



KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-820-001 PTN
Contract No.: 000570708883
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 SHIRLEY COGGINS MASON, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as ROBERT L MASON, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Robert L. Mason and Shirley C. Mason, Joint Tenants With the Right of Survivorship, , recorded as instrument No. 11077064 on November 28th, 2007 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 413,000/128,986,500 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").
Being more particularly described in the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.



Affiant: Nicki Richmond

ACKNOWLEDGEMENT

Dated this 04/25/2017

Subscribed and Sworn before me, Notary Public, on 04/25/2017 personally appeared Nicki Richmond, 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: Kenneth S Jacques
My Commission Expires 01/30/2021



Kenneth S. Jacques
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG042367
Expires 1/30/2021

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA
ORANGE COUNTY
OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N. C. VITAL RECORDS
CERTIFICATE OF DEATH

20120123200016320 DEATH
Bk: D72 Pg: 690
01/23/2012 04:28 23 PM 1/1

Registration District No. 06890 Local No.

DECEDENT'S NAME (First, Middle, Last) Shirley Coggins Mason SEX F DATE OF DEATH (Month, Day, Year) 1/18/2012

SOCIAL SECURITY NUMBER [REDACTED]-0200 AGE-Last Birthday (Years) 76 UNDER 1 YEAR Months Days UNDER 1 DAY Hours Minutes DATE OF BIRTH (Month, Day, Year) 6 Nov. 1935 BIRTHPLACE (County and State or Foreign Country) 7. Greene NC

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No HOSPITAL: [X] Inpatient [] ER/Outpatient [] DOA OTHER: [] Nursing Home [] Residence [] Other (Specify)

FACILITY NAME (if not institution, give street and number) 9b. UNC-Hospital CITY, TOWN, OR LOCATION OF DEATH 9c. Chapel Hill INSIDE CITY LIMITS? (Yes or No) 9d. Yes COUNTY OF DEATH 9e. Orange

MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) 10. Married SURVIVING SPOUSE (if wife, give maiden name) 11. Robert Mason DECEDENT'S USUAL OCCUPATION (Give kind of work during most of working life. Do not use retired.) 12a. Professor KIND OF BUSINESS/INDUSTRY 12b. Education

RESIDENCE-STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER 13a. NC 13b. Orange 13c. Chapel Hill 13d. 2029 Millikan Road

INSIDE CITY LIMITS? (Yes or No) 13a. No ZIP CODE 13b. 27516 Was Decedent of Hispanic Origin? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [] Yes [X] No (Specify) 14. White RACE-American Indian, Black, White, Etc. (Specify) 15. 17+ DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (13-17+)

FATHER'S NAME (First, Middle, Last) 17. Archie L. Coggins MOTHER'S NAME (First, Middle, Maiden Surname) 18. Addie Mae Jones

INFORMANT 19a. Robert Mason MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 2029 Millikan Road, Chapel Hill, NC 27516 DATE AMENDED 19c.

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE) IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Asystole

Sequitely list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b. c. d.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc. 20a.

20b. AUTOPSY? (Yes or No) If yes, were findings considered in determining cause of death? Was case referred to Medical Examiner? (Yes or No) TIME OF DEATH 21a. No 21b. 21c. Yes 22. 03:51 M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

SIGNATURE AND TITLE OF CERTIFIER DATE SIGNED (Month, Day, Year) 23a. 23b. 1. 18. 12

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20), (Type or Print) 24. Hadley Trotter 2029 Millikan Rd Chapel Hill NC 27516

METHOD OF DISPOSITION PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) LOCATION - City or Town, State, Zip Code 25a. [X] Burial [] Cremation [] Removal [] Donation [] Other 25b. Alamance-Orange Crematory 25c. Mebane, NC 27302

NAME AND ADDRESS OF FUNERAL HOME NAME OF FUNERAL DIRECTOR LICENSE NUMBER 26a. Walker's FH- 120 W. Franklin St. 26b. Rodney C. Harker 26c. 1807

27a. REGISTERING SIGNATURE DATE FILED (Month, Day, Year) 27b. Rodney C. Harker 27c. 1807

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

Mark Chilton
Register of Deeds
Orange County

Witness my hand and official seal

this the 21st day of January, 2015

By: Debra M. Lloyd
Deputy/Assistant Register of Deeds

Any alterations or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



DECE

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION

DHHS 1872
(Revised 3/03
Review 3/06)
VITAL RECORDS

