEDGEMENT

Dated this 04/06/2016

Subscribed and Sworn before me, Notary Public, on 04/06/2016 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: Jesus Soto Rondon
My Commission Expires 10/30/2017



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3052015172887

CERTIFICATE OF DEATH

3201507005260

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITOUTS OR ALTERATIONS (VS-14 (REV. 2005))				LOCAL REGISTRATION NUMBER										
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JAMES			2. MIDDLE RUSSELL		3. LAST (Family) LAMBERT			4. DATE OF BIRTH mm/dd/yyyy 09/27/1943		5. AGE Yrs. 71	6. SEX M				
	8. BIRTH STATE/FOREIGN COUNTRY WASHINGTON						10. SOCIAL SECURITY NUMBER ██████-7045		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) MARRIED		7. DATE OF DEATH mm/dd/yyyy 09/03/2015		8. HOUR (24 hours) 2200	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S						14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE			
	17. USUAL OCCUPATION - Type of work (or most of it). DO NOT USE RETIRED CPA						18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) FINANCE						19. YEARS IN OCCUPATION 49			
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 760 SAINT GEORGE ROAD															
	21. CITY DANVILLE			22. COUNTY/PROVINCE CONTRA COSTA			23. ZIP CODE 94526		24. YEARS IN COUNTY 30		25. STATE/FOREIGN COUNTRY CALIFORNIA					
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP GEORGIA LAMBERT, WIFE						27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 760 SAINT GEORGE ROAD, DANVILLE, CA 94526									
	28. NAME OF SURVIVANT SPOUSE/SURV- FIRST GEORGIA			29. MIDDLE L		30. LAST (BIRTH NAME) JIMHOOF										
SPOUSE/SPD AND PARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST RUSSELL			32. MIDDLE GEORGE		33. LAST LAMBERT			34. BIRTH STATE WYOMING							
	35. NAME OF MOTHER/PARENT-FIRST MARY			36. MIDDLE MARGARET		37. LAST (BIRTH NAME) CAPES			38. BIRTH STATE COLORADO							
FUNERAL DIRECTORY LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 09/08/2015			40. PLACE OF FINAL DISPOSITION IVY LAWN MEMORIAL PARK 5400 VALENTINE ROAD, VENTURA, CA 93003												
	41. TYPE OF DISPOSITION(S) CR/BU			42. SIGNATURE OF EMBALMER NOT EMBALMED						43. LICENSE NUMBER -						
44. NAME OF FUNERAL ESTABLISHMENT WILSON & KRATZER-CHAPEL OF SAN RAMON			45. LICENSE NUMBER FD1634			46. SIGNATURE OF LOCAL REGISTRAR WILLIAM WALKER M.D.			47. DATE mm/dd/yyyy 09/08/2015							
PLACE OF DEATH	101. PLACE OF DEATH KAISER HOSPITAL										102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice Home <input type="checkbox"/> Other					
	104. COUNTY CONTRA COSTA			105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4501 SAND CREEK ROAD						106. CITY ANTIOCH						
CAUSE OF DEATH	107. CAUSE OF DEATH Enter (in order of events) - All causes, injuries, or comp causes - that directly caused death. DO NOT omit contributory events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) SEPTIC SHOCK													108. DEATH REPORTED TO CORONER? Time (month) Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	109. IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) HEALTH CARE ASSOCIATED PNEUMONIA UNKNOWN BACTERIA TYPE													110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST													111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, DIABETES MELLITIS, STROKE, SUBARACHNOID HEMORRHAGE													111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO													113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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: Attended Since Decedent Last Seen Alive 09/02/2015 09/03/2015			115. SIGNATURE AND TITLE OF CERTIFIER HANMANTHA RAO MOLE M.D.						116. LICENSE NUMBER A113547		117. DATE mm/dd/yyyy 09/06/2015				
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HANMANTHA RAO MOLE M.D. 4501 SAND CREEK ROAD, ANTIOCH, CA 94531															
CORONER'S USE ONLY	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"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK															
	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK															
	121. INJURY DATE mm/dd/yyyy 122. HOUR (24 hours) 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)															
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)															
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)																
126. SIGNATURE OF CORONER / DEPUTY CORONER						127. DATE mm/dd/yyyy			128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER							
STATE REGISTRAR																

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

Sony Agurto
TONY AGURTO, MPA
STATE REGISTRAR OF VITAL RECORDS

OCT 21 2015

This copy not valid unless prepared on engraved border displaying seal and signature of State Registrar.
(Rev. 12/13)



ANY ALTERATION OR ERASURE voids this certificate