

When Recorded Mail to

Yvonne Tindall

c/o Douglas L. Bechard MD

2608 Hollow Branch Court

Apopka, FL 32712



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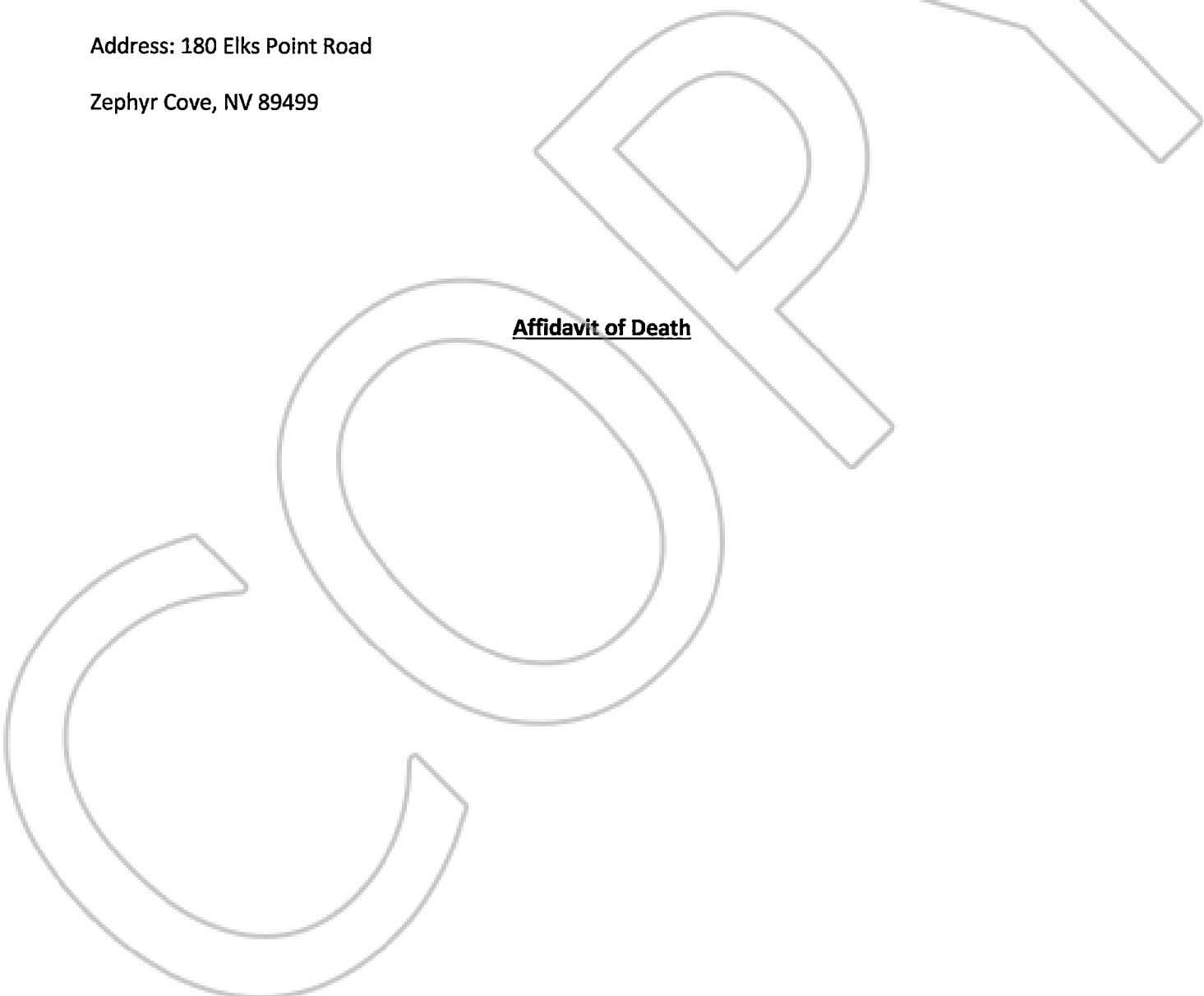
KAREN ELLISON, RECORDER

