

DOUGLAS COUNTY, NV

2018-912503

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04/05/2018 02:15 PM

WHITE ROCK GROUP, LLC

KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-818-001 PTN  
Contract No.: 000130504566  
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 Dennis Dayle Behrens, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as DENNIS D BEHRENS, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Dennis D Behrens and Virginia A Behrens Husband and Wife, recorded as instrument No. 1205-5012 on December 12th, 2005 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 77,000/109,787,500 undivided fee simple interest as tenants in common in Units 8101, 8102, 8103, 8201, 8202, 8203, 8301, 8302 and 8303 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: Grace Bernaldy

**ACKNOWLEDGEMENT**

Dated this 09/19/2017

Subscribed and Sworn before me, Notary Public, on 09/19/2017 personally appeared Grace Bernaldy, 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: Patrick C. Ott  
My Commission Expires 06/08/2019



PATRICK C. OTT  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF238310  
Expires 6/8/2019

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS



DATE OF ISSUANCE

JUN 14 2016

LINCOLN, NEBRASKA

STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT HEALTH AND  
HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF DEATH

16 23361

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix)<br>Dennis Dayle Behrens   |  |  | 2. SEX<br>Male   |   | 3. DATE OF DEATH (Mo., Day, Yr.)<br>Found May 29, 2016 |  |  |
| 4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH<br>Omaha, Nebraska   |  |  | 5a. AGE-Last Birthday (Yrs.)<br>76   |   | 5b. UNDER 1 YEAR<br>MOS. DAYS HOURS MINS.              |  |  |
| 5c. UNDER 1 DAY<br>HOURS MINS.   |  |  | 6. DATE OF BIRTH (Mo., Day, Yr.)<br>December 16, 1939  |   |  |  |  |
| 7. SOCIAL SECURITY NUMBER<br>[REDACTED]-3079   |  |  | 8a. PLACE OF DEATH<br>HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility<br><input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home<br><input type="checkbox"/> DDA <input type="checkbox"/> Other (Specify) |   |  |  |  |
| 8b. FACILITY NAME (If not institution, give street and number)<br>209 Rose Ave   |  |  | 8c. CITY OR TOWN OF DEATH (Include Zip Code)<br>Yutan 68073  |   |  |  |  |
| 8d. COUNTY OF DEATH<br>Saunders  |  |  | 9a. RESIDENCE-STATE<br>Nebraska  |   |  |  |  |
| 9b. COUNTY<br>Saunders   |  |  | 9c. CITY OR TOWN<br>Yutan  |   |  |  |  |
| 9d. STREET AND NUMBER<br>209 Rose Ave  |  |  | 9e. APT. NO.   |   | 9f. ZIP CODE<br>68073                                  |  |  |
| 9g. INSIDE CITY LIMITS<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |  | 10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown   |   |  |  |  |
| 10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name.<br>Virginia Ann Zwiebel   |  |  | 11. FATHER'S NAME (First, Middle, Last, Suffix)<br>Hubert Alvin Behrens  |   |  |  |  |
| 12. MOTHER'S NAME (First, Middle, Maiden Surname)<br>Corine Della Williamson   |  |  | 13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes.<br>No   |   |  |  |  |
| 14a. INFORMANT NAME<br>Virginia Ann Behrens  |  |  | 14b. RELATIONSHIP TO DECEDENT<br>Wife  |   |  |  |  |
| 15. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input type="checkbox"/> Donation<br><input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment<br><input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)   |  | 16a. EMBALMER SIGNATURE<br><i>[Signature]</i>  |  | 16b. LICENSE NO.<br>128   |  | 16c. DATE (Mo., Day, Yr.)<br>June 2, 2016  |  |
| 16d. CEMETERY, CREMATORY OR OTHER LOCATION<br>Reichmuth Crematory  |  |  | CITY/TOWN<br>Omaha   |   | STATE<br>Nebraska                                      |  |  |
| 17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State)<br>Reichmuth Funeral Home, 21901 W. Maple Road, PO Box 67, Omaha, Nebraska  |  |  | 17b. Zip Code<br>68022   |   |  |  |  |
| <b>CAUSE OF DEATH (See instructions and examples)</b>  |  |  |  |   |  |  |  |
| 18. PART I. Underlying cause of death - disease, injury, or complication that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.   |  |  |  |   |  | APPROXIMATE INTERVAL   |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death):<br>a) <i>Sudden Death</i>   |  |  |  |   |  | onset to death   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |   |  | onset to death   |  |
| Sequentially list conditions, if any, leading to the cause listed on line a.<br>b)   |  |  |  |   |  | onset to death   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |   |  | onset to death   |  |
| Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death):<br>c) LAST  |  |  |  |   |  | onset to death   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |   |  | onset to death   |  |
| 18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.<br><i>Diabetes Hypertension Coronary Artery Disease</i>  |  |  |  |   |  | 19. WAS MEDICAL EXAMINER OR CORONER CONTACTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 20. IF FEMALE:<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |  | 21a. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation<br><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined |  | 21b. IF TRANSPORTATION INJURY:<br><input type="checkbox"/> Driver/Operator<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other (Specify) |  | 21c. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      |  |
| 21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | 22a. DATE OF INJURY (Mo., Day, Yr.)  |  |   |  |  |  |
| 22b. TIME OF INJURY  |  | 22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify)  |  |   |  |  |  |
| 22d. INJURY AT WORK?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | 22e. DESCRIBE HOW INJURY OCCURRED  |  |   |  |  |  |
| 22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO., CITY/TOWN, STATE, ZIP CODE  |  |  |  |   |  |  |  |

To Be Completed/Verified by FUNERAL DIRECTOR

To Be Completed by: CERTIFIER