APN: 1318-15-820-001 PTN

Address: 180 Elks Point Road

Zephyr Cove, NV 89499

Affidavit of Death



AFFIDAVIT OF SURVIVING SPOUSE

STATE OF FLORIDA

COUNTY OF SEMINOLE

Now on this November 10, 2017, I, Yvonne C. Tindall, of lawful age, being duly sworn, state as follows:

On August 24, 2009, interest was conveyed by deed to Yvonne C. Tindall and Monte B. Tindall, as Wife and Husband, in the following real property situated in Douglas County, Nevada to wit:

A 84,000/128,986,500 undivided fee simple interest as tenants in common in Units 10101, 10102, 10103, 10104, 10201, 10202, 10203, 10204, 10301, 10302, 10303, and 10304 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").

APN Parcel No. 1318-15-820-001 PTN

which deed was recorded in the records of the County Clerk of Douglas County, State of Nevada, Book 0909, at Page 6433. Attached hereto a certified copy of the Certification of Death of Monte B. Tindall, deceased, issued by the Bureau of Vital Statistics for the State of Florida showing that the deceased spouse died on April 6, 2016.

Affiant further states that she is the surviving spouse in the described property, and that the Decedent named in the Certification of Death is one and the same person as the Husband named in the deed recorded as above set forth.

Affiant further states that on the date of deceased spouse's death the two were married to each other and that Affiant is the surviving spouse.

And further Affiant saith not.

Signed: Yvonne C. Tindall
Yvonne C. Tindall, Affiant

ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF SEMINOLE

Sworn to and subscribed before me this November 10, 2017, by Yvonne C. Tindall, who is personally known to me or who produced a Florida Driver's License as identification.



BARBARA COENSON
MY COMMISSION # FF 174267
EXPIRES: November 19, 2018
Bonded Thru Budget Notary Services

Barbara Coenson

Notary Public, State of Florida

COOPER

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016056061

DATE ISSUED: April 12, 2016

DECEDENT INFORMATION

STATE FILE DATE: April 12, 2016

NAME: MONTE BRUCE TINDALL

DATE OF DEATH: April 6, 2016

SEX: MALE

AGE: 080 YEARS

DATE OF BIRTH: December 1, 1935

SSN: [REDACTED] 4326

BIRTHPLACE: ORLANDO, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: NURSING HOME

FACILITY NAME OR STREET ADDRESS: 404 SPRING VALLEY ROAD

LOCATION OF DEATH: ALTAMONTE SPRINGS, SEMINOLE COUNTY, 32714

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): YVONNE CASTILLO

RESIDENCE: 450 VILLAGE PLACE APT NO. 102, LONGWOOD, FLORIDA 32779, UNITED STATES

COUNTY: SEMINOLE

OCCUPATION, INDUSTRY: ORAL SURGEON, MEDICAL

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian American Indian or Alaskan Native--Tribe: Japanese Korean Vietnamese Guamanian or Chamorro Samoan Other Pacific Isl: Other Asian: Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: MAXWELL B TINDALL

MOTHER: MARHELLE G TOOPS

INFORMANT: TRESA TINDALL BECHARD

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 2608 HOLLOW BRANCH COURT, APOPKA, FLORIDA 32712, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: DEGUSIPE FUNERAL HOME & CREMATORY
MAITLAND, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: FRANK A. SCARLATA, F029456

FUNERAL FACILITY: DEGUSIPE FUNERAL HOME - MAITLAND F053087
9001 N ORLANDO AVE, MAITLAND, FLORIDA 32751

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 162400100

TIME OF DEATH (24 hr): 1830

CERTIFIER'S NAME: MARCELA FERNANDES CHISTE

CERTIFIER'S LICENSE NUMBER: ME116275

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2016926344

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

